

Car park management

Parking is often high on the list of concerns amongst staff, patients and visitors at Trust sites located in outer London. In inner London, hospitals generally have limited parking available but the scarcity of this resource can still present problems with demand out-stripping supply.

The integration of parking policy with measures introduced as part of the travel plan is essential if the travel plan is to be effective and parking effectively managed:

Inter-relationships between parking policy and the travel plan

- Restrictive measures for parking can support the travel plan.
- Car parking issues can be useful for generating interest in the travel plan.
- Introduction of charging can help towards funding of travel plan measures.
- Measures that make driving to work easier or more attractive will frustrate attempts to encourage the use of alternatives.
- Introduction of new parking policies should take the objectives of the travel plan into account. For example, attempts by staff to use alternative modes to the car might be prevented if staff are concerned that they will have to forego a parking permit permanently in order to do this.
- Fixed, annual parking charges which do not vary according to the number of times parked, can have the effect of 'locking' staff into travelling by car in order to make use of the car seem financially worthwhile.
- Robust travel plan measures will help to reduce the demand for parking.
- The travel plan can help to mitigate negative reactions to new parking policies by offering more choice.
- Ring-fencing parking charges to fund travel plan measures makes the principle of charging more acceptable.
- Weak travel plan measures will contribute to increased parking pressure.
- The development of the travel plan should consider impacts on parking policy. For example, the introduction of Reserved Car-sharer Spaces will affect parking availability for others.
- Flexible parking mechanisms and payment arrangements can encourage staff to experiment with new ways of travelling.

Assessing demand for parking compared to availability of spaces

Trusts will already hold data on the number of parking spaces available and their location (which should be kept up to date), whilst the site assessment and travel surveys undertaken as part of travel plan development will help to provide an indication of the demand for parking. This information can be supported by additional parking-specific surveys, for example:

- Duration of stay surveys - to identify how long different types of user are parking on site.
- Parking occupancy surveys – to identify levels of occupancy through the day in different parking areas – including numbers of 'illegally' parked cars i.e. those parked on verges or footpaths, or cars parked without a permit or pay & display ticket.

This data can provide invaluable information to effectively manage parking. In addition, Trusts may wish to review the location of car park spaces for different users (staff, patients/visitors) in relation to the main buildings they need to access. The 'ad-hoc' evolution of parking over the years may mean that car parks for different users are not now located in the most appropriate places.

Managing parking equitably whilst ensuring operational efficiency

It is important to have an approved parking policy in place which should be updated regularly as required. The introduction of the travel plan is often a trigger for reviewing existing parking policy including any charging

mechanisms. A robust parking policy provides an objective tool for parking management and helps shift any subjectivity in, for instance, allocation of staff parking permits.

The importance of the parking policy should be reflected in the travel plan and vice versa. In particular, the policy should be linked to the car sharing section of the travel plan; a key incentive to car sharing can be the availability of 'priority' guaranteed parking for car sharers and/or discounts on parking charges where charges exist.

Organisational issues

Managing car parking and the travel plan within the same Trust department can help to ensure integration of these two inter-linked areas. In practice however, parking is a long-standing 'estates' or 'facilities management' issue whereas the travel plan may be managed by other functions such as human resources. Representation of various Trust departments on the travel plan Steering Group, as well as more informal co-operation, can help to reduce areas of conflict and ensure integration (see section 3.3.5 on Sub-Groups where it is suggested a Parking Policy Sub-Group could report to the main travel plan Steering Group)

Highlighting the real cost of parking provision

A 'working cost' per annum for each Trust-provided parking space should be calculated and agreed; any parking provision will incur some costs to the Trust which may or may not figure in current accounting systems. In some cases the costs will be obvious, for example, where Trusts lease reserved spaces for staff in nearby 'public' car parks, as in the case of Guy's & St Thomas' NHS Trust. However, for on-site spaces the costs will not be so obvious but can be estimated taking into account various factors including:

- maintenance
- lighting
- security
- 'opportunity cost' of providing a parking space

Highlighting the cost per annum of providing a parking space can help to demonstrate the 'hidden subsidy' and real costs of staff who drive to work, and can help to develop a business case to senior managers for investment in the travel plan.

For further information on calculating the cost of a parking space see section 8.2.2 of '*A Travel Plan Resources Pack for Employers*'.

Space allocation

i) Staff only parking areas

'Staff only' parking spaces can be divided into categories such as 'Priority' ('On-Call', 'Community Team' etc.) and 'Standard' staff parking. Parking allocation should not discriminate in favour of different *grades* of staff, for example consultants, but should be based on need.

Various approaches to managing staff parking are described in Appendix 1. The following issues should be considered when developing an appropriate policy:

- **Multiple employers on one site** - where staff at a site are employed by different Trusts or other employers, the travel plan and the parking policy should be applied consistently across all occupiers. Although implementing the travel plan across different employers can be challenging, consistency in parking policy and travel plan application can help avoid unnecessary resentment that might otherwise occur.
- **One Trust with multiple sites** – a multi-site Trust will generally have a Trust wide 'umbrella' travel plan but may have different sets of measures in place at each site. Parking policy should not discriminate against employees based away from the main site who need to attend the main site regularly.
- **Shift changeovers** – parking problems are exacerbated when shifts overlap, with arriving staff struggling to park in spaces about to be vacated by others finishing a shift. The travel plan co-ordinator can work with others such as operational management and the Improving Working Lives officer to see how this issue might be addressed.
- **Differences in perception of a parking problem** - staff with set and regular hours, such as administrative and clerical staff, are less likely to be aware of parking constraints for other staff/patients and visitors as they may arrive before parking pressure builds up. They are also likely to be the best candidates for making changes in their travel habits. The reverse is likely to be true for shift workers. Sufficient time

should be allowed to consult with different staff groups when changes to parking policy are planned, and the problems with parking and the need for a revised parking policy, should be highlighted to all staff.

- **Parking off-site** - the scarcity of on-site parking spaces may lead to 'overspill' into surrounding areas resulting in tensions with the local community. Promotional materials for the travel plan should be shared with resident associations, local politicians, council officers and the emergency services to demonstrate that the Trust is aware of its wider impacts and action is being taken. Dialogue can be crucial prior to development work that will affect travel patterns. It may even be necessary to introduce a Controlled Parking Zone in areas surrounding the site, to prevent overspill parking and further encourage use of alternatives.

ii) 'Non-staff' parking areas

Non-staff parking spaces will need delineation and include:

- 'standard' patient/visitor spaces;
- disabled spaces;
- short term pickup/set down spaces;
- areas for emergency vehicles; and
- taxi ranks.

Charging mechanisms

Charging for parking can be a contentious issue, particularly where parking has historically been free. However, as well as providing a disincentive for use of the car, parking revenue can also be ring-fenced for funding travel plan measures to support travel by alternative modes.

For a Trust that is considering introduction of parking charges, consultation with operational and clinical staff; senior managers from a range of departments; and patients and visitors is important. The use of focus groups can help explore parking issues in detail. During the consultation process, rather than focusing on whether charging is justified it is advisable to move the debate towards *how* to charge, as soon as possible. Examples of methods of charging staff for parking include:

Charging regime	How it works	Advantages	Disadvantages
Parking permit – based on an annual standard charge	Staff are required to purchase an annual parking permit and are charged a standard annual fee (possibly in conjunction with meeting a set of permit eligibility criteria).	Can provide a deterrent to parking if charges are set high enough.	Staff may feel 'locked' into travelling by car having paid for a parking permit (unless daily charges are also imposed).
Parking permit - charge based on salary	Staff are required to purchase an annual parking permit and are charged a fee dependent on their salary (possibly in conjunction with meeting a set of permit eligibility criteria).	Can make charging appear less regressive, thereby making charging seem more acceptable as a policy.	Some may resent paying more for parking than others. Staff may feel 'locked' into travelling by car having paid for a parking permit (unless daily charges are also imposed).
Pay-as-you-use (possibly in conjunction with annual parking permit system)	Hourly charges. Payment may be either at the point of use i.e. purchase of a ticket in the car park, or through payroll deductions.	Paying for what is actually used and therefore not 'locking' people into driving. Ability to vary charges according to time of day to reflect pressure on spaces.	Resource intensive in terms of collecting parking fees on a daily basis. If barrier systems are used, can be expensive.

Paying according to vehicle used		As the London congestion charge offers reductions for 'greener vehicles' this reduced impact could also be reflected in lower parking charges. Motorcycles are generally exempt from parking charges.	Supports government's desire to encourage 'greener vehicles'; good long-term aim. Could work well in conjunction with another method.	In short term, few are likely to be eligible so method may have little impact be viewed unfavourably.
Paying according to choice of alternatives		The equity of a charging system can be supported by considering the home location of the staff member. For example, several charging zones around the hospital could be designated with reduced charges for locations further away from the site.	Reflects the extent of travel choice from the home.	Technically complex to administer. May encourage staff to locate further away from a site. Those living further away may actually have higher incomes so charging regime may be regressive.
Cash-out approaches		Having established that free parking is a subsidy to drivers those who forego their parking entitlement receive a cash sum.	The cash can pay for the individual's alternative travel arrangements. Can be financed over the longer-term by the savings from reduced parking provision or increasing revenue from visitor parking. This may be supplemented by charges for those who continue to park at work.	Expensive if adequate revenue is not found to fund initiative.

The **Whittington Hospital NHS Trust** has an access barrier to the main site which is now manned as the earlier automatic barrier was frequently vandalised. There is a proximity badge reader and members of staff are expected to swipe their badges on entry and again at the exit barrier. Only permit holders are able to enter and the length of stay is recorded. The data is passed to Salary at the end of each month and the deductions made according to the employee's salary band.

Charging for patients/visitors is generally administered via a pay & display system. Special discompensation schemes may apply to visitors with special circumstances, for example, those who undertake frequent visits to the site to undergo treatment or to visit patients. In such cases, individual departments may issue their own permits for visitors. However, it is recommended that this should be consolidated and controlled from one office to enable monitoring and prevent abuse of the concession.

Enforcement

The effectiveness of the parking policy and the travel plan will be reduced if parking enforcement is inadequate. For instance, if staff driving alone to the site persistently park in spaces reserved for car sharers, this may deter car sharers. Given the nature of hospital activities, enforcement should be applied with discretion. Local authority officers may be able to help with developing a scheme for parking policy enforcement.

Appendix 1: Examples of permit allocation methods

Method	How it works	Advantages	Disadvantages
All staff	All staff are automatically issued with a permit	Simple to operate.	Does not impose any control on parking and does not provide an incentive to travel by alternatives to the car
Needs-based eligibility criteria developed based on need	Permits issued based on a set of needs-based eligibility criteria. Criteria can take into account: <ul style="list-style-type: none"> working hours (e.g. public transport alternatives to the car will be limited for those working night shifts); work requirements (needing a car during work or on-call commitments); disability or medical conditions; care commitments (nursery/school run, caring for elderly relatives etc); regular car sharing 	Generally considered a 'fair' system.	Can be open to abuse as it can be difficult to establish the extent of an individual's 'care commitments' . Criteria may not always apply e.g. an individual will only need to do the school run during term time, or may only need to collect/drop children on two or three days per week. Eligibility for a permit may therefore only apply at certain times and may therefore be difficult to administer fairly.
Circular eligibility zone	A circular 'eligibility zone' centred on the Trust site is specified, with staff whose home falls within the zone boundary only qualifying for a permit if they can identify a real need (see above). The living outside the zone boundary automatically qualify for a permit. Full staff postcode data, available from HR can be plotted using GIS mapping and the potential impact of different zone boundaries can be assessed. The requirements of the Data Protection Act should be observed. It may be necessary to experiment year on year on setting a zone radius (e.g. 1 mile, 2 miles etc.) that reduces entitlement to a level compatible with the available spaces at peak times (i.e. shift changeover periods).	Discourages travel by car by those living close to the site.	The 'eligibility boundary' may not reflect the relative ease of getting to the site from the surrounding area. For example public transport routes may favour trips from certain locations beyond the zone, or the topography of the area may mean that cycling or walking is particularly easy coming to and from one area compared to others.
Eligibility zone based on alternatives to driving alone	Using a similar mapping system to the above, a more sophisticated 'zoning' system can be developed based on the <i>accessibility</i> of the Trust site from different locations by different modes. For instance, staff who are able to access the site by walking, cycling or by bus in less than 45 minutes, could be deemed ineligible for a parking permit given that reasonable alternatives are available.	Zone system is 'easily defensible' and fair.	Resource intensive. Susceptible to radical changes in public transport services which will undermine the equity of the permit eligibility system. Synchronising the parking policy review with bus service reviews can reduce this risk.

<p>Departmental quota systems</p>	<p>Certain functions or departments may be more able to reduce their reliance on the car than others. Having first defined an acceptable size of 'permit pool' for the available resource, a quota of permits is allocated to each department based on the total number of staff, 'whole-time equivalent' staff, hours of work done per month or other suitable basis.</p> <p>The department will then have to either change working practices to manage their allocation and they may be able to 'trade' parts of their quota with other departments with different needs.</p>	<p>Can help to make departments take more ownership of how their staff are travelling – and may help to secure senior management support.</p>	<p>Such an approach will involve significant research to develop a practical policy and systems.</p> <p>Managers may resist the extra work.</p> <p>Shifts responsibility for decisions regarding permit allocation to individual departments rather than one function within the Trust, which may reduce objectivity.</p>
<p>Restricted time slots or days</p>	<p>This approach allows all or some staff an allowance to come by car for a limited number of days, or even parts of days, per week or per month.</p> <p>Such a system will require establishing groups of staff with varying levels of entitlement and then restricting access to some, or all, for less than 100% of their total working hours.</p>	<p>The burden of change is shared amongst colleagues and emphasises a sense of collective entitlements and responsibilities.</p>	<p>This is a resource intensive approach and requires the support and goodwill of managers.</p> <p>Flexible access supported by barrier systems, or creative application of windscreen permit systems, will be necessary alongside adequate enforcement practices.</p>

Appendix 2: Addressing parking concerns

There are a number of questions/ issues that staff, patients and visitors may raise in respect of parking, particularly when the Trust is proposing policy changes. Suggestions as to how these issues can be addressed are provided below:

Issue/ question	Response to issue/question
<i>"Who should be allowed to drive to work, and who decides?"</i>	"Parking entitlement should be based on need around both work duties and personal circumstances rather than status or privilege. Staff consultation and a representative working group have shown this to be the consensus."
<i>"The Trust has no right to dictate how I get to work."</i>	"The travel plan is about increasing travel choices for staff. The Trust cannot provide parking for all and it is an entitlement, not a right. The Trust is not alone in implementing a travel plan - the NHS, central and local government and other bodies are encouraging Trusts to change their travel patterns."
<i>"Parking has always been free to staff – why does it suddenly cost money to park now?"</i>	"Parking spaces have always cost the Trust money to provide and free or discounted parking is therefore a subsidy for those who drive to the site. This discriminates against staff who do not or cannot drive to work as few resources are currently spent on alternatives to the car. The travel plan therefore represents a step towards increasing equity amongst staff."
<i>"Removing free parking / increasing charges is the same as a pay cut."</i>	"Parking costs money and always has done so. Employees have been enjoying a free subsidy or benefit-in-kind for a long time."
<i>"Does a parking permit guarantee me of a space."</i>	"The permit is an entitlement to use an appropriate space if one is available. It represents a 'licence to hunt for a space'."
<i>"Can't the visitor parking be reduced? If staff can't get to work how can we provide a service?"</i>	"Ultimately we cannot stop either staff or visitors driving to the hospital if they want to. But we have more influence with staff through parking controls such as permits. We are a service provider and 'choice' about treatment may be influenced by the accessibility of our services."
<i>"I need my car to get my kids around / perform other duties."</i>	"The travel plan, covering parking, will where possible take into account special needs such as care commitments which may require access to a car. But many of our colleagues who do not have a car manage similar duties."
<i>"I live in XXX and have no choice but to drive to get to work."</i>	"We all choose where we work and live. There may be alternatives to the car journey that the travel plan can identify or develop. There may also be colleagues making a similar journey without a car."