

REPORT OF HEALTH OVERVIEW AND SCRUTINY PANEL
PUBLIC AND SUSTAINABLE TRANSPORT PROVISION TO SOUTHAMPTON GENERAL
HOSPITAL – MINI REVIEW

November 2012 – MARCH 2013

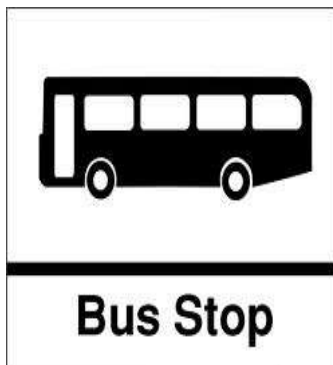


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Foreword by the Chair



I am delighted to present the report of this mini review. Why did I initiate it? I listened to concerns expressed by residents of Southampton. They complained about changes to bus services, seemingly without consultation or communication. It concerned me when patients said that access to GPs, the Adelaide Health Centre and Southampton General Hospital, had been made worse by changes they did not know about. I experienced the confusion caused by bus service changes. I met confused and elderly people waiting for buses that were either late, infrequent or both. An elderly couple were waiting for a bus that would never come – the bus company had changed the route. A gentleman was travelling to and from Totton and the hospital on a regular basis. The buses were frequently late, he said, and the electronic information was inaccurate – to the extent that it was pointless.

With cycling in vogue, both as an aid to health, and because of Britain’s Olympic and Tour de France success, we have to encourage our citizens to take it up. I support the recommendations of the All Party Parliamentary Cycling Group report “Get Britain Cycling”. As a cyclist myself, I listened to fellow cyclists complain about safety concerns on cycling in the City, including speeding and a lack of physical segregation. I saw the terrifying footage of near-death experiences on a recent BBC documentary. I read the local stories of deaths and injuries of cyclists in and around Southampton.

I heard national and local campaign groups express concerns on sustainable transport, such as the Southampton Cycling Campaign, 20’s Plenty For Us, and the Transition Towns campaign. I discussed the issues with fellow elected members of the Council including the Cabinet Member for Environment and Transport, Cllr Thorpe, who shared my concerns, especially in a time of Central Government cuts. He wrote to me as Chair of this Panel, and Panel members agreed that this review was timely and relevant.

If we have an NHS and social care services that cannot be accessed, especially by those who need them most, we have a big social justice problem. Other social justice issues arise out of the debates over climate change, peak oil and how sustainable transport can help address these twin perils. Southampton City Council has targets to increase travel by sustainable modes, in other words “getting people out of their cars”. This is easier said than done, but if we do not provide viable transport alternatives, particularly for accessing NHS and social care services, it will not be made any easier.

I commend this report, thank all participants in this review for their contributions, and urge all members of the Council, officers and all partners, to do their utmost to implement its recommendations in a timely manner.

Cllr Andrew Pope
Chair of Health Overview and Scrutiny Panel

1. Introduction

- 1.1. Following concerns raised with the Health Overview and Scrutiny Panel by the Cabinet Member for Environment and Transport, other members, the Southampton Local Involvement Network (LINK) and the public, the Panel agreed to undertake a short review into public and sustainable transport provision to Southampton General Hospital.
- 1.2. Following discussions regarding the scope of the review, it was agreed that the aim of the review would be to try and discover how easy it is for our residents to get to their General Hospital using public and sustainable transport. Concern was expressed regarding limiting the scope to only the General Hospital, particularly as it had been reported that the public transport links to other sites were poor, for example the Adelaide Centre. However, given the limited resources available, it was felt that a more limited scope would enable a more thorough and effective review. It was recognised that further reviews could be carried out at a later date if required. The Chair suggested this may include, for example, a review into why there were large areas of Southampton which do not have GP practices in them, for example there are none in the Redbridge ward and large gaps in the Peartree area.
- 1.3. The review focused on the alternatives to car access and included buses, cycles and walking. Whilst the scope did not include car travel, it was accepted that a basic understanding of the current position and how this impacts on the use of public transport would be required.
- 1.4. The Objectives of the review were to:
 - Discover if there is suitable provision for residents to travel to/from hospital – be they staff, patients or visitors.
 - Discover what public or community transport is available, whether it is cost effective and at suitable times.
 - Discover which areas, if any, are affected by lack of public transport.
 - Consider any barriers to walking or cycling.
 - Consider any actions required to secure improvements.

The full terms of reference for the review, agreed by the Overview and Scrutiny Management Committee on 13 December 2012 are attached in Appendix 1.

- 1.5 The Panel feel that we have achieved these objectives. However, we believe that further research is necessary, and also urge that a review of progress against the approved recommendations occurs after six months and twelve months, with all powers and influence available to this Panel to gain action if those recommendations are not implemented in a timely manner.
- 1.6 As part of the review evidence was gathered from several partners and stakeholders including University Hospitals Southampton NHS Foundation Trust, Southampton Local Involvement Network (LINK), Carers Together from the

voluntary sector, bus service providers, staff and patient representatives and Council transport officers.

1.7 The Panel provided early feedback on the Council's 2013/14 budget consultation, via a letter to the Cabinet Member for Environment and Transport. They have since made several recommendations, many of which can be quickly implemented to improve services for public and sustainable transport users. The Panel look forward to hearing the response to these from the Council partners in due course.

2. Methodology

- 2.1 The Review was undertaken over 4 formal bi monthly HOSP meetings from November to March 2013. The review was a short agenda item on 3 regular HOSP meetings and there was one exceptional evidence gathering session held in February and dedicated solely to the review. In addition, the Chair of the Panel also attended a number of meetings including with Southampton LINK and visiting staff responsible for transport at the General Hospital. All Members were also contacted via the Members Bulletin to seek input from Councillors on particular issues that had been raised with them.
- 2.2 These meetings aimed to engage partners and providers in the Review and obtain a better understanding of the impacts and issues around public and sustainable transport to the General Hospital.
- 2.3 The Panel heard from a range of stakeholders involved in planning, using and delivering transport to the General Hospital. Representatives of the following groups gave evidence to the Review:
- Southampton LINK
 - Carers Together
 - Hospital Staff Representatives and Unions
 - UHS Managers
 - Bluestar and Uni Link
 - First Bus
 - Southampton City Council Transport staff

A list of those who provided evidence to the review is attached at Appendix 2.

3. Background

- 3.1. The importance of sustainable transport has increased in recent years particularly with the introduction of targets for carbon reduction and the increase in the costs of fuel, and the clear benefits to public health of walking and cycling. This comes amid concerns on sustainable transport expressed in civil society by local campaigning groups such as the Southampton Cycling Campaign, the Ramblers, the 20's Plenty For Us campaign for 20mph limits in urban areas, and Transition Towns campaign on imminent challenges of fossil fuel scarcity ('Peak Oil') and Climate Change.
- 3.2. The City Council, as a member of Transport for South Hampshire, has local targets to increase travel by sustainable modes, in other words "getting people out of their cars". The expected growth in employment and housing within Southampton without any expansion to the existing road infrastructure can only be accommodated using modes other than the private car. The use of sustainable travel also has health benefits as part of an active life style which is part of the 'My Journey' initiative the Council is working on. Now that Public Health is a Council responsibility, it even more pertinent for the Panel to support.
- 3.3. As part of its 2013-14 budget setting process, which was consulted upon across Southampton, the Council was required as a result of reduced funding to identify savings to the bus support budget of £600,000. Maps showing the current bus routes to the general hospital and where the subsidy has been withdrawn are attached at appendix 3 and 3a. This is being achieved by withdrawing support for all those bus services operating after 2000 hrs (1800 hrs Sundays and Bank Holidays) that are not commercial. There are also reductions to the daytime services that the Council supports. With regards to the General Hospital, support for all bus services after 2000 is being withdrawn but it is understood that bus operators will continue to operate the routes commercially. With regards to the daytime service S1 it was proposed to reduce the route to every 90 minutes off peak but it has now been possible to maintain the hourly frequency off peak.
- 3.4. The Hospital has up to a total of 7500 staff, a number of these work shifts or are on call. In addition there are University employees and students who regularly have needed to visit the SGH site. By the size and nature of the Hospital and its activities, the Trust is one of the major employers in Southampton, with staff demographics showing large local staffing levels, whilst also attracting a large proportion of staff from outside the city and from many locations around the whole of the UK.
- 3.5. In the region of 600,000 patients are seen at the hospital each year. The demographics of patients are local, nationwide and international due to the complex mix of acute, trauma centre and specialist healthcare services that UHS provides. Visiting times are generally the same for all wards.
- 3.6. In 2009 the trust had significant problems with parking on the site. They developed a Transport Strategy to resolve the issues. A consultation group was established to

take the changes forward and this included staff representatives. A summary of achievements since that time is available at appendix 4.

- 3.7. UHS also funds, manages and runs its own small fleet of mini-buses and vans, some of which provide dedicated cross-site working staff with easy accessible transport between hospital sites such as the Royal South Hants and Southampton General Hospital, which reduces single car on-site parking requirements and local traffic congestion and emissions.

The issues and recommendations

4. Informing and listening to people

- 4.1. Much of the evidence the Panel received highlighted concerns about the level of knowledge the public had about sustainable transport to the hospital and how this information was provided to the public. From the evidence heard, the Panel they felt that there is much that could be done to improve information provided to people and how they are engaged with. Many of the recommendations made in this section are quick wins yet have the potential to have huge impact on the perception of and awareness of public transport to and from the hospital.
- 4.2. Southampton LINK stated that transport was one of the issues most raised with them. At a recent event they hosted, transport and access to hospitals were heavily criticised, predominantly because of:
- Perceived poor bus links
 - Constant route changes with poor communication with the public
 - Poor timetabling
 - Insufficient service to SGH
- 4.3 Attendees of the event emphasised significant improvements were needed if people were to rely on public transport to get them to hospital. Suggestions put forward by participants included hospitals supporting people to plan their journey beforehand and improving the availability of transport information.
- 4.4 Transport from the east of the City has also been raised with S-LINK as a concern, particularly during the consultation on the change of operating hours for the Bitterne Walk-in-centre. Their report contained the following statements:

‘... a large number of respondents expressed their view that health services such as the Minor Injuries Unit at the RSH, and A&E at Southampton General are difficult to access via public transport. Travelling there as an alternative to the walk-in centre can require two buses or an expensive taxi fare, and is particularly difficult for the elderly, or mothers with young children.’

‘Bus transport was especially criticised as well as high taxi fares and distinct lack of suitable parking if private car access was possible.’

They concluded:

'Southampton LINK understands that this is a difficult issue and that the majority of public transport is operated on a purely commercial basis. Nevertheless, it is right that the concerns of the public on the East of the City are noted and that the NHS and City Council should co-operate to attempt to improve the situation especially in respect of health related transport needs.'

- 4.5 The views of S-LINK were echoed by Carers Together who referred to a Patient User Group (PUG) which had existed until 2010. In 2003 and 2005, the PUG did two patient and visitor surveys, both reported that car parking and travel to the hospital needed improving. While acknowledging that action on parking had been taken, it was felt that wider issues on travel to and from the hospital had not improved. Issues highlighted included:
- A lack of accessible public transport and direct transport routes to the hospital sites;
 - The need for better communication and information that is available and understood by patients, carers and the general public; and
 - The need for easily understood journey planning.
- 4.6 Concerns were also raised that some bus drivers were more helpful than others in providing information and advice on routes. For example if the bus behind was quicker sometime drivers would share this information but others would not.
- 4.7 Confusion about bus routes was also raised by the UHS union and staff representatives. A particular issue, which was also raised by S-LINK, was that when the bus routes and numbers changed it was felt that there was no consultation, no information had been available at bus stops and the information about the old bus routes was still advertised.
- 4.8 All three bus companies expressed willingness to work and engage with the Council and others in relation to bus provision. When questioned about engagement with the public, Bluestar and Uni link told the Panel that in other parts of Hampshire bus companies were invited to attend local meetings with Councillors and the public and they were happy to attend such meetings. First Bus said they had set up customer panels in other areas but not yet in Southampton. The panels had representation from local Councillors, the public and local authority transport officers. However, when questioned, it was clear there had been limited engagement with Southampton councillors for some time.
- 4.9 The bus companies were clear that buses were run based on commercial decisions. First Bus stated that consultation prior to making changes on bus services involves consulting the transport department of the relevant local authority and consulting staff and union representatives. The public were not consulted on changes. The Panel found this unsatisfactory, but was advised that this was the way the privatisation of the buses was set up.

- 4.10 Whilst the Panel appreciated that bus companies were competitive commercial organisations, they felt there was more that should be done in Southampton to engage with passengers – both in terms of information sharing and gathering feedback on services and future proposals. Members were very keen to see a stakeholder panel for public transport established in the City at the earliest opportunity, and for this to include council representation.
- 4.11 The Panel heard from UHS that they were keen to work with partners regarding public transport. They recognised that it could be difficult to plan travel times to and from the hospital if travel involved using more than one bus, or more than one method of transport. They also recognised that waiting times and potential delays needed to be factored in order to make sure a patient arrives for an appointment on time. The Foundation Trust informed the Panel that they work with the bus companies who had talked to staff at the hospital about changes that were introduced last year.
- 4.12 The Panel heard from SCC officers that there was clearly a lack of information for passengers as buses do exist for some of the routes that concerns had been raised about for example from the ferry and train station. There were existing services such as ‘Travel Line’ that were available to provide information on journey planning but they were clearly not communicated well enough.
- 4.13 It was clear to the Panel from the evidence heard that the lack of clear and easy to access information available was creating a perception that the public transport options available were more limited than the reality.
- 4.14 The Panel made the following recommendations in relation to informing and listening to passengers.

Recommendations

- 1. Ensure that staff, visitors and patients are aware of the public and sustainable transport routes to and from the general hospital.***
 - a) UHS to review, improve and provide evidence of the information provided to staff, visitors and patients in relation to travel to the hospital – including in patient appointment letters and the website;***
 - b) SCC to develop leaflets to publicise sustainable transport options to the general hospital from various parts of the city for distribution at relevant places including the hospital, GP surgeries, libraries, community facilities and the information provided on the ‘My Journey’ website.***
- 2. To establish a representative passenger group for public transport in Southampton including service providers (buses and trains), transport users and councillors. The group should meet at least twice a year with scope for extra meetings if required and minutes available publicly.***

- 3. That UHS ensure there is early engagement with public transport providers, allowing time to consult with the passenger group mentioned in recommendation 2 where possible, over services changes that are likely to affect staff and patient travel – including the proposed extension of working hours at the hospital.**
- 4. Bus companies to ensure that bus drivers are encouraged to share information with passengers – for example that it is quicker to wait and get the next bus, as a matter of course, particularly for vulnerable and elderly passengers and for this to be included in mandatory training.**

5. Improving Physical Infrastructure

- 5.1 The evidence provided to the Panel made it clear that improvements were needed to the infrastructure which supports public and sustainable transport to the hospital. Many of the concerns that were raised in relation to infrastructure could also be addressed by taking fairly simple, inexpensive action. There was also a clear correlation between with a lack of information for passengers and the evidence outlined in the previous section of this report.
- 5.2 The Panel heard from several sources, and some members, including the Chair who had experienced firsthand the difficulty of travelling to the general hospital by bus. The lack of a single embarkation/disembarkation point at the hospital with bus stops dispersed around the perimeter and a lack of signage makes it difficult to navigate the site. When leaving the hospital particularly it was felt to be difficult to find timing and schedules of the buses, the right bus stop and the right bus. In response to concerns First Bus acknowledged that bus stop locations were not always easy to find and they would consider how to improve the situation.
- 5.3 Carers Together raised concerns about the bus links to the hospital from other key public and sustainable transport hubs in Southampton such as the ferry terminal and the rail station. There was clearly a lack of awareness of the bus services available and no signage to them.
- 5.4 The Panel expressed concern about issues with the real time information system and heard that they were not always working or up to date. The real time information boards in the hospital were not advertised or signposted. In response to questions First Bus confirmed they were not linked up to ROMANSE system which supplies up to date bus information. It was anticipated that all bus services would link up to ROMANSE in early summer 2103.
- 5.5 Concerns were expressed by union and staff representatives regarding the safety risk for people travelling at night around the hospital. Lighting around the hospital was felt to be poor, particularly at bus stops. The Panel heard that the 2020 vision for the hospital included extending staff working hours until 8 pm in order to offer a longer service for outpatients. This would increase the number of people using the hospital at

night and potentially those using public transport to access the site (if it was to continue to be available).

- 5.6 The union Unison has provided a report to the Panel on Bus Service Provision for Staff at Southampton General and Princess Anne Hospitals based on a staff survey and general observations which had been prompted by concerns about potential withdrawal of services and this review. The issues found were similar to those heard by the panel and included concerns about a reduction in services, lateness and frequency of services, real-time information, the safety of bus shelters and a lack of information. A copy of the report is attached at Appendix 6.
- 5.7 The Panel were pleased to learn that the number of staff travelling to work by bike had increased as had the number of showers available to staff. However the safety of cyclists was raised as an issue, particularly as there were not many cycle path routes to the hospital. Examples were given of the same person being involved in multiple accident and others being fearful of the cycle route. Cycle theft was also an issue with on average one bike stolen a week. Council officers reported that cycling routes were to be reviewed with the intention of promoting cycling, particularly for the less confident cyclist. Most cycle routes were road based but work was taking place to improve this, particularly looking at a potential route through the cemetery. The Panel were in support of this is if it was considered appropriate given other cemetery users. If this is not deemed appropriate, the Panel would urge the Council and partners to consider alternative routes which are physically segregated from motor vehicles as much as possible.
- 5.8 The Trust confirmed they had been working to improve transport related issues around the hospital such as hospital parking, park and ride, encouraging cycling and provision of shower facilities.
- 5.9 The Panel made the following recommendations in relation to improving physical infrastructure:

Recommendations

- 5. SCC to work with bus companies, Network Rail and Red Funnel to improve signposting to bus services to the hospital from central station and Town Quay linking into the legible cities and legible bus networks.***
- 6. SCC and UHS to work together to improve signposting to bus stops and cycle routes in and around the hospital including consideration of a potential cycle route through the cemetery. If this is not deemed appropriate, the Panel would urge the Council and partners to consider alternative routes which are physically segregated from motor vehicles as much as possible.***
- 7. SCC to work with the UHS to improve bus stops information around the general hospital site to ensure time tables and real-time information are available both in the hospital and at bus stops.***

- 8. SCC to prioritise improvements to street lighting on Tremona Rd and Dale Rd Junction around bus stops, to ensure that passengers feel safer**
- 9. All bus companies to feed their live data into the SCC real time information systems.**

6. Further research

- 6.1 One of the biggest challenges the Panel found when carrying out this mini review was the lack of data available regarding how patients and visitors travel to and from hospital. While the Trust, with support from SCC had carried out research regarding staff travel patterns there was no information about patient and visitor travel patterns.
- 6.2 Information available from the bus companies was limited as their systems do not enable detailed information and do not include journey purpose. Neither the Trust, commissioners nor council have carried out detailed research about patient and visitor travel to the hospital.
- 6.3 The Trust explained that patients at the hospital were routinely issued questionnaires regarding the treatment received but no questions were asked about transport. Questions about transport had not been considered a priority and they have focused on quality of care, dignity and responding to issues raised in the Independent Inquiry into Care Provided by Mid Staffordshire NHS Foundation Trust (Francis Report). However the Trust would like to work with others to better understand patient and visitor travel. The bus companies also expressed a willingness to support research and suggested that the university may be able to provide support to undertake a study.
- 6.4 As noted previously, it was agreed in the SCC budget for 2013/14 that some bus subsidies would be withdrawn. The Panel heard that the lack of patient and visitor travel information had made this decision more difficult. The Panel questioned what would happen to bus services as a result of the subsidy withdrawal. They were informed that bus companies would look at the commercial viability of the service and that it would not be possible to predict what they would do. The Panel felt this was somewhat unfair and unsatisfactory.
- 6.5 It was recognised that there was some overlap between commercial and subsidised services. Concern was expressed by the Panel because the impact of the subsidy withdrawal was unknown and therefore it would be difficult to give a reasoned analysis. The Panel were concerned that it is important to ensure that poorly served areas still have access to the general hospital. The Panel wrote to the Cabinet Member for Environment and Transport as part of the budget consultation process to express their concerns, and to request that the impact of the subsidy reductions and Equality Impact Assessment are reviewed in 6 months time when there is a clearer picture of

how the bus companies are going to respond. A copy of this letter is attached at appendix 5.

- 6.6 The other area that the Panel identified for further research was dedicated transport services for patients accessing hospital, including voluntary sector provided services. The Panel discussed the Patient Transport Services (PTS) and the level of awareness people had of the service they provide. From the evidence received it appeared that information was not readily available and often patients were not made aware of the service. It was acknowledged that when people were unwell it was more difficult to be proactive to find out about options available for transport. GP's often refer people for appointments at the hospital, but it was not clear whether information was always provided out regarding options for transport. The Panel also heard evidence that there were some concerns about the quality of the service provided. While the Trust is not responsible for the contract for the Patient Transport service, they accepted there are issues in accessing PTS in a timely manner.
- 6.7 Evidence was also provided regarding the high quality patient transport provisions in Eastleigh and that there were voluntary sector providers in Southampton for example Communicare. The Panel were keen to explore the issue further in the future.
- 6.8 On the basis of the evidence the Panel received, they made the following recommendations in relation to further research:

Recommendations

- 10. SCC, UHSFT, Southampton University, Unison, S-LINK and Bus Companies to work together to explore options for undertaking a survey to establish how patients and visitors are currently travelling to and from the general hospital and the results are used to inform future service planning and improve reliability. The results should also be reported back to HOSP and fed into the key local health documents: the Joint Strategic Needs Assessment and the Health and Well-being Strategy, the latter of which, following the Panel's recent review, now is agreed to contain transport as a consideration.**
- 11. Regardless of decisions taken by bus companies in relation to continuing, or otherwise, to run evening and weekend buses to the General Hospital, the Panel would like SCC to review the effects of the bus subsidy reductions 6 on access to the general hospital months after they come into effect. A report on the review should be provided to HOSP.**
- 12. At a meeting in the 2013-14 municipal year, HOSP to consider the Patient Transport Service and other dedicated modes of patient transport in more detail in order to improve understanding of how the services are managed, publicised to patients and concerns with the current service. Commissioners and providers, including the voluntary sector, of the service to be invited. If recommendations are necessary to improve the service, they will be made at that meeting**

7. Planning for the future

- 7.1 From the evidence provided, the Panel recognised that while there were many fairly simple improvements that could be made, there were also more intensive, longer term actions that could also be pursued to improve public and sustainable transport to the general hospital.
- 7.2 The Panel welcomed the progress that had been made on addressing the parking issues at the hospital in recent years and they commended the introduction of parking permits and zones by the Trust and reduced staff cars on site by around 200 per day. However, the exclusion zone for parking permits (i.e. staff that live within a minimum distance zone are not eligible for a parking permit except in certain circumstances) has been based on distance and does not appear to have considered the availability of public transport options. For example there may be areas just outside the exclusion zones which are on direct bus routes with frequent services. The Panel would be keen for the Trust to consider options for reviewing this to help further reduce cars on site and support local transport providers.
- 7.3 Additionally, as stated previously, the Panel heard that the dispersal of bus stops around the general hospital site can be confusing for staff, patients and visitors. Having toured the site the Panel are aware that there are difficulties at present in developing a single onsite hub for buses and only one bus service is currently able to access the site. However, with significant further development planned for the site in the future the Panel would be very keen to encourage an onsite bus hub. As well as making the use of buses to the hospital easier, there would also be benefits for patients, particularly those who are frail or have mobility problems, in terms of walking distances and safety. The Panel would also urge the planning decision makers, both officer and political, to support this recommendation.
- 7.4 The Panel heard evidence that for those travelling from further away to the hospital, particularly the east side of the City, bus travel was considered somewhat of a challenge. While there are services that are available to make the journey, the bus network was felt to be fragmented, with different operators and changes required. It was also experienced firsthand by panel members, that it can be difficult to arrive at the hospital from one location but need to travel somewhere else afterwards. Unless the two locations are served by a single bus operator the savings offered by return and day tickets are not available. The charges and tickets available, whilst not criticised for being overly expensive, were felt to be confusing for users. There was also no evidence that for those travelling to the hospital from train or ferry links any discount or joint ticket were available.
- 7.5 In order to further encourage the use of bus travel to the hospital, and indeed across the City in general, the Panel would be keen to see transport providers work together to consider what improvements could be made in relation to cross company bus tickets.

- 7.6 The Trust informed the Panel that they were currently updating their Travel Plan. The previous Travel Plan was adapted in 2008 and, as far as the Panel are aware, had not been updated or refreshed since this time. It is best practice for all larger organisations to have a Travel Plan. They would typically cover a 5 year period and be refreshed in years 1, 3 and 5. Officers from SCC have been working with UHS on the plan and were expecting a draft to be provided during April. The Panel hope that of the issues identified during the review will be addressed in the plan. Bluestar highlighted that Southampton University had a very good travel plan and engaged with people in various ways including using mass media. They have dedicated resources and a transport and estates department. The Panel would encourage the Trust to learn from the best practice at the University.
- 7.7 Finally the Panel will be seeking a formal response to the recommendations in this report from the Cabinet member and those organisations that actions have been attributed to.
- 7.8 The Panel have made the following recommendations relation to Planning for the future.

Recommendations

- 13. UHS to be asked to consider reviewing the zones used in relation to parking permits to consider areas where there are regular direct bus routes which fall outside of the inner zone but provides attractive transport to the hospital within 30 minutes. This should help improve the viability of bus services and encourage sustainable transport use (“getting people out of their cars”).**
- 14. Consideration is given to the development of a bus hub within the general hospital site and how SCC can work with the hospital to facilitate this.**
- 15. Encourage bus companies to work together to develop a cross company bus ticket for use within Southampton to enable easier travel from the City to the hospital. This should be priced competitively with existing operator day tickets – e.g. First day ticket rather than the Solent travelcard which covers a greater area and is therefore more expensive. Consideration also be given to how they can work better with train providers on this issue and the promotion of Plusbus add-on tickets.**
- 16. UHS to share their forthcoming travel plan with SCC Transport Officers by April 2013 and ensure that the plan details clear lines of accountability for actions and is refreshed yearly and fully updated every three years. The final plan should also be shared with HOSP. SCC officers to support UHS to complete the implementation of the travel plan. UHS should ensure they share and learn from best practice on travel planning including working with Southampton University.**
- 17. Chair of HOSP to write to all partners with recommendations, seeking a response on what they accept, what timings they can commit to, and detailing any additional resources they are willing to provide.**

Summary of Recommendations

| | Recommendation | Lead Organisation | Target date for completion |
|----|--|-----------------------|-----------------------------------|
| 1. | <p><i>Ensure that staff, visitors and patients are aware of the public and sustainable transport routes to and from the general hospital.</i></p> <p>a) <i>UHS to review, improve and provide evidence of the information provided to staff, visitors and patients in relation to travel to the hospital – including in patient appointment letters and the website;</i></p> <p>b) <i>SCC to develop leaflets to publicise sustainable transport options to the general hospital from various parts of the city for distribution at relevant places including the hospital, GP surgeries, libraries, community facilities and the information provided on the ‘My Journey’ website.</i></p> | <p>UHS</p> <p>SCC</p> | <p>Sept 2013</p> <p>Sept 2013</p> |
| 2 | <p><i>To establish a representative passenger group for public transport in Southampton including service providers (buses and trains), transport users and councillors. The group should meet at least twice a year with scope for extra meetings if required and minutes available publicly.</i></p> | SCC | July 2013 |
| 3 | <p><i>That UHS ensure there is early engagement with public transport providers, allowing time to consult with the passenger group mentioned in recommendation 2 where possible, over services changes that are likely to affect staff and patient travel – including the proposed extension of working hours at the hospital.</i></p> | UHS | June 2013 |
| 4 | <p><i>Bus companies to ensure that bus drivers are encouraged to share information with passengers – for example that it is quicker to wait and get the next bus, as a matter of course, particularly for vulnerable and elderly passengers and for this to be included in mandatory training</i></p> | Bus Companies | Sept 2013 |
| 5 | <p><i>SCC to work with bus companies, Network Rail and Red Funnel to improve signposting to bus services to the hospital from central station and Town Quay linking</i></p> | SCC | Sept 2013 |

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| | <i>into the legible cities and legible bus networks.</i> | | |
| 6 | <i>SCC and UHS to work together to improve signposting to bus stops and cycle routes in and around the hospital including consideration of a potential cycle route through the cemetery. If this is not deemed appropriate, the Panel would urge the Council and partners to consider alternative routes which are physically segregated from motor vehicles as much as possible.</i> | SCC/UHS | Sept 2013 |
| 7 | <i>SCC to work with the UHS to improve bus stop information around the general hospital site to ensure time tables and real-time information are available both in the hospital and at bus stops.</i> | SCC/UHS | July 2013 |
| 8 | <i>SCC to prioritise improvements to street lighting on Tremona Rd and Dale Rd Junction around bus stops, to ensure that passengers feel safer.</i> | SCC | July 2013 |
| 9 | <i>All bus companies to feed their live data into the SCC real time information systems.</i> | Bus Companies | Sept 2013 |
| 10 | <i>SCC, UHSFT, Southampton University, Unison, S-LINKS-LINK and Bus Companies to work together to explore options for undertaking a survey to establish how patients and visitors are currently travelling to and from the general hospital and the results are used to inform future service planning and improve reliability. The results should also be reported back to HOSP and fed into the key local health documents: the Joint Strategic Needs Assessment and the Health and Well-being Strategy, the latter of which, following the Panel's recent review, now is agreed to contain transport as a consideration.</i> | All | Sept 2013 |
| 11 | <i>Regardless of decisions taken by bus companies in relation to continuing, or otherwise, to run evening and weekend buses to the General Hospital, the Panel would like SCC to review the effects of the bus subsidy reductions 6 on access to the general hospital months after they come into effect. A report on the review should be provided to HOSP.</i> | SCC | Dec 2013 |
| 12 | <i>At a meeting in the 2013-14 municipal year, HOSP to consider the Patient Transport Service and other dedicated modes of patient transport in more detail in order to improve understanding of how the services are managed, publicised to patients and concerns with the current service. Commissioners and providers,</i> | HOSP | Sept 2013 |

| | | | |
|----|---|---------------|-----------|
| | <i>including the voluntary sector, of the service to be invited. If recommendations are necessary to improve the service, they will be made at that meeting</i> | | |
| 13 | <i>UHS to be asked to consider reviewing the zones used in relation to parking permits to consider areas where there are regular direct bus routes which fall outside of the inner zone but provides attractive transport to the hospital within 30 minutes. This should help improve the viability of bus services and encourage sustainable transport use (“getting people out of their cars”).</i> | UHS | Oct 2013 |
| 14 | <i>Consideration is given to the development of a bus hub within the general hospital site and how SCC can work with the hospital to facilitate this.</i> | SCC/UHS | Dec 2013 |
| 15 | <i>Encourage bus companies to work together to develop a cross company bus ticket for use within Southampton to enable easier travel from the City to the hospital. This should be priced competitively with existing operator day tickets – e.g. First day ticket rather than the Solent travelcard which covers a greater area and is therefore more expensive. Consideration also be given to how they can work better with train providers on this issue and the promotion of Plusbus add-on tickets.</i> | Bus Companies | Dec 2013 |
| 16 | <i>UHS to share their forthcoming travel plan with SCC Transport Officers by April 2013 and ensure that the plan details clear lines of accountability for actions and is refreshed yearly and fully updated every three years. The final plan should also be shared with HOSP. SCC officers to support UHS to complete the implementation of the travel plan. UHS should ensure they share and learn from best practice on travel planning including working with Southampton University.</i> | UHS | July 2013 |
| 17 | <i>Chair of HOSP to write to all partners with recommendations, seeking a response on what they accept, what timings they can commit to, and detailing any additional resources they are willing to provide.</i> | HOSP | May 2013 |

Health Overview and Scrutiny Panel - Mini Review

Terms of Reference

Public and Sustainable Transport Provision to Southampton General Hospital

Aim of the Review:

To try and discover how easy it is for our residents to get to their General Hospital using public transport. For those residents who do not drive, have had to give up driving or are simply too ill to drive, what alternatives are there? Is there suitable public and sustainable transport provision? What other means of transport are available?

Scope:

The review will consider access to Southampton General Hospital. If time allows, access to the Royal South Hants and Western Hospital/Adelaide Centre sites will also be considered.

For the purposes of the review public and sustainable transport will include, buses, trains, cycles and walking.

The scope does not include car travel, however it is accepted that a basic understanding of the current position and how this impacts on the use of public transport will be required. Car parking charges are not in scope.

Objectives:

1. Discover if there is suitable provision for residents to travel to/from hospital – be they staff, patients or visitors.
2. Discover what public or community transport is available, whether it is cost effective and at suitable times.
3. Discover out which areas, if any, are affected by lack of public transport.
4. Consider any barriers to walking or cycling.
5. Consider any actions required to secure improvements.

Methodology:

29/11 - Introduction, overview and agreement on the way forward.

13/12 - OSMC to agree review.

24/1 - Short item – review of background evidence and preparation for evidence gathering session.

28/2 - Evidence gathering session with officers, transport providers and health site managers.

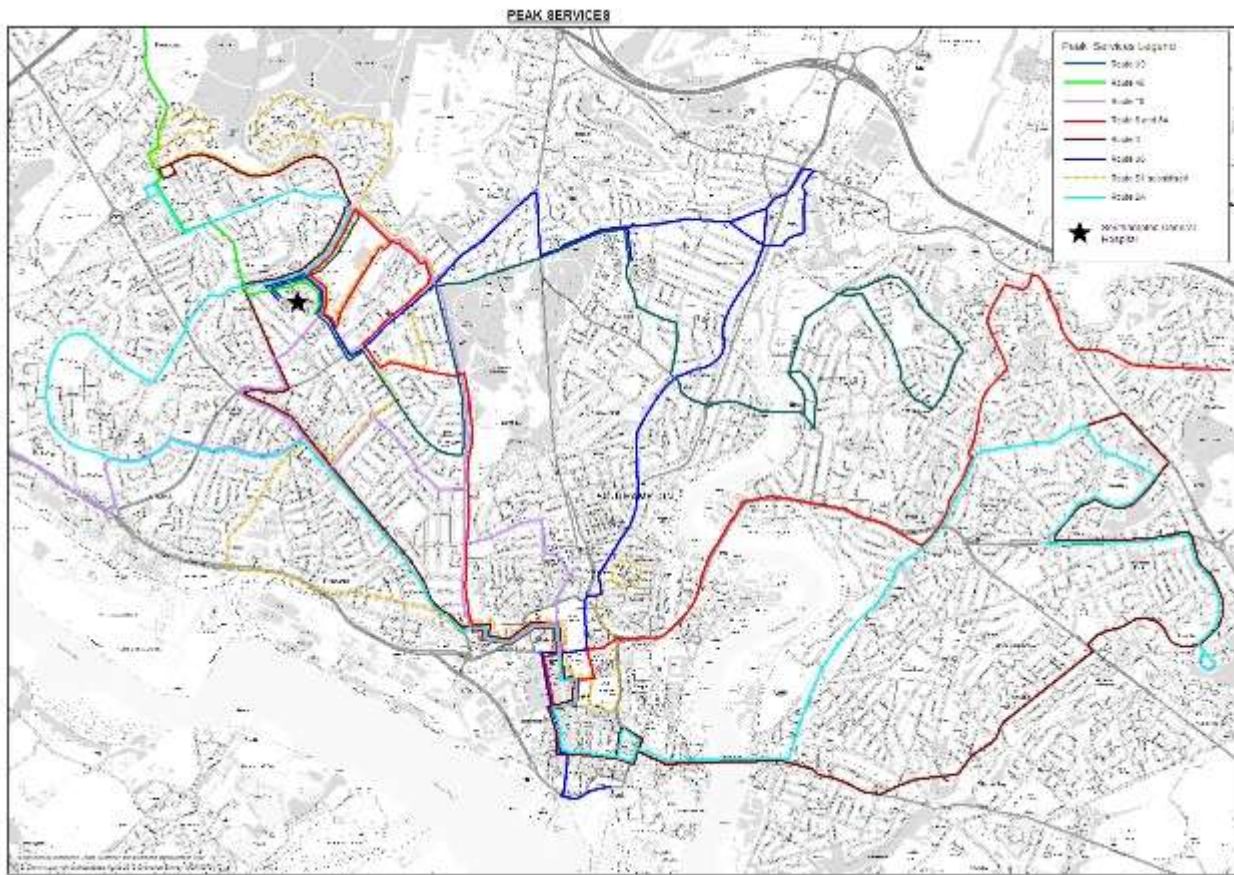
21/03 - Short item - agree report and recommendations.

Appendix 2

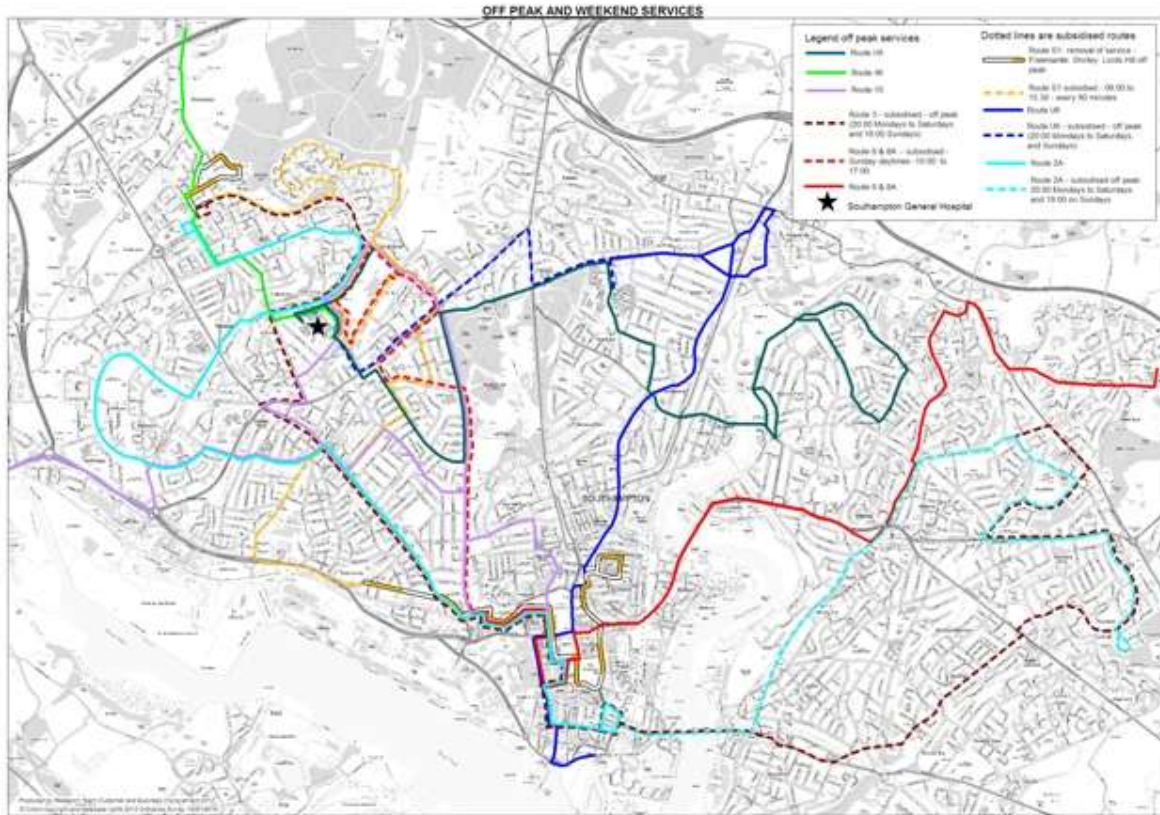
The following people provided evidence to the Public and Sustainable Transport Provision to Southampton General Hospital Mini Review. This was either through attendance at one or more formal meetings of the Panel or during a meeting with the Panel Chair.

| NAME | REPRESENTING |
|------------------|---|
| Harry Dymond | Chairman, Southampton Link |
| Anne Meader | Carers Together |
| Michael Woodward | Joint Staff Side Chair/Unite UHS - On Behalf Of Unite And Unison |
| James Smith | Unison Trade Union |
| David Smith | Consultant Anaesthetist, Staff Representative, UHS |
| Maria Johnston | Radiographer, Staff Representative, UHS |
| Anita Beer | Interim Deputy Director Of Commercial Development, UHS |
| Sarah Jones | Assistant Project Manager, UHS |
| Ian Taylor | Uni-Link Manager |
| Paul Coyne | Operations Manager Bluestar & Uni-Link |
| Dervla Mckay | General Manager First South Coast |
| Cllr Thorpe | Cabinet Member For Environment And Transport SCC |
| Simon Bell | Public Transport & Operations Manager, SCC |
| Dale Bostock | Active Travel Officer, SCC |
| Rui Marcelino | Workplace Travel Plan Officer, SCC |
| Tracy Eldridge | Member Of The Public |
| Dawn Buck | Head Of Stakeholder Relations And Engagement Southampton City CCG |

Appendix 3



Appendix 3a



2009 Transport Strategy achievements to end 2012:

- a. Reduction of major queues to the hospital Patient & visitor car parks by removing nom' 200 staff cars from Patient car parks per day.
- b. Reduction of inherent overflow onto surrounding residential road systems and local vehicle service impact from those queues.
- c. Reduction of 400 staff car parking permits and therefore cars on site.
- d. Implementation of a new and equitable staff parking permit allocation criteria & enforcement.
- e. Investment in new data management system for better car park capacity management.
- f. Investment in vehicle recognition car parking technology & car parking permit management.
- g. Investment in new chip & pin payment systems to all the patient and visitor car parking pay on foot machines to facilitate easier and faster egress for patients from the site, whilst saving on cash handling costs for the Trust.
- h. Procuring and partnering with local organisations to provide staff with 2 x Trust subsidised Park & Ride services with parking for nom' 320 staff, removing those cars from the hospital site and also local Southampton road networks.
- i. Close working links with the University and their Uni-Link bus supplier to launch a faster 20minute interval bus service timetable for students, staff and public visiting the hospital, University and Southampton city area.
- j. Investment and partnership working with Portsmouth Hospitals to buy and construct a Fastpark modular car park deck build providing an additional 100 spaces on site and additional car parking CCTV & lighting coverage
- k. Introduction of a Trust Cycle to Work Scheme in May 2009 with 83 applicants in its first 6 months of the scheme and 338 applicants from May 09 to May 2012.
- l. Continued addition and review of cycle storage and hoops.
- m. Refurbishment of communal staff female & male shower, change and locker areas – ongoing.
- n. Continued free to staff inter-site daily mini-bus service between the RSH & SGH Southampton hospitals.
- o. Investment in improved staff and patient communications & publications via staff and public web-access, travel links and discount packages from public transport providers.
- p. Linking better with, and inviting all the major commercial public bus operators inviting them on site for regular “Bus Weeks” enabling direct engagement with staff about their travel to work planning options.
- q. Partnering closely with Southampton City Council and their sustainable work travel team and My Journey getting around Southampton promotional scheme.
- r. Working closely with the My Journey team to establish the Trusts first “Bike Week” held during National Bike Week on site promoting cycling and non car travel, whilst enabling the Trust to gather travel behaviour surveys from our staff.

- s. Installed a second Fastpark2 car parking deck on site 2012 to alleviate increase in staff cars on site who are eligible for a permit, as staff are travelling further to engage in their jobs.
- t. Review and then publish the Trusts Travel Plan in 2013 to encompass all the above completed projects and initiatives and develop the ongoing Active Travel Measures programme going forwards.
- u. Continued yearly ring-fenced investment no-car and the management of sustainable travel projects and solutions

The Trust's staff continue to have the ability to access their place of work, whilst also encouraging staff to take personal ownership of alternative methods of travel and imbue sustainability throughout the Trust.

SOUTHAMPTON HEALTH OVERVIEW

AND SCRUTINY PANEL

Southampton City Council

Civic Centre

Southampton SO14 7LY

Direct dial: 023 80832524

Email: caronwen.rees@southampton.gov.uk

Please ask for: Caronwen Rees



Fax: 023 8083 3232

Date: 05 February 2013

Dear Cllr Thorpe,

DRAFT BUDGET 2013/14 – REDUCTION IN BUS SUBSIDIES

As you are aware the Southampton HOSP is undertaking a short review into public and sustainable transport to the General Hospital. The review will not be completed until late March and the Panel will make recommendations to you, as the relevant Cabinet Member, at that time via the formal routes.

However, given the current consultation on the Council's 2013/14 budget and the relevance of proposal E&T 23, the Panel agreed it would be useful to provide you with some early thoughts that can be fed into the consultation process.

At this stage it is difficult to know how the removal of bus subsidies will actually impact on bus routes given that bus companies may decide to continue to run the services commercially or alter existing services to compensative for the removal of subsidised elements. Whilst the Panel agree that we would not want the Council to provide a subsidy where a commercial option is viable, it is important to ensure that poorly served areas still have access to the general hospital.

At the last meeting, and throughout this inquiry, I would like to express the frustration felt by myself and other Panel members, at how powerless the Council, and the bus users of Southampton, seem to be in the deregulated bus market. With cuts to Council funding from Central Government, the people of Southampton appear to be about to lose out even more, particularly where they are already suffering from ill health or from discrimination. This must make this Health Scrutiny Panel more determined to try to protect them.

I have asked for a copy of the Equality Impact Assessment for budget item E & T 23 to be provided so that we can consider it for the evidence meeting in February.

We are currently working with the University Hospitals Southampton NHS Foundation Trust to assess the impact of the changes on staff travelling to and from the hospital in the evenings and weekends. It is more difficult to assess the impact on patients and visitors, a fact which I know has also made it difficult for you and your officers to understand the subsidy reduction impact. It would be helpful to require more information to be provided by bus companies on the journeys undertaken as part of future contracts.

Finally we would request that the impact of the subsidy reductions and EIA are reviewed in 6 months time when there is a clearer picture of how the bus companies are going to respond. The attached maps show that there is potentially a shortage of evening and weekend buses particularly in the east of the City.

I acknowledge your previous offer of officer support for this work and would draw to your attention to the fact there may be a case for some additional resource in the future to support the Trust to improve public and sustainable access to the General Hospital. We wish to consider all options for support, including for example financial expenditure on subsidies in the long-term, feasibility studies for future work, or officer time on alternatives. However, I as Chair do not currently feel that it would be wise to effectively continue to subsidise fares if they were only to be extinguished in the near future. Such subsidies would seem to be a short-term waste of money, and would be better spent on longer-term alternatives. It is essential that this Panel provides strategic guidance for sustainable transport to the General Hospital - short-term subsidies are probably not justified in being called sustainable. However, it is early days, so the Panel will consider these and other such alternatives in its final report.

I would like to thank you on behalf of the Panel for listening to our early thoughts, and look forward to your continued co-operation.

Yours sincerely

Cllr Andrew Pope

Chair, Southampton Health Overview and Scrutiny Panel



(Interim) UNISON REPORT TO
SOUTHAMPTON CITY COUNCIL:

**BUS SERVICE PROVISION FOR STAFF OF
SOUTHAMPTON GENERAL / PRINCESS ANNE HOSPITALS**



VERSION 1.2, 19th April 2013



UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:

BUS SERVICE PROVISION FOR STAFF OF SOUTHAMPTON GENERAL / PRINCESS ANNE HOSPITALS

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- **Scope of report**
- **Observations made by UNISON**
 - **General observations**
 - **UNISON survey of bus users**
 - **UNISON survey of bus users results**
 - **Summary of survey results**
 - **Main suggestions for improvements to bus services taken from survey**
- **UNISON's concerns about present and future bus services**

ABOUT UNISON

UNISON is the UK's largest public sector trade union and represents a wide cross section of society. Its members work on a broad range of activities in the public services and include NHS workers. UNISON is committed to contributing to the debate about the future of transport policy on behalf of its membership reliant on services at the Southampton General Hospital and Princes Anne Hospital. Transport is key to protecting and improving our environment and society.

SCOPE OF REPORT

The report is intended to reflect on the present usage of bus services to and from the hospital sites and on improvements suggested by the passengers. The report focuses exclusively on use of services by staff. The report contains other observations along with the responses received to date from a survey conducted by UNISON. Survey responses are still being received so this interim report may be updated in the future.



UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:

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OBSERVATIONS MADE BY UNISON: General Observations

Lateness and infrequency of service

During our conversations with staff, *First Bus* services have, in particular, been criticised heavily by service users for their lateness and infrequency. Bus users are complaining that buses often do not appear on time.

UNISON representatives have witnessed the *First Bus* Number 3 service being late on several occasions, with the bus being over 30 minutes late on one occasion.

Our survey responses list this as one of the most common complaints of respondents.

Electronic bus service update displays

The lateness of buses is emphasised by the poor quality of the electronic bus service update displays, which only reflect the times stated in the set timetable. Buses that are running late disappear from the screen leaving the passenger frustrated that they have been waiting for a bus that was never going to arrive in the first place. UNISON representatives have experienced this on more than one occasion.

The system has limited value and serves as little more than an electronic display of timetabled services.

The system operated by *Bluestar/Uni-Link* in parts of the city provides real-time updates on bus arrivals. Passengers can be assured of the expected arrival time of their bus, reassured that it is coming and make judgements based on this accurate information. The accuracy of this system is of great value and a similar system should be adopted at bus shelters serving the hospital sites.

Bus shelters

One of the most frequently used bus stops is situated close to the junction between Tremona Road and Coxford Road, travelling South. At busier periods, the seating available for waiting customers is insufficient to accommodate those waiting. A large group amasses around the bus stop without adequate shelter.

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Several bus stops along Tremona Road do not appear to have the same high level of customers waiting but these have not been observed on a regular basis.

There are two bus stops at the southern end of Coxford Road, one with a shelter and the other without. The present shelter has no timetables displayed at all and which is thoroughly unhelpful to passengers unfamiliar with the bus routes and times (pictured to left).

Behind this shelter is a building and hedge obscuring clear vision between the shelter and main hospital site (pictured below). The shelter faces residential properties which are set back from the road by a verge. Passengers waiting at this stop would appear to be more vulnerable at this shelter than at other shelters, as the possibility of them being seen should they fall or be attacked, is limited to them being sighted by residents of the properties facing the stop. The stop is of value and generally well positioned to serve the site. Frequent evening bus services would ensure that customers are not waiting too long at the stop at times of higher risk (after dark or when the area is quieter).



Inadequate promotion of bus services

It has been observed that there may not be enough promotion of bus services on the Southampton General hospital site.



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There do not appear to be any obvious route network maps displayed at the bus shelters and the hospital sites may benefit from a large city network route map being displayed in public areas both inside and outside the hospital. Some former bus users expressed to us that they might be encouraged to return to using the bus service if they saw improvement to the services that they previously used. It is possible that staff might be encouraged to use the bus service more if they knew more about where the routes served.

Encouragingly, a *Sustainable Travel Fair* was held on 16th and 17th April at the SGH, promoting a variety of sustainable travel options.

Bluestar/Uni-Link and *First Bus* now display banners directly outside the entrance of the hospital (pictured below).



OBSERVATIONS MADE BY UNISON: UNISON Survey of Bus Users

UNISON has issued an online survey (using the *www.surveymonkey.net* software) to its members who have provided e-mail addresses. It has also issued approximately 1000 paper copies for circulation amongst staff, began 'clipboard' surveys at bus stops frequently used by staff and held three morning/lunchtime information stalls outside *The Spice of Life* Eaterie at the SGH to publicise the survey.

The Trust has assisted by circulating a link to our survey on the staff Intranet.

UNISON staff have handed out paper copies of surveys to staff arriving or departing from hospital bus stops. This activity has been undertaken predominantly around the two bus stops situated close to the junction between Tremona Road and Coxford



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Road (Northbound and Southbound) and the Tremona Road stop closest to these. This activity has taken place on the following dates:

Tuesday 19th March, 8:00-9am

Monday 25th March, 8:15-9am

Thursday 4th April, 7-9am

Monday 9th April, 7-9am

Monday 15th April, 7-9am

We are mindful that we have been unable to provide a physical presence to promote the survey during evenings and weekends to date, which may therefore result in an understatement of use of evening and weekend services.

Our survey was launched to examine staff usage of bus services and passenger concerns but we are aware that it is unlikely to be able to reflect the full staff usage of bus services, due to limitations with regards to our ability to get a response from every staff member or ideally the wider community. We are conscious that many more staff members use the bus services than we will be able to reach with the survey, so ticket sales analysis may also be beneficial.

It is not an easy task encouraging NHS workers to take time out of their busy and important clinical duties to undertake a survey so this is likely to affect the volume of responses. However, we do hope that the information returned will give a basic impression of staff opinions.

We nonetheless hope that the content is of value to you particularly in combination with your own analysis.

UNISON SURVEY OF BUS USERS RESULTS

The survey was launched at the end of March and the responses to date are as follows:



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1. Which bus routes to you use to get to Southampton General Hospital?

| | Response Percent | Response Count |
|-----------------|--|----------------|
| 2A (First Bus) | 26.2% | 37 |
| 3 (First Bus) | 58.2% | 82 |
| 8A (First Bus) | 25.5% | 36 |
| 10 (First Bus) | 21.3% | 30 |
| 46 (Stagecoach) | 0.7% | 1 |
| S1 (Velvet Bus) | 6.4% | 9 |
| UH6 (Bluestar) | 16.3% | 23 |
| U9 (Bluestar) | 5.0% | 7 |
| | Other (please specify) Show Responses | 11 |
| | answered question | 141 |
| | skipped question | 1 |



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2. What is the earliest time that you need to arrive on site in time for your shift (to the nearest half an hour)?

| | Response Percent | Response Count |
|------------------------|------------------|---------------------|
| Before 5am | 0.7% | 1 |
| 5am | 0.0% | 0 |
| 5.30am | 0.7% | 1 |
| 6am | 1.4% | 2 |
| 6.30am | 3.5% | 5 |
| 7am | 18.4% | 26 |
| 7:30am | 25.5% | 36 |
| 8am | 28.4% | 40 |
| 8.30am | 11.3% | 16 |
| 9am | 4.3% | 6 |
| Later than 9am | 5.7% | 8 |
| answered question: 141 | | Skipped question: 1 |



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3. What is the latest time that you need to leave the site for home after your shift (to the nearest half an hour)?

Answered question: 141

Skipped question: 1

| | Response Percent | Response Count |
|------------|------------------|----------------|
| Before 6pm | 31.2% | 44 |
| 6pm | 17.0% | 24 |
| 6.30pm | 4.3% | 6 |
| 7.00pm | 5.0% | 7 |
| 7.30pm | 3.5% | 5 |
| 8pm | 9.9% | 14 |
| 8.30pm | 14.2% | 20 |
| 9pm | 2.1% | 3 |
| 9.30pm | 4.3% | 6 |
| 10pm | 3.5% | 5 |
| 10.30pm | 2.1% | 3 |



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3. What is the latest time that you need to leave the site for home after your shift (to the nearest half an hour)?

| | | |
|-----------------------|------|---|
| 11pm | 0.7% | 1 |
| 11.30pm | 0.0% | 0 |
| Midnight | 0.0% | 0 |
| After midnight | 2.1% | 3 |



UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:

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4. On average which days of the week do you use this service (tick all that apply?)

| | | Answered question:140 | Skipped question: 2 |
|-------------------|--|-----------------------|------------------------|
| | | Response Percent | Response Count |
| Monday | | 94.3% | 132 |
| Tuesday | | 91.4% | 128 |
| Wednesday | | 92.9% | 130 |
| Thursday | | 89.3% | 125 |
| Friday | | 90.7% | 127 |
| Saturday | | 35.7% | 50 |
| Sunday | | 28.6% | 40 |
| answered question | | 140 | |
| | | skipped question | 2 |



UNISON REPORT TO SOUTHAMPTON CITY COUNCIL:

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| |
|---|
| What improvements would you like to see to the bus service that you use? Examples could include routing, scheduling, safety, ticketing, fare cost or any other issue of your choosing (Open-Ended Response): |
| <i>Responses grouped by common theme</i> |
| Being on time! |
| Buses to run in time |
| Buses arriving on time |
| Want the buses to arrive on time. |
| Bus not appearing on time in the cold. |
| Buses not appearing on time in the cold. |
| To guarantee that buses will actually turn up when stated especially buses during dark winter evenings |
| Make the service run on time it is ALWAYS late!!!! |
| Buses to actually arrive at scheduled times. Quite regularly, buses do not even turn up! |
| Improved punctuality. |
| They are rarely on time and often so delayed that I miss my train. It is a poor and expensive service. |
| It would help if the bus turned up when the time table says. I have often been left standing around for a phantom bus. When you phone the company they just lie or don't care |
| Accurate electronic digital displays boards - they frequently are inaccurate to what number bus is actually arriving next. |
| That buses turn up as per the time table and that the electronic timings (if showing) are accurate and just disappear with no bus in sight. |
| Many times on Saturday and Sunday , the buses are on display but not coming , this hapend not one time !!! |
| Just sticking to the time table - and not taking 50 minutes for 10 minutes service!!! |
| Bus number 3 is always late in and causing disruption to time I get to work. Bus services need to be improved and increased to General not cut. |
| 17a (now No.3) used to be on time but is frequently late. |
| Arriving on time and not 2 or 3 arriving at the same time |
| Scheduling improvements so not 3x Number 3's arrive at once! |
| The 3 can get rather bunched up and the 7:30am one from Central Station is often up to 20 minutes late. |



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| |
|---|
| <p>The number 3 bus is meant to come along every 10-15 minutes but frequently I have had to wait for over 30 minutes for the bus. This has meant I have either been late for work, or have missed my train home because of the number 3 bus being late.</p> |
| <p>The number 3 First bus doesn't seem to stick to the timetabling, and I have had to wait for 15-20 mins on occasion.</p> |
| <p>Scheduling to improve on no 3 bus -80% buses arrive late in morning and evening rush hours. 8A is a good route but uses only 30 minutes.</p> |
| <p>It would be great to have a direct and frequent service between the train station and SGH, at least during peak times (7.30am-9am and 5pm-6.30pm). The number 3 is often busy and full of parents/school children travelling into Shirley so it would be good to have a quick and direct service straight to the hospital. Sometimes I finish work late between 6.30pm and 7.30pm. I then often have to wait half an hour or so for a bus which significantly adds to my travelling time when I am already late. There are various routes which call at the hospital but they all seem to arrive within 5 mins of each other and then there is half an hour with no services at all.</p> |
| <p>2a and 3 buses never regular. Often arrive in groups 40+ mins late. Service from Thornhill/Bitterne now changed. Concerns over cost, changes to services, and shelter</p> |
| <p>I find the No. 3 Service which runs from Thornhill to Southampton General Hospital can be unreliable and does not always run to time.</p> |
| <p>Scheduling especially in the morning Number 3 unreliable so will get a bus into Shirley and walk from there</p> |
| <p>I already have to walk to Shirley as the bus that goes down my way has been reduced to hourly and this often does not turn up. This has already added an extra 15 minutes to my journey each way. The 2a and 3 often run too close together so you are left waiting if you miss one.</p> |
| <p>More frequent through Shirley, on time and sufficient capacity at peak times</p> |
| <p>i would like to see more frequent buses and i would also like them to arrive on time and not have so many buses cancelled.</p> |
| <p>The only bus I can get where I live is the number 3, sometimes the 7:13 bus doesn't come or 2 number 3 buses arrive at 7:30, in order to start my shift on time I need to catch the 7:13 bus. More buses doing the number 3 route. The bus is always packed, maybe making sure the number 3 is always a double decker would be good. Lower bus fare, I pay for a monthly ticket and I know its discounted but its still quite high for the standard of service being provided. There is talks of our hours changing and working till 8, I have heard that the bus</p> |



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| |
|--|
| service is changing and the last bus is at 8 so I am worried about being stranded at night at the hospital with no bus to get me home. |
| may put on a single deck bus not a double , more than once per hour , i used to be home at 5.30pm now because of the changes and because it is always late i dont get home sometimes till 7pm |
| A decent bus for a start we have a clapped out bus just about works more buses, our finishes in th out 5.30pm can't get home after this, only get 1 an hour not good enough, especially as we pay £58 month for bus pass, the no.10 bus is an insult to us as we work at The General. First city needs a good kick up the backside. We hope another service would take over. |
| Buses being on time and share prices |
| More frequent service |
| More frequent. |
| More frequent buses. I have to wait 25mins between the Blue star 1 and the UH6. My baby is at the onsite nursery so this wait has not been fun in winter and with a baby! |
| More frequent scheduling. |
| MORE FREQUENT SERVICES FROM ALL AREAS OF SOUTHAMPTON. |
| More buses on the number 10 route, instead of 1 per hour perhaps 2 per hour in rush hour. Why are there so many number 3 buses ? |
| More frequent services in the evenings. e.g. Sunday services when there is one bus every hour |
| - More frequent, especially on a late shift as every 30 mins and Sunday as well. - Early bus for Sunday as we start at 7:30am and no early bus. |
| Sunday service frustrating- have to get 6:27am bus for 8am start. The U6 starts at 7 o'clock. Bus 10 runs only 1 per hour and service that I need stops at 5:24pm on Saturdays. |
| I need to work weekends and bank holidays, the bus times on these days are not always beneficial for me as they do not always run at a time i can use. This good friday i had to get a taxi as the first bus was at 09:30, i needed to be at work at 08:45! |
| I would like the bus company to recognise that the hospital is not a 9-5 employer, I would like them to recognise that the service to employees living in Totton is appalling - 1 bus per hour with the last bus running from the hospital at 5.25pm. |
| I took the job here at the hospital as there was a half hourly service from Totton. There is no parking available here for staff like me so I have no other way of getting to work. Within a month the service was cut back to hourly which now |



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| <p>limits my work day to 8.30 to 4.20 whereas I used to work some days through to 5, 5 30 or 6 which I now can't do - the 5.30 bus from the hospital is so unreliable that I can only catch the 4.30 home which gives no flexibility to me when I have busy work periods and/or need to start /finish earlier/later for any reason.</p> <p>Also, I buy a monthly ticket via the cash office at the hospital and when we board the bus we show the pass but we are never recognised or counted in any way so First Bus have no exact record of how many passengers use the service - there are 12 of us each day that presumably are not included in any of the First Bus passenger numbers so this is not a true reflection. There are rumours that the current hourly service will be reduced to just morning and evening services - this will not in any way encourage people to attend appointments by bus, visit family members etc and is no good either for hospital staff who choose to have a half day or have to get back to Totton for a Drs appointment etc.</p> |
| <p>The evening service of 3 bus currently leaves at 5 minutes past and 25 minutes to each hour. But as most shifts finish exactly on the hour (in my case at 20.00 or 21.00 pm) I can hardly catch it at 5 minutes past and have to wait further half an hour for the next one, thus arriving home at 22.00 pm and having to get up at 6.00 am the next morning). It would be easier if it was running at quarter past each hour.</p> |
| <p>More regular buses in the evenings.</p> |
| <p>Hopefully, the routing and scheduling will stay at is.</p> |
| <p>A later service at night, so I don't have to walk home in the dark.</p> |
| <p>-to route more often especially late hours - route on time</p> |
| <p>scheduling later buses</p> |
| <p>more frequent service at night as often have to wait an hour for next bus when finishing late. reduction in fares/ incentive for using the bus instead of driving and parking (like they had for cycling into work).</p> |
| <p>a bus after 6pm. the s1 does not go the full route after 1720</p> |
| <p>more buses after 5.30 and up to 7.30</p> |
| <p>Bus 8A to run after 6pm from SGH</p> |
| <p>Early buses and late buses would be better, as taxis are used on a daily basis.</p> |
| <p>It would be good if there was a bus which left Woolston at the Link Road a little earlier than 7.20am. because I have been waiting at the bus stop since 7.00am for a bus to arrive to no avail, although First Bus advertise a service at 7.10am.</p> |
| <p>it has been suggested that the u6 service be reduced in the evening and stopped on a Sunday this would not be practical for me as i work late shifts and Sundays this would leave me to have to make a 5 mile journey on foot at all times of the year</p> |



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| <p>at present the last S1 is at approx 6.15pm. When working til 8.00pm especially in winter would be nice if ran later for people on the Lordwood estate rather than having to walk from Lordshill way</p> |
| <p>I want to see a service! At the moment, my bus runs once an hour from Totton. I work flexible hours (earliest start 8am, latest finish 6pm). There is no bus back to Totton after 6pm and a once an hour service means I have to leave home 90 minutes before I am due to start in the morning- (either 6.30am or 8.30am). This is a journey of less than 10 miles and because of the infrequency of the service, it makes coming to work a total nightmare, and increases my travel costs as my husband has to collect me at 6pm! Also the bus pass has gone up in price yet again, no doubt to subsidise free bus travel for pensioners, which I am not sure I agree with if it is at the expense of those who have to work to pay their travel costs!</p> |
| <p>Lower fares is always nice. More evening buses - between 18.30 and 20pm there never seems to be a bus - often a wait of up to an hour for the scheduled 18.30 bus. More buses or more reliable buses at core times for work - eg 06 - 09, and 20 - 22</p> |
| <p>More frequent buses, or buses that run at shift times from Bitterne Park area!</p> |
| <p>I have to catch 2 buses to get to SGH now. (From Lower Brownhill Road - Sainsburys - Sainsburys to SGH & reverse). The fares have doubled since they took off the number 17 direct to SGH.</p> |
| <p>The 8A is the only bus from Hedge end all the way to the hospital as a direct bue. If the frequency of the bus in the rush hour time that is from 7:30 to 9 am and 3:30 to 5 pm could be increased it would help. the 8 A also has a new route from Southampton city to the hospital, that goes around a lot of small roads and residential areas which increases time remarkably but does not increase connectivity to those areas as not a lot of people seem to get on or off the bus from these stops.</p> |
| <p>There has been a lot of speculation that the S1 First Bus service will revert to a 90 min service. this is absolutely ridiculous. We had two buses an hour, dropped to one and now this! More clarity please!!!!!!</p> |
| <p>One bus on a more direct route. 8a is too long winded so I get two buses. Continue reduced monthly bus pass. Heating on early morning buses.</p> |
| <p>more frequent no 10 with less crazy detours to get to the hospital. it used to only take 20 mins and now it takes 45mins!</p> |
| <p>SGH is almost the last stop and my home in Harefield is the first. I would love a more direct route that did not take so long.</p> |
| <p>I would like the number 10 service to run more than once an hour. I would like</p> |



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| cheaper fares for NHS staff. |
| Earlier buses from Harefield to SGH. Shorter route; it currently takes me 1h 20-30mins to get home mid afternoon; dread to think how long it will take at 5pm!! Even the drivers comment on how long my journey is! They also change drivers when the bus arrives in the city centre which lengthens the journey. |
| cheaper fares and more regular and on time |
| Fare cost,availability of service |
| Fare cost should be less. Atleast the return tickets must cost less. |
| Bus times & prices. |
| Cost of the fare to be reduced |
| route and times |
| Scheduling |
| better scheduling |
| Scheduling Routing Cost |
| Scheduling, fare cost - £50 per month!! |
| One bus that goes from hosp to Adanac Park instead of changing at Lordshill- which means catching two buses which is £1.95 per journey! Total: £7.80 per day. |
| Shortening the unnecessary route via Winchester Road and Dale Valley Road where no one ever gets onto the no. 8A bus at least early in the morning. The bus could simply take Dale Road as before, saving around 5-10 mins journey for Hospital workers while those who live on Dale Valley Road could get on at the bus stop on Dale Road. |
| Through-ticketing / passes that work on ALL Southampton area buses regardless of operator More cross-city routes that don't go via the city centre (ie similar to U9) and/or U9 running more often Fares frozen in line with public sector pay "Express" services that go across the city without serving every bus stop on the way, just one stop in each suburb / key location |
| I would be very grateful if they could put back the bus that used to go along Romsey Road and up Bakers Drove. |
| Route too long- could be quicker to West End. |
| Direct route through from Sholing (as opposed to having to change in City Centre). Perhaps 1/2 of the No.18 service from Thornhill could be re-routed from Millbrook to SGH (currently every 6-7 mins between Thornhill and Millbrook). |
| I would like to be able to get a bus from midanbury which goes more or less straight to the General Hospital and not take nearly an hour, as the U9 does, i currently catch the U6H but have to drive to the bus stop, however this is a good |



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| service. |
| Shortage of buses from New Forest / Dibden. |
| Heating and shelter overcrowding at bus stops. |
| There is only 1 bus for me to get to and from work which is First bus #10. |
| Currently have a car parking space but may have to return to coming in by bus shortly. |

Summary of survey results:

Over half of those surveyed used the *First Bus* No.3 service (formerly No.10).

A quarter of those surveyed used the *First Bus* No.2A or 8A service.

The core arrival times at the hospital are between 7-8am.

Over 38% of those surveyed require a bus service after 8:00pm.

The majority of staff surveyed use the service(s) on weekdays.

A third of staff surveyed use buses to get to work on Saturdays and slightly less on Sundays.

Main suggestions for improvements to bus services (in order of frequency of reference) taken from survey:

- **Punctuality** and particularly that of the *First Bus* No. 3 service which appears to have a very poor reputation for lateness.
- **Frequency** of services increased, particularly during evenings, rush hour, early mornings, weekends and Bank Holidays.
- **Scheduling** – the timing of the services to coincide with the needs of the passengers and the shift patterns of staff
- **Routing** – criticisms that some services are being delayed due to long routes or travel through areas without demand, when staff are trying to get to work
- **High fare cost**- at a time when public sector pay has been frozen for several years and particularly when multiple buses are required to make a journey



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We would like to draw your attention to the following statements provided by those surveyed:

'I would like the bus company to recognise that the hospital is not a 9-5 employer'.

'The evening service of 3 bus currently leaves at 5 minutes past and 25 minutes to each hour. But as most shifts finish exactly on the hour (in my case at 20.00 or 21.00 pm) I can hardly catch it at 5 minutes past and have to wait further half an hour for the next one, thus arriving home at 22.00 pm and having to get up at 6.00 am the next morning). It would be easier if it was running at quarter past each hour.'

'More frequent service at night as often have to wait an hour for next bus when finishing late.'

'A bus after 6pm. The S1 does not go the full route after 1720.'

'I need to work weekends and bank holidays, the bus times on these days are not always beneficial for me as they do not always run at a time i can use. This good friday i had to get a taxi as the first bus was at 09:30, i needed to be at work at 08:45!'

'Sunday service frustrating- have to get 6:27am bus for 8am start. The U6 starts at 7 o'clock. Bus 10 runs only 1 per hour and service that I need stops at 5:24pm on Saturdays.'

'Early bus for Sunday as we start at 7:30am and no early bus.'

If the bus operators invest time in identifying the common working shifts of staff at the site, they may realise that demand remains high for services at times of the day when demand for services in other parts of the city falls. There is still a demand for services during evenings, early mornings and weekends.

'It would be great to have a direct and frequent service between the train station and SGH, at least during peak times (7.30am-9am and 5pm-6.30pm). The number 3 is often busy and full of parents/school children travelling into



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Shirley so it would be good to have a quick and direct service straight to the hospital.'

'The 8A also has a new route from Southampton city to the hospital, that goes around a lot of small roads and residential areas which increases time remarkably but does not increase connectivity to those areas as not a lot of people seem to get on or off the bus from these stops.'

'The bus is always packed, maybe making sure the number 3 is always a double decker would be good.'

These considerations to routing and to bus capacity could make a significant improvement to the journey of staff and patients and possibly encourage more to use the service. With passengers using other connecting bus services from across the city, reliant on the No.3 bus to make the final leg of their journey, this section of the journey appears to be worth investment.

'Through-ticketing / passes that work on ALL Southampton area buses regardless of operator More cross-city routes that don't go via the city centre (ie similar to U9) and/or U9 running more often Fares frozen in line with public sector pay "Express" services that go across the city without serving every bus stop on the way, just one stop in each suburb / key location.'

'One bus that goes from hosp to Adanac Park instead of changing at Lordshill- which means catching two buses which is £1.95 per journey! Total: £7.80 per day.'

The above comment suggests that simpler ticketing arrangements would benefit passengers along with more direct services across the city. A maximum price for the journey fare and combined bus company tickets could resolve this.

'First city needs a good kick up the backside. We hope another service would take over.'

The above comment is reflective of comments expressed and articulated in a manner of ways whilst staff completed their surveys. We found that passengers were often vocally critical of *First Bus*. This suggests that their reputation is poor amongst



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hospital staff that use the service. *Bluestar/Uni-link* customers appeared to be less critical of their service and in some instances positive about their service.

We encountered fewer passengers using *Velvet Bus* or *Stagecoach* services so gained no overall impression of their general feelings towards their service.

We came across staff who had given up using their buses due to confusion over route changes, fare increases and reductions in services. If *First Bus* stops running evening services to the hospital, arguably their reputation as an operator may struggle to recover amongst staff.

One disabled hospital volunteer (not included in the survey results as he was not staff) reported that he had great difficulty getting on and off *First Bus* vehicles in his wheelchair but that the *Bluestar/Uni-link* vehicles were better adapted to his needs.



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UNISON'S CONCERNS ABOUT PRESENT AND FUTURE BUS SERVICES:

Primary concern: reductions in bus services (particularly early morning, evenings and weekends)

Southampton General Hospital and Princess Anne Hospital operate around the clock services and many of these are seven days a week. We understand that there are between 7,500-10,000 staff contracted to work at either Southampton General Hospital or the Princess Anne Hospital.

As a result, shift patterns include early morning starts, late evening finishes, weekend and Bank Holiday working. The number of staff undertaking these shifts is likely to increase as there are increasing calls to encourage the NHS to operate services during evenings and weekends. In the future, the appointments of some of the 100's of thousands of patients who visit the site each year may as a result, start to take place during the expanded opening hours.

UNISON representatives understand that the University Hospital Southampton NHS Foundation Trust, responsible for managing the hospital has a tendency now to operate around fewer and longer working shifts rather than frequent short shifts. This requires staff to start work earlier and finish work later. We understand that this may be partly due to concerns over transport for staff. These points may need to be clarified by the Trust.

Our survey is suggesting that staff are already struggling to get to and from work due to infrequent services before 6am, after 6pm, and weekends and particularly on Sundays or Bank Holidays.

A bus service which is not fit for purpose could impact on the operations of the hospital. If staff reliant on the bus service are required to work shifts during periods that bus services are reduced or stopped, this may prevent them from fulfilling their contractual requirements. As a result the hospital may lose staff or become unattractive to potential recruits.

The parking facilities on site are already under high demand and UNISON representatives understand that the hospital management is likely to want to encourage staff to use alternative methods of transport to their car.



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If buses are not provided for return journeys after 8pm, there is a potential risk that staff will decide against using bus services, resulting in a reduction of overall custom. A return ticket bought in the daytime is of no use to anyone if there is no bus available for the return journey in the evening. The reputation of bus services provided by *First Bus* appears already to be poor amongst staff surveyed. This is despite a subsidy being received by *First Bus* from Southampton City Council. Staff have effectively been paying twice towards this service; firstly in bus fares and secondly in Council Tax, which has gone towards subsidising services.

Local Government funding has been cut by central government. This has forced Local Authorities such as Southampton City Council to take difficult decisions on what they spend these reduced funds on.

The main rate of Corporation Tax in the UK has fallen and will continue to fall (26% in 2011, 24% in 2012, 23% in 2013 and 21% in 2014). Providing the bus companies serving the hospital are paying this tax, the UK central government will receive less revenue from these companies and these companies will be able to retain more of their profits. We believe that the reduction in Corporation Tax will go some way to offsetting the loss of state subsidy via Southampton City Council.

A move to cut vital bus services provided by any bus company, following the removal of the subsidy from Southampton City Council, would be a deeply unpopular and could cause lasting damage to their reputation in the city of Southampton.

Municipal bus services used to be operated on the principle of cross-subsidisation. Profitable busy or peak time routes used to pay for unprofitable quieter or off-peak routes. Buses were also operated as valued public services not profit-seeking ventures. These principles appear to be lost on some bus companies. The impact on Southampton's economy, environment and traffic congestion in the city could be significant if the city bus service deteriorates.

Other concerns:

It is concerning that bus companies do not previously appear to have communicated with passengers in a manner which would have identified and possibly addressed



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their concerns. A 'Passenger Forum' similar to that recently set up in Gosport and Fareham might improve this, if actively supported by customers.

Consideration of the common shift patterns of hospital staff when setting (already infrequent) evening, early morning, weekend and Bank Holiday timetables, could make a huge difference as to whether services are used. Buses leaving the site minutes before shifts end or are about to begin are of little value to staff.

If implemented, suggestions to consider more direct routing, frequency and capacity of services to the site at peak times might encourage more to use the services.

City network maps, fare prices and timetables should be displayed at larger bus shelters. Timetables and basic route maps must be displayed on every bus stop.

There appears to be significant problems with the highly used *First Bus* No. 3 service, which should be addressed.

Improvements could be made to fares to create a maximum fare to and from the site, regardless of the number of buses or variety of bus companies used to complete a journey.

Consideration may need to be given to increasing the capacity and seating areas of bus shelters. Wind shields on both ends of the shelters would also offer protection from the elements.

Electronic bus service update displays should be replaced with real-time information.

The hospital sites may benefit from a large city network route map being displayed in public areas both inside and outside the hospital.

Promotion of bus service pricing and routes to staff and patients may encourage greater use of the services, particularly if improvements to the service can be cited.

REPORT PRODUCED BY UNISON SOUTH EAST IN CONJUNCTION WITH THE UNISON SOUTHAMPTON HOSPITALS BRANCH.

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