



# HOSPITAL PARKING CHARGES TASK GROUP MEETING

**Wednesday, 31st August, 2011**

**6.00 pm**

**CONTACT**

If you require further information or you would like a copy of this agenda in another format, e.g. large print, please contact Rosy Wassell on 01923 278375 or by email – [legalanddemocratic@watford.gov.uk](mailto:legalanddemocratic@watford.gov.uk) (Minicom available on 01923 278499).

Welcome to this meeting. We hope you find these notes useful.

## **ACCESS**

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Visitors may park in the staff car park after 4.00 p.m. and before 7.00 a.m. This is a Pay and Display car park; the current charge is £1.50 per visit.

The Council Chamber is on the mezzanine floor of the Town Hall and a lift is available.

Induction loops are available in the Council Chamber.

## **TOILETS (including disabled)**

Toilets are situated on the first floor, near the Committee Rooms.

## **FIRE/EMERGENCY INSTRUCTIONS**

In the event of a fire alarm sounding, vacate the building immediately following the instructions given by the Democratic Services Officer.

- Do not use the lifts
- Do not stop to collect personal belongings
- Go to the assembly point at the Pond and wait for further instructions
- Do not re-enter the building until authorised to do so.

## **MOBILE PHONES**

Please ensure that mobile phones are switched off before the start of the meeting.

Councillor

You are hereby summoned to attend a meeting of the Council of the Borough of Watford to be held on Wednesday, 31st August, 2011 starting at 6.00 pm to take into consideration and determine upon the following subjects, namely: -

1. **ELECTION OF CHAIR**
2. **APOLOGIES FOR ABSENCE**
3. **DISCLOSURES OF INTEREST**
4. **SCOPE FOR THE TASK GROUP AND DISCUSSION** (Pages 1 - 76)

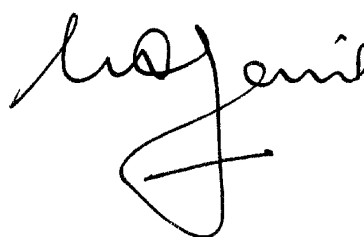
This topic was proposed by Councillor Collett and was agreed as a suitable subject for scrutiny at the Overview and Scrutiny Committee meeting on 26<sup>th</sup> July 2011.

The scope for the review of the present charging policy seeks to establish:

- The basis for the current charges
- The range of parking options and charges for patients, members of patients' families and visitors.

The Task Group will be asked to agree the scope and the work plan for the project

5. **DATE AND TIME OF NEXT MEETING**

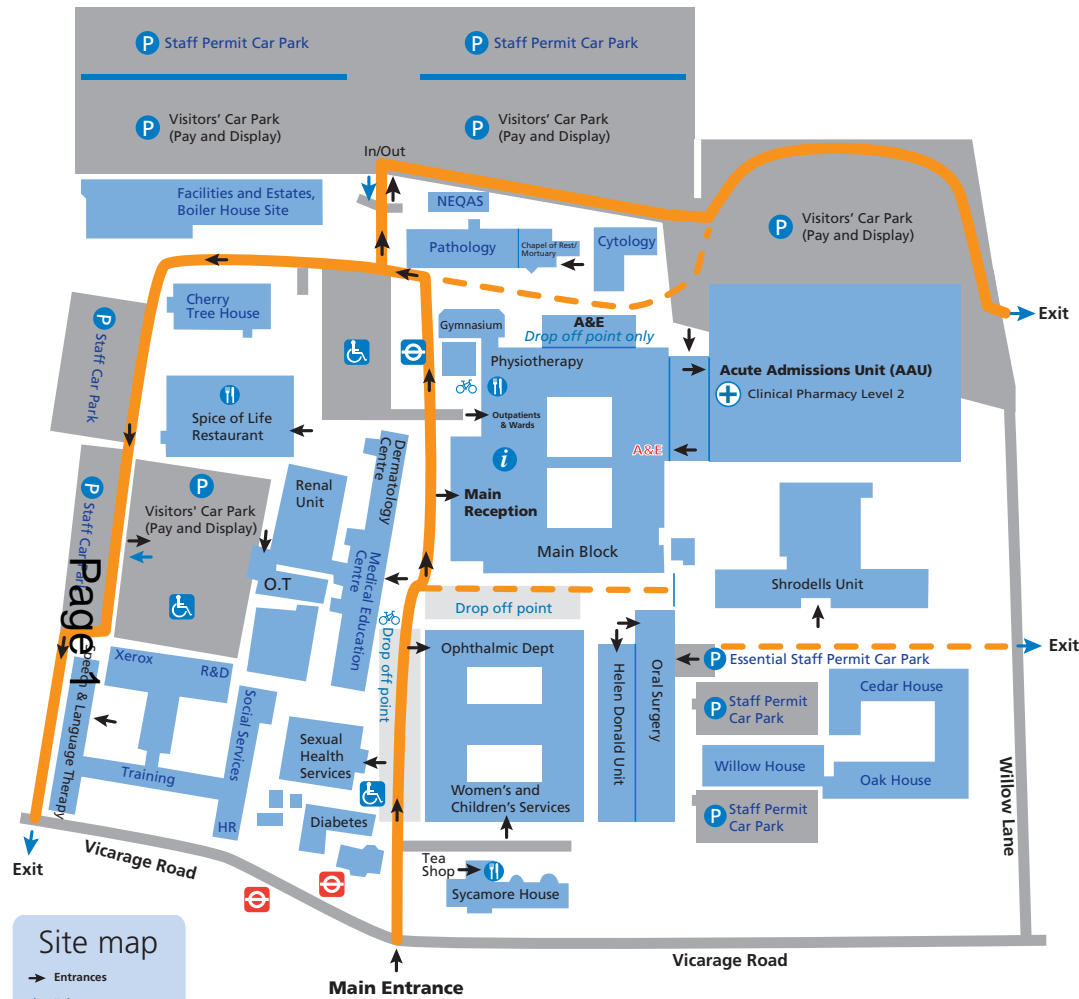


**Manny Lewis, Managing Director**

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# Watford General Hospital

## Department and Ward List *(alphabetical order)*



This is a no smoking Trust

<b>A</b> Accident and Emergency (A&E)	Main Block	1	<b>M</b> Medical Photography	Oral Surgery/External Building	G
Acute Admission Unit (AAU)	External Building	-	Mortuary	Chapel of Rest/External Building	-
Admissions	Main Block	2			
Aldenhams Ward	Main Block	4	<b>N</b> Neonatal Unit (SCBU)	Women's and Children's Services	3
Alexander Birthing Centre	Women's and Children's Services2		NEQAS (Staff only)	External Building	-
Antenatal Clinic	Women's and Children's ServicesG				
Audiology	Main Block	2	<b>O</b> Oak House (Staff only)	External Building	-
			Occupational Therapy (OT)	External Building	G
<b>B</b> Blood Clinic	Main Block	2	Oral Surgery	External Building	G
Blood Transfusion Unit	Main Block	3	Ophthalmic Outpatients	Women's and Children's Services	G
			Orthopaedic and Fracture Clinic	Main Block	1
<b>C</b> Cardiac Care Unit (CCU)	Main Block	3	Orthotics	Main Block	1
Cardiac Catheterisation Laboratories (CCL)	Acute Admission Unit (AAU)	2	Outpatients	Main Block	2
Cassio Ward	Main Block	3			
Cedar House (Staff only)	External Building	-	<b>P</b> Patient Advice and Liaison Service (PALS)	Main Block	2
Chapel	Main Block	3	Pathology (across bridge)	Main Block	3
Chapel of Rest	External Building	G	Parent Education/Seminar Rooms	Women's and Children's Services	G
Cherry Tree House (Staff only)	External Building	-	Patient Affairs	Main Block	2
Childrens Outpatient Department	Women's and Children's ServicesG		Patient Transport	Main Block	2
Childrens Emergency Department	Main Block	1	Pharmacy	Acute Admission Unit (AAU)	2
Cleves Ward	Main Block	5	Physiotherapy	Main Block	1
Community Midwife Drop in Clinic (Saturday and Sunday Only)	Women's and Children's ServicesG		Pre-Op Assessment	Main Block	3
Croxley Ward	Main Block	4			
Cytology	External Building	-	<b>R</b> Radiology	Main Block	2
			Rapid Assessment Unit (RAU)	Main Block	3
<b>D</b> Delivery Suite	Women's and Children's Services3		Renal Unit	External Building	G
Dermatology Centre	External Building	G	Receipt and Delivery (Staff only)	External Building	G
Diabetes Centre	External Building	-	Rheumatology	Main Block	1
			Ridge Ward	Main Block	5
<b>E</b> Early Pregnancy Unit	Women's and Children's ServicesG		Restaurant	Spice of Life/External Building	G
ECG	Main Block	3			
Elizabeth Ward	Women's and Children's Services1		<b>S</b> Safari Day Unit	Women's and Children's Services	1
Endoscopy Unit	Main Block	3	Sarratt Ward	Main Block	4
Estates and Facilities (Staff only)	External Building	-	Sexual Health Services	External Building	-
			Shrodells Unit	External Building	-
<b>F</b> Fetal Day Unit	Women's and Children's ServicesG		Social Services	External Building	G
Flauden Ward	Main Block	5	Speech and Language Therapy	External Building	G
Facilities (Hotel Services)	External Building	-	Starfish Ward	Women's and Children's Services	1
			Stroke Unit	Main Block	3
<b>H</b> Hearing Aid Clinic	Main Block	2	Supplies (Staff only)	External Building	G
Helen Donald Unit	External Building	G	Surgical Appliances	Main Block	1
Heronsgate Ward	Main Block	4	Sycamore House	External Building	-
Human Resources	External Building	-			
Herts Urgent Care	Main Block	1	<b>T</b> Training Department	External Building	2
			Theatres (Main)	Main Block	6
<b>I</b> Intensive Care Unit (ICU)	Main Block	6	Toilets (Visitors)	Main Block 1,2,6	
				Women's and Children's Services	G
<b>K</b> Katherine Ward (Postnatal)	Women's and Children's Services2			(Mon to Fri: 8am - 4pm)	
Knutsford Suite	Women's and Children's Services2			Restaurant/External Building	G
<b>L</b> Langley Ward	Main Block	5	<b>V</b> Vascular Lab	Main Block	5
League of Friends Tea Bar	Main Block	2	Victoria Ward (Antenatal)	Women's and Children's Services	2
Letchmore Ward	Main Block	5			
			<b>W</b> Willow House	External Building	-
<b>M</b> Maternity Ultrasound	Women's and Children's ServicesG				
Maxillo Facial	Oral Surgery/External Building	G	<b>X</b> X-Ray Department	Main Block	2
Medical Education Centre	External Building	1	Xerox Print Room (Staff only)	External Building	G

Agenda Item 4

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## TRANSPORT AND PARKING STRATEGY



Author's Names	Kyle McClelland
Author's Job Title	Associate Director – Hotel Services
Division	Hotel Services
Department	Transport & Parking
Version number	1
ID number	2011 093
Ratifying Committee	BISE/ JCC
Ratified Date	March 2011
Review Date	March 2014
Manager responsible for review	Kyle McClelland
Manager Job Title	Associate Director – Hotel Services
E-mail address of Manager	kyle.mcclelland@whht.nhs.uk
Source of Evidence (If applicable)	N/A
Level of Evidence indicated	N/A
Referenced (Yes/No)	Yes
Key Words (to aid searching)	Green, Transport, Car, Parking, Permit, Bus
User Group	All staff, 3 <sup>rd</sup> party users of Trust estate, patients and visitors

The Trust is committed to promoting an environment that values diversity. All staff are responsible for ensuring that all patients and their carers are treated equally and fairly and not discriminated against on the grounds of race, sex, disability, religion, age, sexual orientation or any other unjustifiable reason in the application of this policy, and recognising the need to work in partnership with and seek guidance from other agencies and services to ensure that special needs are met.

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#### **CHANGE HISTORY**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>	<b>Ratification Required</b>
Version 1	March 2011	Kyle McClelland	New Policy	Yes



## **Statement of Principles and Objectives**

- 1 This strategy and its subsidiary policies acknowledge the NHS Terms and Conditions of employment. The West Hertfordshire Hospitals NHS Trust (the Trust) reiterates that it is the obligation of every member of staff to get themselves to work on time when rostered for duty.
- 2 The Trust does not have any obligation to provide or pay for transport for staff to their normal place of work. The Trust does have obligations where staff have had their normal place of work changed, but these amount to an obligation to pay for the excess mileage, not an obligation to provide that transport.
- 3 However the Trust recognises the need to ease what could otherwise be a difficult transport situation for its members of staff, patients and visitors to its sites. Therefore this Policy sets out the measures the Trust has put in place to provide sustainable (financially and environmentally) transport and parking services for its employees, patients and other site users.
- 4 The Trust recognises the costs of providing transport and parking services. It is a fundamental principle of this Policy that such services should not detract from the ability of the Trust to fund and provide clinical care. Therefore the aim of this Policy is to describe the means by which the Trust provides appropriate, adequate and easily accessible Transport, Parking and Cycling services and facilities without having to subsidise that provision from clinical budgets.
- 5 In plain English, the key principle of the Trust Policy is for the provision of both transport and parking services and facilities to be self-financing.
- 6 The Policy is intended to describe how the Trust will provide disabled badge holders, patients, visitors and eligible staff with:
  - Access to transport between the hospital sites managed by the West Hertfordshire Hospitals NHS Trust
  - Appropriate car parking at each of the hospital sites managed by the West Hertfordshire Hospitals NHS Trust.
  - Access to facilities to support cycling and walking at the hospital sites managed by the West Hertfordshire Hospitals NHS Trust
- 7 The key objectives of this Policy are to:
  - Manage transport between sites effectively in order to aide the reduction of congestion
  - Ensure access and egress is maintained at each hospital for all vehicles
  - Ensure access for disabled badge holders, patients and visitors
  - Prevent unauthorised parking in areas not designated for parking
  - Encourage a range of options to reduce single occupancy car use.
  - Encourage the use of alternatives to the car e.g. inter-site buses.
  - Meet the Trust's targets as defined in its Green Travel Plan
  - Protect the environment by preventing parking on soft landscaped areas
  - Implement sensible local rules to manage all aspects of on site parking
  - Improve the quality of the parking experience.
- 8 It is a key principle of this Policy that "fair access, not free access" to transport and parking services and facilities is provided. The Trust is a signatory to the British Parking Association's "Hospital Parking Charter" and can display the Chartermark in its documentation.

- 9 The Trust has assessed this Policy against the NHS Confederation’s “Principles for Fair Hospital Car Parking”. The Trust believes this Policy is in alignment with all of those principles, as set out below:

<b>Principles for Fair Hospital Car Parking</b>		<b>WHHT</b>
i	Have a Travel Plan for users of all types of Transport	✓
ii	Control parking fairly, for those whose health conditions or work commitments mean they have to park frequently or at anti-social hours.	✓
iii	Show car park and transport costs and how charges are invested.	✓
iv	Think about the environment and how transport can reduce the NHS impact.	✓
v	Be open and involve staff, patients and the public.	✓

10 **Key Policy Positions**

The Trust will use reasonable endeavours to ensure that:

- A staff inter-site transport service is provided that is accessible by members of the Public
- Public transport services are provided by statutory providers to the hospital sites
- The use of the private motor car is discouraged by various means
- The use of alternative means of accessing the Trust sites are encouraged and, if considered appropriate by management, subsidised by the car parking charges made to staff, patients and visitors.
- The costs of providing parking for staff, patients and visitors are recovered in full from the users of the Trust’s car parks
- Suitable and sufficient disabled parking spaces are provided for patients and visitors with blue badges
- The Green Travel Plan is adhered to and the objectives therein achieved

## **1 Introduction**

- 10 The West Hertfordshire Hospitals NHS Trust provides hospital services from 3 hospital sites in West Hertfordshire, namely in alphabetical order:
- Hemel Hempstead Hospital
  - St Albans City Hospital
  - Watford General Hospital
- 11 Each of the 3 hospital sites is close to or immediately adjacent to the main commercial and retail area of its respective town. All of the Trust's sites experience their car parks being used by people who do not have business at the hospital, creating unnecessary pressure on the parking resource provided. As a provider of Hospital services, we anticipate a higher than normal demand for formal blue badge disabled parking spaces.
- 12 As a hospital, the Trust draws its staff from a very wide geographic area. Many staff reside in areas beyond a commutable distance by any form of Public Transport. However the Trust's patients are, typically, from the West Hertfordshire sub-region, formed by the major conurbations of, *inter alia*:
- Berkhamsted
  - Bushey
  - Hemel Hempstead
  - Rickmansworth
  - St Albans
  - Tring, and
  - Watford
- 13 It is not possible to forecast where visitors are being drawn from. However it can be anticipated that the majority are also from the West Hertfordshire conurbations identified above.
- 14 In 2009 the Trust successfully implemented a centralised "acute" service at the Watford General Hospital site, with various "non-acute" and "elective" services being provided from the other two sites. This centralised model of care generates specific pressures on transport, travel and parking that may not be present in all NHS Trusts.
- 15 This Transport and Car Parking Policy is therefore designed to provide disabled badge holders, patients, visitors and eligible staff with:
- Access to transport between the hospital sites managed by the West Hertfordshire Hospitals NHS Trust
  - Appropriate car parking at each of the hospital sites managed by the West Hertfordshire Hospitals NHS Trust.
  - Access to facilities to support cycling and walking at the hospital sites managed by the West Hertfordshire Hospitals NHS Trust
- 16 The key objectives of this Policy are to:
- Manage transport between sites effectively in order to aide the reduction of congestion in the hospital locales and reduce CO<sub>2</sub> emissions
  - Ensure access and egress is maintained at each hospital for all vehicles
  - Ensure access for disabled badge holders patients and visitors
  - Prevent unauthorised parking in areas not designated for parking
  - Encourage a range of options to reduce single occupancy car use.
  - Encourage the use of alternatives to the car e.g. inter-site buses and cycling.
  - Meet Trust targets as defined in the Green Travel Plan
  - Protect the environment by preventing parking on soft landscaped areas
  - Implement sensible local rules to manage all aspects of on site parking
  - Improve the quality of the parking experience.

**2**  
1

**Purpose**

The purpose of this Policy is to provide:

- A framework within which Management can make decisions on the provision and management of transport between sites
- A framework within which Management can make decisions on the provision and management of car parking on each of the Trust's sites
- A means of managing the demand for the finite numbers of car parking spaces available at the Trust's sites for staff, patients and visitors
- A means of encouraging the correct parking behaviour of all users of the Trust's car parks
- Encouragement for the use of non-car modes to access the hospital sites by all users

**3**  
1

**Definitions**

The following definitions are to be used when interpreting this Policy:

Ref	Term	Definition
i	Trust sites	Areas marked on OS maps at Appendix A. <b>NB</b> This Appendix may be updated from time to time WITHOUT the Policy being reviewed.
ii	Trust Car Parks	Areas as marked on site plans at Appendix B. <b>NB</b> This Appendix may be updated from time to time WITHOUT the Policy being reviewed.
iii	Inter-site Transport	The bus service commissioned by West Hertfordshire Hospitals NHS Trust to transfer staff, visitors and patients between the three hospital sites. This is a staff bus service that is usable by visitors and patients.
iv	Non-emergency Patient Transport	The ambulance service commissioned by West Hertfordshire Hospitals NHS Trust to transfer non-emergency patients to and from their residential address and the appropriate hospital site, or between hospitals.
v	Umbrella Green Transport Plan	The document of the same title prepared and published as part of the Watford Health Campus Outline Planning Application.
vi	Trust Green Transport Plan	The document prepared by the Trust and published as Appendix C. <b>NB</b> This Appendix may be updated from time to time WITHOUT the Policy being reviewed.
vii	Penalty Charge Notice (PCN)	A "parking ticket" issued against a vehicle that is witnessed contravening any element of this Policy by an authorised operative.
viii	Authorised Operative	Any uniformed employee of the Trust's prevailing car parking management contractor. The name of the prevailing car parking management contractor can be obtained from the Manager with Responsibility for Transport & Parking

#### **4 Duties and Responsibilities**

1 The following Policy roles are created and have the specified key duties and responsibilities ascribed to them. Appendix D provides the details of the organisational roles charged with these Policy roles.

##### **2 The Chief Executive:**

- Is accountable for the adoption and implementation of this Policy.

##### **3 The Director with Accountability for Transport & Parking:**

- Is accountable for ensuring the car parking management, non-emergency patient transport and inter-site transport services are suitably market tested and demonstrated to deliver Value for Money.

##### **4 The Manager with Responsibility for Transport & Parking:**

- Is accountable for the day-to-day management of the car parking contractor, non-emergency patient transport contractor and inter-site transport contractor.
- Is responsible for specifying and procuring car park management services, non-emergency patient transport services and inter-site transport services on behalf of the Trust.
- Is responsible for ensuring that the Trust's parking concessions are kept current and conform or improve on DoH guidance
- Is the **only** authorised Trust officer empowered to rescind a properly issued Penalty Charge Notice to a vehicle parked on Trust property.
- Is the **only** authorised Trust officer for the approval of a request for a Trust funded taxi journey to or from a staff member's home address and their workplace.
- Is responsible for ensuring that the Trust secures sufficient income from its car parking provision to contribute significantly to the costs identified within this Policy.
- Is authorised to instruct the removal of vehicles reasonably considered to be parked dangerously or inconsiderately.
- Convenes and chairs all parking appeals panels.

##### **5 The Managers with Delegated Responsibility for Transport & Parking**

- Are responsible for the site specific day-to-day management of the car parking management contractor, non-emergency patient transport contractor and inter-site transport contractor.
- Are responsible for receiving and allocating actions from and to the car parking management contractor's site team as required.
- Are responsible for day-to-day co-ordination and liaison with the parking management contractor's site leadership team.
- Are responsible for leading the site specific car-parking permit application process and deciding whether to issue permits to individuals based on the content of their application.
- Are responsible for securing cross-charges to wards and departments consistently abusing the parking concessions set out within this Policy.
- Are authorised to instruct the removal of vehicles reasonably considered to be parked dangerously or inconsiderately.

6 **The Officers with Responsibility for Parking**

- Are responsible for promoting the use of alternatives to the car for access to the hospital sites
- Are responsible for administering and processing the parking permit application process.
- Are responsible for reviewing the parking concession paperwork and flagging any consistent abuse by wards and departments.
- Are responsible for issuing temporary parking permits in accordance with this Policy.

7 **The Authorised Operatives**

- Are responsible for policing and enforcing this Policy at each site.
- Are responsible for conducting 3 daily (week days) counts of available parking spaces across all user types and reporting the results to the Officers with Responsibility for Parking.
- Are responsible for checking the validity of displayed parking permits on a 2-3 hourly basis.
- Are responsible for managing the permit update process for changes such as vehicle details
- Are duly authorised by the Chief Executive to apply Penalty Charge Notices to vehicles parked on Trust sites and in violation of this Policy.
- Are duly authorised by the Chief Executive to apply a vehicle restraint/ clamp (subject to any change in legislation on this subject) to repeat and persistent offenders or those with more than 3 outstanding Penalty Charge Notices.
- Are duly authorised by the Chief Executive to arrange for the removal of vehicles considered by an Authorised Operative AND a Manager with Delegated Responsibility for Transport & Parking to be dangerously or inconsiderately parked.

8 **Parking Permit Holders**

- Are required to comply with this Policy and park only in areas identified for staff.
- Must NOT park in pay and display areas WITHOUT displaying a valid ticket or special concession permit.
- Are required to park considerately whenever on Trust premises.
- Are required to display a valid Permit whenever on Trust premises.
- Are required to abide by the local rules of each site regarding ingress and egress of the site and associated car parking areas.

**Staff parking category restrictions are relaxed between the hours of 19:00 and 07:00. Staff permit holders can park in any bay restricted for staff use only during those hours. Vehicles NOT displaying an appropriate permit outside of those hours will be liable to receive a parking charge notice.**

9 **Members of the Public**

- Are required to park considerately in marked bays and display:
  - A valid parking ticket, or
  - A blue disabled badge, or a
  - Properly authorised concession permit.

10 **Changes in Role-holder or Individual**

It is to be noted that the titles and the incumbents holding the above responsibilities may change over time. Any changes to the organisational ownership of this policy or the individual performing a key role shall be recorded in Appendix D to this policy. Such a change will not require the Policy to be reviewed.



## **5 Transport Provision and Management**

1 The Trust has identified the following key transport modes for access to the Hospital sites for its, staff, patients and visitors:

- Emergency Ambulance
- Non-Emergency Ambulance
- Private Car
- Inter-site Transport
- Public Transport
- Taxi
- Volunteer transport
- Motorcycle
- Pedal Cycle
- Walking

2 This Policy takes each transport mode individually and sets out the Trust's Policy for that mode of transport.

### **3 Emergency Ambulance**

The Trust does not commission or generate Emergency Ambulance journeys to the Hospital and it is therefore excluded from further consideration in this Policy.

### **4 Non-Emergency Ambulance Transport**

The Trust recognises that this is a complex and challenging field with multiple conflicting demands and priorities. As such the Trust's policy is to out-source the provision of this service to a specialist company who are considered better able to resolve those tensions and address the resourcing required to achieve the needed service level.

5 The contract will be tendered on a 5-yearly basis (although a 12-month extension option may be exercised where included in the tender packages). This is considered sufficient time to allow efficiencies of scale and to amortise any investment requirement while still being frequent enough to ensure value for money is delivered.

6 Access to this element of transport is **strictly** subject to nationally agreed criteria relating to **medical need**. Those who suffer a financial hardship are able to recover their costs of travel to hospital from their local PCT. The management criteria are published widely by the NHS under the "travel costs to hospital" banner. See the following web-site for information:

<http://www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx>

7 Members of staff reviewing this policy are reminded that these criteria are nationally agreed and benefit eligibility thresholds are calculated with these criteria in mind. Individual hardship is not sufficient reason to by-pass these criteria. Doing so is taking a decision to deprive another patient of either that transport access or another element of the care provided by the Trust, as the Trust will sustain that cost.

**Repeated abuse of these criteria in requesting transport is to be considered a disciplinary offence.**

- 8 For those patients using the non-emergency patient transport service to access the outpatient services offered by the Trust, an external agency (Travellink – 01438 737505) assesses individuals against the appropriate criteria and decides whether the patient meets the necessary threshold for a decision to use the patient transport service. That service is provided by the organisation specified in Appendix E. The organisation and contact details specified in Appendix E may be subject to change, without requiring this policy to be reviewed. However any such change will be publicised through the Trust’s communications streams, such as “The Week in Focus”, ‘all users’ emails, Hotel Services intranet site, On the Pulse, posters in public hotspots (the usual channels).
- 9 Any new procurement activity for the non-emergency patient transport service will assess the environmental credentials of the potential suppliers. The environmental performance of their fleet of vehicles will be a key selection criterion.
- 10 **Private Car**  
The Trust tolerates the use of private vehicles to access its sites and sees them as a “necessary evil” to achieve the freedom and flexibility of access that many staff, visitors and patients require.
- 11 It is the Policy of the Trust to act reasonably to discourage the use of the private car to access the Trust’s facilities. The only exception to this rule is where the private car is used as a car share or car-pool vehicle.
- 12 However the Trust recognises that the private car is a necessary element of the transport system needed to provide the ultimate flexibility frequently required by its employees in performing their duties. As such the Trust has a duty of care to reasonably ensure any vehicle being used by a member of staff in the performance of their duties is appropriately insured, safe and adequately maintained. The Trust also encourages the use of low emission vehicles.
- 13 Both the duty of care and lower emissions policy objective above are supported by the Trust’s “Salary Sacrifice Lease Car Scheme” that provides ALL staff with the opportunity to lease a brand new, fully maintained and insured car with engine CO<sub>2</sub> emissions of less than 180g/km. The Trust notes that most new vehicles will also have a significantly higher EuroNCAP safety rating than older vehicles.
- 14 The Trust continues to provide access to leased vehicles through a non-salary sacrifice scheme for users who meet specific business mileage or use criteria but who choose for personal reasons not to use the salary sacrifice scheme.
- 15 Parking Demand Management  
As a direct result of the use of the private car, a significant resource is consumed in the provision of car parking facilities and management. The demand for parking spaces is such that a management policy and procedure must be put in place to ensure the Trust’s premises can continue to operate efficiently and effectively.
- 16 This Policy therefore implements the use of Parking Permits and “staff only” parking areas as a means of managing the staff demand for parking spaces.
- 17 This Policy therefore implements the use of Pay and Display tickets and “Public only” parking areas as a means of managing demand for Public parking.
- 18 In order to enforce this management policy the ability to issue Penalty Charge Notices and where appropriate means of restraining and/ or removal of the offending vehicle is required. This Policy therefore authorises such reasonable actions.



- 19 Under this Policy use of the private car is actively discouraged by the Trust in the following ways:
- Re-charging the costs of parking provision to those who use the car parking facilities
  - Restricting staff permits to those who live more than 3 kilometres [assessed using post-codes and Google Maps] from their base site (2 kilometres is the accepted guidance for a reasonable distance to walk, so the Trust is pushing at this boundary)
  - Charging any eligible staff for their parking permit, and
  - Making reasonable efforts to reduce the number of parking spaces available across the Trust when considered relative to the clinical activity conducted.
- 19i Fraudulent misuse of a staff permit will be formally reported to the Trust Management. This will result in the cancellation of the staff permit, authorisation to park being revoked and the possibility of disciplinary action being taken.
- 20 **Inter-site Transport**  
The formal Trust Policy is that every Trust staff member has a contractual obligation to get to their normal place of work in a timely manner whenever rostered to be on duty. This applies equally from the Chief Executive to clerical staff; From the Director of Nursing to Health Care Assistants and from the Medical Director to junior doctors.
- 21 However the Trust acknowledges its responsibilities to minimise the impact of service changes both on staff and service users. In recognition of the significant change in clinical service model implemented in 2009, the Trust enhanced its inter-site transport service offering.
- 22 It is the Trust policy to offer a staff bus service as described in Appendix F (this Appendix can be adapted from time-to-time without this Policy requiring review) that:
- Is free at the point of use
  - Only stops on Hospital sites
  - Addresses “normal” staff movements
  - Provides specific “staff priority” services at peak times
  - Is, for non-“staff priority” services, accessible on a “first come, first served” basis, to members of the general public who can demonstrate that they have a purpose for visiting one of our Hospital sites.
  - Where reasonably practicable allows patients to move between sites with overnight bags and any necessary medical equipment. The Trust does NOT guarantee such access.  
**NB** Children travelling must either be old/ tall enough NOT to require a child seat when wearing a seat-belt or be provided with a suitable child seat by the accompanying adult.
- 23 The Trust will notify and advertise through the “usual channels” any changes to the staff bus service for a minimum of 20 working days prior to implementation.
- 24 The Trust has decided to utilise the transport expertise of a neighbouring NHS Trust (Hertfordshire Partnership NHS Foundation Trust) to provide this inter-site bus service.
- 25 In the event that this service is market-tested in the future, the environmental impact of the vehicle fleet proposed will be one of the key assessment criteria in the selection process. The environmental credentials of the current provider are regularly reviewed and when last assessed are reported as being “good”.

26 **Public Transport**

It is the Trust's policy to promote the use of Public Transport for staff, patients and visitors wherever reasonably practicable. It is the Trust's policy that any such promotion activities or schemes to encourage such use must be revenue cost neutral.

27 The Trust policy encourages the use of Public transport by way of:

- Membership of and close working with the Hertfordshire Integrated Transport Board
- Provision of space for Hertfordshire County Council to provide "Information Points" at key public locations at each of its sites
- Provision of display space for Hertfordshire County Council to provide "live" bus arrival information at key public locations at each of its sites
- Detailed Public Transport information and related links on the Trust web-site

28 **Taxis**

This Policy does not promote the use of Taxis as a means of access to the hospital sites, either for members of the Public or Staff.

29 It is the Trust Policy that it will not have taxi ranks on its sites as the market for taxis is considered overly competitive and the Trust does not have the resource to police or manage the numbers of taxis utilising any rank.

30 Taxis are NOT to be used for the movement of patients or their belongings other than as a "last resort" and only then in truly exceptional circumstances.

31 However, taxis are frequently used by the Pathology service to move urgent samples between the Trust sites and to take samples at short notice to tertiary centres for assessment. The Trust Policy is to conduct a review of the extent of this usage with the intention of bringing in a bespoke service that significantly reduces this demand. However, it is anticipated that some emergency demand will remain.

32 Staff are not entitled to a Trust funded taxi between their home address and their place of work, unless in truly exceptional circumstances and then only by arrangement with the Manager with Responsibility for Transport & Parking. A unique "pass phrase" will be issued to allow such users to book the taxi through the inter-site transport helpline in place (01727 897484).

33 **Volunteer Transport**

The Trust encourages the use of local volunteer resources to facilitate transport to the hospital sites. Each of the major conurbations in West Hertfordshire has its own (sometimes more than one) hospital transport volunteers. A list of volunteer driver services is provided in Appendix G.

34 The Trust does not co-ordinate or manage these services, but encourages this supportive volunteer work through this Policy by issuing free parking permits to such volunteer drivers when they are performing these duties.

35 **Motorcycle**

The Trust recognises that used responsibly and safely, motorbikes and mopeds provide a reasonable means of avoiding congestion and reducing emissions. However the Trust also accepts that there are significant risks inherent in the use of motorcycles and mopeds.

36 The Trust does **not** encourage its staff to use a motorbike or moped to travel to work. However given the lower costs of providing facilities for motorbikes and mopeds, it is the Trust's Policy not to charge for parking of such vehicles at its sites.

- 37 The Trust does not require members of staff to have a permit for motorbikes or mopeds. However all such vehicles must be parked considerately whenever on site. This concession is conditional on motorbike and moped users NOT using a normal parking space. If such a user insists on parking in a parking bay, a valid permit or ticket must be displayed.
- 37i This Policy allows for dangerous and inconsiderate parking of motorbikes or mopeds to be punished in a similar manner to that for other motor vehicles by the application of a Penalty Charge Notice, restraint mechanism or removal.
- 38 **Pedal Cycle**  
The Trust recognises that used responsibly and safely, pedal cycles provide a reasonable means of avoiding congestion, significantly cutting CO<sub>2</sub> emissions and encouraging healthy activity for its staff.
- 39 It is the Policy of the Trust to provide secure storage facilities for an appropriate number of cycles at each of its sites. This Policy establishes that it is the Trust's right to remove and/ or apply a restraining device to bikes secured to Trust premises inappropriately (Manager with Delegated Responsibility for Transport & Parking permission or above required).
- 40 The Trust Policy is also to promote the use of pedal cycles by working to provide washing and changing facilities for staff on each site.
- 41 The Trust further promotes the use of pedal cycles through its participation in the Cycle to Work, salary sacrifice scheme.
- 42 The Trust will also pay the nationally agreed mileage rate for the use of pedal cycles on Trust business.
- 43 **Walking**  
The Trust recognises that walking to work is the most environmentally friendly mode of transport possible.
- 44 This Policy encourages walking to work by extending the accepted guidance for a reasonable walking distance to 3km (from 2 km). Staff living within 3km [assessed using post codes and Google Maps] of their base site are not eligible for a parking permit. Changing and showering facilities are provided for staff who walk or run to work. These facilities will be shared with cyclists.

## **6 Parking Provision and Management**

- 1 The purpose of this section of the Transport and Parking Policy is to define and clarify the car parking arrangements for all visitors, patients, 3<sup>rd</sup> Parties, contractors and staff at any of the West Hertfordshire Hospitals NHS Trust's (WHHT/ The Trust) facilities.
- 2 This policy is aligned to the Trust's Green Travel Plan which is in turn aligned to the Umbrella Green Transport Plan forming part of the Outline Planning Permission for the Watford Health Campus ([www.watfordhealthcampus.org](http://www.watfordhealthcampus.org)).
- 3 This Policy needs to balance the demand for parking with the provision of spaces. The Policy therefore sets out a mechanism for equitably balancing supply and demand between Staff, contractor, visitor and Patient areas as well as ensuring equitable allocation of parking spaces within the staff grouping.
- 4 The Policy seeks as far as reasonably possible to ensure that those who have a business or health need to use a private vehicle to access our sites can park that vehicle when they need to do so.

### **5 User Categorisation**

In order to achieve this, the Policy establishes a number of categories of parking user and identifies eligibility criteria for each category. The detail of the parking areas available for each category of user are then provided in Appendix H. This Appendix can be varied without the need for the Policy to be reviewed.

6 The Policy identifies and establishes the following categories of parking user:

- 7 - Drop-off/ 30 Minute User
- 8 - Standard Pay & Display User
- 9 - Disabled User
- 10 - Public Concession
- 11 - Staff
  - 12 - WGH User
  - 13 - HHGH User
  - 14 - SACH User
  - 15 - Essential User
  - 16 - Nights and Weekends Only
  - 16i - Temporary Disabled User
  - 17 - Disabled User
  - 18 - Staff Concession
  - 18 - Residential
- 19 - NHS Logoed Vehicles
- 20 - 3<sup>rd</sup> Party
  - 21 - WGH
  - 22 - HHGH
  - 23 - SACH
  - 24 - Multi-Site
- 25 - Contractors
- 26 - VIP's

27 Descriptions and eligibility criteria for each of the above categories and sub-categories are provided as Appendix I to this Policy. This Appendix can be changed without requiring a review of this Policy.

28 Any such change will require a minimum of 20 working days notice (to include posters in prominent locations within Trust premises) before becoming effective.

28i **Occasional Cross Site Drivers**

Each site will make an allocation of parking spaces that are dedicated for the use of site specific permit holders for the OTHER Trust sites. This provision is intended to address the need of occasional visitors from the other sites for meetings. These bays will be limited to 3 hours usage in any single day.

29 **Staff Parking Charge Methodology**

The Trust has previously successfully implemented an equitable means of charging staff for their parking permit. This is achieved by way of charging all staff a fixed percentage of their calculated annual salary based on each month's earnings. The percentage to be charged is identified in Appendix J. This methodology automatically calibrates and allows for differing salary levels and full or part time working.

29i The Trust will use reasonable endeavours to provide sufficient parking for staff paying for a permit. However access to a parking space cannot and is not guaranteed by payment of the permit charge.

30 **Public Parking Charge Methodology**

The Trust has evaluated different methodologies of management and revenue collection for car parking. The Trust has specific site constraints and experience that led to the removal of barrier controlled entry and exit at its sites.

31 The Trust aspires to Automatic Number Plate Recognition (ANPR) as a means of vehicle identification, charging and when necessary, delivery of a penalty. This is considered to be the most effective means of securing income as users can be charged for the time they use, while not requiring investment in barriers and still providing a robust means of penalty charge collection. It is expected that this technology will reduce in cost. As it does so, the Trust will reconsider business cases for the implementation of this type of system across all of its sites.

32 However for the short to medium term, the Trust has concluded that the optimum balance between investment in management technology and the Trust's specific site constraints is the so called "Pay and Display" method.

33 **Parking Tariff**

The tariff of parking charges for West Hertfordshire Hospitals NHS Trust sites is published at Appendix J to this Policy. This Appendix can be changed at any time without prompting a review of this Policy. Any such change will require a minimum of 20 working days notice before becoming effective.

34 The Trust will ensure that significant discounts and concessions are offered to specific groups, including but not limited to:

- Disabled Users
- Frequent Users
- Long-term Users
- Bank Staff
- Student Staff
- Locum Staff
- 3<sup>rd</sup> Party "Partner" Organisations
- Those actively participating in the care of their loved one
- The family of critically ill in-patients
- The parents of in-patient children

35 More details on these concessions are available in Appendix K to this Policy. This Appendix can change without prompting a review of this Policy. Any such change will

require 20 working days notice before becoming effective.

36 **Car Parking Enforcement Arrangements**

In order to maintain access to parking spaces for those eligible and to discourage inappropriate parking and open abuse of the Trust's car parks, it is Trust Policy to apply Penalty Charge Notices to vehicles that contravene this Policy.

37 Further this Policy allows for the application of a means of vehicle restraint to legally parked vehicles that have more than 5 Penalty Charge Notices out-standing (either where no appeal(s) has yet been made, or where the appeal(s) has decided against the driver/ registered keeper). The vehicle will be released upon payment of at least 2 of those outstanding Penalty Charges. (This element of the Policy will be automatically withdrawn if legislation is amended to prohibit such activity).

38 The Trust reserves its right to remove vehicles that it reasonably considers to be dangerously or inconsiderately parked. All costs of such removal are to be recovered from the vehicles registered keeper/ owner/ driver before the vehicle will be returned to them. Photographic evidence of the parked vehicle will be taken prior to any vehicle removal.

39 The Trust asserts its right to remove (either temporarily or permanently) a parking permit from any individual (regardless of employer) who repeatedly ignores the parking policy and parking regulations and or who disregards reasonable direction by a uniformed member of the parking management contractor's staff and or who is reasonably considered to be bullying or overly aggressive with the parking management contractor's or the Trust's own staff.

40 Further details on the parking regulations prevalent at each of the Trust's sites are available in Appendix L to this Policy.

40<sub>1</sub> **Cardiff Road Overflow Car Parks (Watford)**

For absolute clarity, the rules regarding access and egress from the Cardiff Road extension car parks at Watford are repeated here.

40<sub>2</sub> **It is strictly prohibited for any Trust parking user to turn IN to the extension car park FROM Cardiff Road AND for any user to turn ON to Cardiff Road when exiting the extension car park. ALL access and egress to and from the extension car park MUST be via the hospital site and the access road beside the allotments.**

**REPEATED FAILURE TO COMPLY WILL RESULT IN THE REMOVAL OF AN INDIVIDUAL'S PARKING PERMIT EITHER TEMPORARILY OR PERMANENTLY.**

40<sub>3</sub> This measure is implemented due to the conditions contained within both the lease and planning permission for the use of the extension car park, which prevent the Trust from using Cardiff Road as a means of access and egress for the land. The land could be withdrawn from our use as a car park if these conditions are not observed and enforced.

41 **Appeals**

This Policy recognises that decisions regarding parking sometimes have to be taken without all the appropriate information being known. For that reason, this Policy allows for an appeals process for the following eventualities:

- Refusal of parking permit application
- Application of vehicle restraint
- Fee for vehicle removal
- Withdrawal of parking permit (either temporarily or permanently)



- 42 Individuals requesting an appeal for any of the above need to be aware that, if the appeal body feels the original penalty was insufficient, the penalty could be increased by that appeals body. For the purposes of clarity, the Appeal Body's decision is final and is not subject to further appeal.
- 42i All such appeals are to be heard by a panel convened for the purpose by the Manager with Responsibility for Transport & Parking. The panel shall consist of a minimum of 3 individuals, with one independent being selected from the appellant's user peer group.
- 42j **Penalty Charge Notice Appeals**  
All appeals against the application of a Penalty Charge Notice must be referred to the Authorised Operatives and the management of the incumbent Parking Management contractor. **NO** other team in the Trust is empowered by the Parking Management contract or this Policy to withdraw Penalty Charge Notices.
- 43 **Trust Costs**  
The Trust publishes its costs and incomes associated with transport and car parking on an annual basis. It is NOT the Trust's policy to earn any significant profit from the provision of transport and car parking, merely to avoid the clinical services providing a subsidy to individuals who are already able to support the costs of running a motor vehicle.
- 44 The Trust's transport and car parking related costs, investments and incomes earned for 2009/10 (the last full year available as at date of writing) are published at Appendix M to this Policy, but will be available (for subsequent years) on request from the Responsible Manager before the end of August each year.
- 45 The income section will show the amounts received through staff parking charges; sale of tickets; Parking Charge Notices; Vehicle restraints and vehicle removals. The costs section will identify costs for transport services, taxis, capital charges, rents, security staff, CCTV, lighting, investments in equipment.

## **7 Process for Monitoring Effectiveness and Compliance**

1 In order to ensure that this Policy is achieving its objectives and aims a small amount of administrative work is required. This is deliberately kept to a minimum so as to reduce the bureaucratic and governance load for the organisation.

### **2 Parking Management**

The effectiveness of parking management is assessed, at each site, by:

- Three times daily (on week days) count of empty parking spaces
  - Number available in Public Car Parks
  - Number available in Staff Car Parks
  - Records of this count will be maintained for 2 years.
- Monthly report on number of Parking Charge Notices issued
  - Number issued in Public Car Parks
  - Number issued in Staff Car Parks
  - Records of this will be maintained for 2 years.
- Monthly report on number of Vehicle Restraints applied
  - Number issued in Public Car Parks
  - Number issued in Staff Car Parks
  - Reasons for vehicle restraint application for each
- Monthly report on number of vehicle removals conducted
  - Number issued in Public Car Parks
  - Number issued in Staff Car Parks
  - Reasons for vehicle removal for each

3 A monthly “Issues and Performance Review” meeting will be held with the lead for the provider and the Manager with Responsibility for Transport & Parking. Records of this meeting will be kept.

### **4 Non-Emergency Patient Transport**

A full suite of “live” and historic data is available by accessing the provider’s web-enabled system. Reports can be compiled on request.

5 A monthly “Issues and Performance Review” meeting will be held with the lead for the provider and the Manager with Responsibility for Transport & Parking. Records of this meeting will be kept.

### **5 Inter-site Transport**

A quarterly report will be compiled by the lead for the provider identifying any excess capacity for each bus service provided.

6 This report will be reviewed at a quarterly “Issues and Performance Review” meeting with the lead for the Provider and the Manager with Responsibility for Transport & Parking.



## **8 Appendices**

APPENDIX A	- Site Location Maps
APPENDIX B	- Site and Car Park Allocations
APPENDIX C	- Trust Green Transport Plan & Umbrella Green Transport Plan
APPENDIX D	- Incumbents in Key Roles
APPENDIX E	- Incumbent Non-Emergency Patient Transport Provider
APPENDIX F	- Inter-site Bus Service Timetable
APPENDIX G	- Volunteer Transport Services
APPENDIX H	- Parking Area Allocations for Categories
APPENDIX I	- Category Eligibility Criteria
APPENDIX J	- Parking Tariff
APPENDIX K	- Concession Details
APPENDIX L	- Site Parking Regulations
APPENDIX M	- Trust Costs, Investments and Incomes 2009/10
APPENDIX N	- Concession/ Permit Application Procedure and Protocols

**APPENDIX A - Site Location Maps**

Please refer to the hospital site maps located on the intranet and the internet

**APPENDIX B - Site and Car Park Locations**

HEMEL HOSPITAL

<b>Area</b>	<b>Number</b>	<b>Space Type</b>
<i>Upper Verulam</i>	74	Pay & Display
<i>Upper Verulam</i>	6	Permit (Doctors)
<i>Middle Verulam</i>	11	Disabled
<i>Middle Verulam</i>	6	Patient Space
<i>Middle Verulam</i>	19	Permit
<i>Lower Verulam</i>	8	Disabled
<i>Maynard Road</i>	200	Permit
<i>Former A&amp;E Car Park</i>	4	Disabled
<i>Former A&amp;E Car Park</i>	4	30 minute bays
<i>Former A&amp;E Car Park</i>	5	1hour bays
<i>Former A&amp;E Car Park</i>	1	Police bay
<i>Former A&amp;E Car Park</i>	2	Drop off
<i>Former A&amp;E Car Park</i>	3	Undesignated (Doctors)
<i>Back of Tudor</i>	3	Pay & Display
<i>Tudor Wing</i>	1	Disabled
<i>Tudor Wing</i>	7	Pay & Display
<i>Main Entrance</i>	4	Disabled
<i>Main Entrance</i>	9	Pay & Display
<i>Main Entrance</i>	4	1 hour wait
<i>Cheere House</i>	34	Essential
<i>Windsor Wing</i>	86	Permit
	491	

<b>TOTALS</b>	
<i>Permit</i>	305
<i>Drop Off</i>	2
<i>Disabled</i>	28
<i>Pay and Display</i>	99
<i>Essential</i>	40
<i>Car Sharer</i>	0
<i>Undesignated Space</i>	3
<i>Police Vehicle</i>	1
<i>60 Minute Waiting</i>	13
<b>GRAND TOTAL</b>	<b>491</b>

ST ALBANS HOSPITAL

<b><u>Area</u></b>	<b><u>Number</u></b>	<b><u>Space Type</u></b>
<i>Main Car Park</i>	88	Pay & Display
<i>Main Car Park</i>	2	Disabled
<i>Various Areas</i>	13	Disabled
<i>Ambulance</i>	9	Ambulance Bays
<i>Staff Car Park</i>	190	Staff
<i>Various Areas</i>	8	Drop off Bays

<b>TOTALS</b>	
<i>Permit</i>	190
<i>Disabled</i>	15
<i>Pay and Display</i>	88
<i>Ambulance Transport</i>	9
<i>Drop Off Bays</i>	9
<b>GRAND TOTAL</b>	<b>311</b>

WATFORD HOSPITAL

<i>Maternity Consultants Car Park</i>	8	Essential User Permits
<i>Front of G.U.M</i>	7	Disabled
<i>Front of Paeds OPD</i>	9	30 minute waiting bays
<i>Front of H Block</i>	5	30 minute waiting bays
<i>Slope between Maternity and PMOK</i>	5	30 minute waiting bays
<i>Underground Car Park</i>	71	Essential User Permits
<i>Behind Willow House</i>	17	Essential User Permits
<i>In Front of Willow House</i>	39	Essential User Permits
<i>Pathology P&amp;D Car Park</i>	178	pay and display
<i>Pathology Car Park Road Way</i>	13	30 minute waiting bays
<i>Pathology Staff Car Park</i>	164	Staff Permit
<i>Cardiff Road</i>	623	Staff Permit
<i>EST Building</i>	8	Essential User Permits
<i>EST Building</i>	2	Disabled
<i>P&amp;D Overflow Willow Lane</i>	184	pay and display
<i>P&amp;D Overflow Willow Lane</i>	25	Disabled
<i>5 Hour Parking Bays (Old Laundry)</i>	20	Essential User Permits
<i>Renal</i>	27	pay and display
<i>Renal</i>	8	Disabled
<i>5 Hour Parking Bays (Old Consultants)</i>	23	Essential User Permits
<i>Next to 5 hour car park</i>	7	Staff Permit
<i>Speech Therapy Courtyard</i>	12	Staff Permit
<i>Back of Pathology</i>	5	Staff Permit
<i>Physio Drop off</i>	3	30 minute waiting bays
<i>Disabled Car Park</i>	23	Disabled

<b>TOTALS</b>	
<i>Staff Permits</i>	918
<i>Disabled</i>	65
<i>Pay and Display</i>	389
<i>Essential User Permits</i>	79
<i>30 Minute Waiting</i>	35
<b>GRAND TOTAL</b>	<b>1486</b>

**APPENDIX C - Trust Green Transport Plan & Umbrella Green Transport Plan**

To be inserted at a later date

**APPENDIX D - Incumbents in Key Roles**

1 The following are the current incumbents in the key roles identified in the Transport and Parking Policy:

	<b><u>Policy Role</u></b>	<b><u>Policy Role Holder's Title</u></b>	<b><u>Incumbent</u></b>
2	Chief Executive	Chief Executive	Jan Filochowski
3	The Director with Accountability for Transport & Parking	Director of Strategy & Infrastructure	Sarah Wiles
4	The Manager with Responsibility for Transport & Parking	Associate Director – Hotel Services	Eric Fehily
5	The Managers with Delegated Responsibility for Transport & Parking	Hotel Services Manager – HHGH & SACH	Jacky Jones
6		Hotel Services Manager – WGH	Wendy Docherty
7		Hotel Services Site Support Officer WGH	Kylie Baker
8	The Officers with Responsibility for Parking	Hotel Services Site Support Officer WGH	Emma Smith
9		Hotel Services Site Support Officer HHGH & SACH	Carol Paice
10	Car Parking Management Contractor	CP Plus	N/A
11	Authorised Officers	CP Plus Uniformed Personnel	N/A

**APPENDIX E - Incumbent Non-Emergency Patient Transport Provider**

**Non-Emergency Patient Transport Provider:**

Lewis Day, Trading as **Medical Services**

Lead Contact: Judith Jackson

e: [Judith.jackson@medicalservesuk.com](mailto:Judith.jackson@medicalservesuk.com)

t: 01582 406708 or 700

@: [www.medicalservesuk.com](http://www.medicalservesuk.com)



**APPENDIX F - Inter-site Bus Service Timetable**

Please refer to the Trust Intranet or Internet for latest timetable

**APPENDIX G - Volunteer Transport Services**

To be inserted at a later date

**APPENDIX H - Parking Area Allocations for Categories**

Please refer to Appendix B

**APPENDIX I - Category Eligibility Criteria**

1 The Trust Transport and Parking Policy has established the following categories of parking user:

	<b><u>Category</u></b>	<b><u>Definition</u></b>
2	Drop-off/ 30 Minute User	Members of the Public and Staff dropping off people or equipment.
3	Standard Pay & Display User	Member of the Public not qualifying for any other special concession.
4	Disabled User	Blue badge holder
5	Public Concession Holder	Member of the Public with a specific eligibility for a concession in accordance with the concession protocol established in Appendix K
6	Staff	DIRECT Employees of West Hertfordshire Hospitals NHS Trust ONLY.
7	WGH User	Staff based at WGH and spending more than circa 80% of their working week at the site
8	HHGH User	Staff based at HHGH and spending more than circa 80% of their working week at the site
9	SACH User	Staff based at SACH and spending more than circa 80% of their working week at the site
10	Essential User	All Executive and Non-Executive Directors of the Trust. Consultant clinical staff Staff travelling frequently (at least twice EVERY week) between sites as a fundamental part of delivering their duties.
11	Temporary Disabled User	Somebody with an authority from Trust Occupational Health that they have a temporary condition meaning they are unable to walk distances of more than 300m.
11i	Disabled User	A Trust employee with an entitlement to a local authority issued blue badge
12	Staff Concession	Clinical locum users Agency users Bank staff users Student user, working/ learning at one of our sites

13	Residential	Individual who has their main residence on or immediately adjacent to (and with a direct link and right of way between) a Hospital site
14	NHS Logoed Vehicles	Any vehicle authorised to carry the NHS logo as part of its livery scheme. Currently includes: <ul style="list-style-type: none"><li>• Medical Services</li><li>• East of England Ambulance Service</li><li>• Herts Parts FT Vehicles</li><li>• WHHT Fleet Vehicles</li></ul>
15	3rd Party	Organisations that work on WHHT premises or have cause to use WHHT car parking but who do NOT work for West Hertfordshire Hospitals NHS Trust:
16	WGH	3 <sup>rd</sup> Party working at WGH more than 80% of their working week
17	HHGH	3 <sup>rd</sup> Party working at HHGH more than 80% of their working week
18	SACH	3 <sup>rd</sup> Party working at SACH more than 80% of their working week
19	Multi-Site	3 <sup>rd</sup> Party travelling frequently between sites as a fundamental part of delivering their duties.
20	Contractors	Any organisation or individual employed by the Trust on a contract that would allow them to pass through their transport costs to the employer. Currently includes: <ul style="list-style-type: none"><li>• Construction and maintenance contractors</li><li>• Professional Consultancies</li><li>• Medirest</li></ul> Specifically EXCLUDES Locums, Bank and Agency staff
21	VIP's	Individuals who are closely linked to the national or regional political and NHS governance bureaucracies + other individuals on request of a Director.

**APPENDIX J - Parking Tariff**

1 The Transport and Parking Policy implements the following scale of Pay & Display parking charges.

	<u>Item</u>	<u>Charge</u>
2	Up to 30 minutes	£0
3	Up to 3 hours	£4
4	Up to 5 hours	£6
5	All day	£12

6 The Transport & Parking Policy implements the following charge scale for Penalty Charge Notices, Vehicle Release Fees and the return of removed vehicles:

	<u>Item</u>	<u>Charge</u>
7	Penalty Charge Notice (if paid WITHIN 10 working days)	£15
8	Penalty Charge Notice (if paid AFTER 10 working days)	£40
9	Vehicle Release Fee	£50
10	Vehicle Return Fee (Actual costs to be charged subject to the minimum noted to the right)	£150

11 The Transport & Parking Policy implements the following charge scale for Staff Permit Holders (including staff disabled holders):

12 0.05% of annual salary calculated on each months earnings

13 **Contractors**

The Transport & Parking Policy implements the following charge scale for Contractors, EXCLUDING Medirest employees:

14 Contractors' temporary permits are issued by the relevant site Hotel Services Department FREE OF CHARGE where applicable.

15 **NB**

For clarity Contractors vehicles parked WITHOUT a parking permit will be subject to a Penalty Charge Notice.

16 **Medirest**

The Transport & Parking Policy implements the following charge scale for Medirest Employees:

0.05% of annual salary, reviewed annually on renewal.

17 **3<sup>rd</sup> Party Organisations**

The Transport & Parking Policy implements the following charge scale for 3<sup>rd</sup> Party organisations requiring their staff to work on Trust sites and not providing non private car transport for those individuals:

18 £100/ calendar month per permit.

19 This deliberately represents a significant discount from the standard Public charges otherwise chargeable in order to directly recognise the value those 3<sup>rd</sup> Party organisations provide to the Trust.

**NB**

For clarity, the Trust makes this charge to the 3<sup>rd</sup> Party organisation, not the individual employee. It is the 3<sup>rd</sup> Party organisation's policy decision as to whether to charge

their staff this cost.

20 **Special Cases: 3<sup>rd</sup> Party Organisations**

The Transport & Parking Policy empowers the Manager with Responsibility for Transport & Parking to establish bespoke charging arrangements for any 3<sup>rd</sup> Party organisations reasonably considered to be a “special case” and requiring their staff to work (and park) on Trust sites. The Manager with Responsibility for Transport & Parking is authorised by this Policy to negotiate and agree an appropriate charge taking into account the value of the work TO THE TRUST, being conducted by that 3<sup>rd</sup> Party organisation.

**NB**

For clarity the Manager with Responsibility for Transport & Parking must gain Director level approval of each organisation qualifying as a “Special Case”.

For clarity the Manager with Responsibility for Transport & Parking is NOT empowered to agree a £NIL charge and must gain Director level agreement for such a significant concession.

**NB**

All of the above are correct as at 4<sup>th</sup> January 2011 and include for the increase in VAT implemented by HM Government on 4<sup>th</sup> January 2011. However, they are subject to change in the event of further VAT amendments or other cost increases being alerted to the Trust.

**APPENDIX K - Concession Details**

1 The Transport and Parking Policy establishes a number of concession categories. Each is identified and described below with the approved concession identified adjacent to it.

	<b><u>Category</u></b>	<b><u>Description</u></b>	<b><u>Concession</u></b>
2	Disabled Users	Holders of official blue badges issued by a local authority (including staff)	1. Have specially allocated bays reserved 2. Can park in ANY Pay & Display bay <u>free of charge</u>
3	Frequent Users	People attending site more than once per day for a sustained period of more than 3 days <b>OR</b> People attending site for either clinics or visiting a patient where they expect to be on site more than twice per week for a period LESS than 4 weeks.	1 x 3 hour charge for a day OR 2 x 3 hour charge for a week
4	Long-term Users	People attending site for either clinics or visiting a patient where they expect to be on site more than twice per week for a period in excess of 4 weeks.	6 x 3 hour charge for a month
5	Active Carer concession	For visitors who are actively participating in the rehabilitation and care of their loved one, who is being looked after as an inpatient in the hospital.	1 x 3 hour charge for a day OR 2 x 3 hour charge for a week
6	Bank Staff	Temporary staff appointed via the NHS Bank/ NHS Professionals and paid at standard NHS employee rates	1 x 3 hour charge for a day OR 2 x 3 hour charge for a week
7	Student Staff	Student Clinical, Nursing and Midwifery staff conducting a full time course of which their work with WHHT is a critical part or tutors/trainers	1 x 3 hour charge for a week OR 2 x 3 hour charge for a month



	<u>Category</u>	<u>Description</u>	<u>Concession</u>
8	Agency and Locum Staff	Temporary staff appointed via agencies and paid at a premium to standard NHS employee rates	1 x 3 hour charge for a day OR 3 x 3 hour charge for a week
9	Car Share	Staff who have signed a formal car share arrangement and are registered through an external car share forum such as found at: <a href="https://www.liftshare.com/uk/">https://www.liftshare.com/uk/</a>	1 x 3 hour charge for a month
10	Volunteer Drivers	Drivers either using their own vehicle or driving a charity vehicle while only claiming their costs of motoring	<b>FREE</b> parking permit to be collected from each hospital reception/ CP Plus cabin or Hotel Services Department. Such permits to be signed in and out each day.
11	Temporary Disabled Supplementary Staff Permit	Allocation of a Temporary Disabled Supplementary Staff Permit is dependant on written confirmation from Occupational Health of a special medical condition preventing the applicant from walking more than 300m at any one time. This permit type shall be valid for a maximum of 3 (three) months. During that period if the medical condition continues the person will need to apply to the Local Authority for a Blue Badge. If unsuccessful, the Trust will withdraw the temporary disabled permit.	Standard Staff rate, but allowed to park in Pay & Display/ Essential User areas.  <b>NB. Staff temporary disabled permit users are NOT permitted to use the patient disabled bays as these are required for Patients and Visitors who are deemed to be the priority.</b>
11i	Staff Disabled User	A staff member qualifying for a local authority blue badge.	Standard Staff rate, but allowed to park in Pay & Display/ Disabled/ Essential User areas.  <b>NB. Staff disabled users are NOT permitted to use the patient disabled bays as these are required for Patients and Visitors who are deemed to be the priority.</b>

	<b><u>Category</u></b>	<b><u>Description</u></b>	<b><u>Concession</u></b>
12	Residential	A staff member who has taken a licence/ lease for a Trust owned or leased property on or immediately adjacent to a hospital site.	Standard staff rate, but restricted to specific parking areas except for loading/ unloading. Limited to 20 permits on a first come first served basis. A waiting list will be utilised.
13	Trust Staff Off-Peak User	Non-permit holding staff working a weekend or bank holiday.	1 x 3 hour charge for the whole weekend/ bank-holiday period.
14	3 <sup>rd</sup> Party organisation employee Off-Peak user	Non-permit holding employee of a 3 <sup>rd</sup> party organisation working on site – working a weekend or bank holiday.	1 x 3 hour charge for the weekend/ bank holiday period.

**APPENDIX L - Site Parking Regulations**

To be inserted at a later date, currently being amended

**APPENDIX M - Trust Transport and Parking Costs, Investments and Incomes  
2009/10**

<b>Summary of Car Parking Income and Costs</b>					
<b>REF</b>	<b>Cost/ Income Item</b>	<b>HHGH</b>	<b>SACH</b>	<b>WGH</b>	<b>TOTAL</b>
	<b>Annual Costs</b>				
1	Capital Charges on land	52,567	150,473	104,159	307,199
2	Capital charges on external investments (car park surfaces; lighting etc)	203,462	99,485	313,419	616,366
3	Rental of land (Cardiff Rd overflow at WGH and Maynard Rd at HHGH)	40,000 (approx)	0	33,336	73,336
	<b>TOTAL</b>	<b>296,029</b>	<b>249,958</b>	<b>450,914</b>	<b>996,901</b>
	<b>Investments Made in last 3 Years</b>				
4	Car park extensions *			60,000	60,000
5	Resurfacing *	5,000	5,000	5,000	15,000
6	Lighting installations			5,556	5,556
	<b>TOTAL</b>	<b>5,000</b>	<b>5,000</b>	<b>70,556</b>	<b>80,556</b>
	<b>Annual Income</b> (NB – all shown as WGH as billing done from WGH)				
7	WHHT Staff Permits			255,578	255,578
8	Partner Organisations			232,530	232,530
9	Guaranteed Sum from CP plus (from pay and display tickets)			341,293	341,293
10	One-off Additional Payment			80,000	80,000
11	<b>TOTAL</b>			<b>909,401</b>	<b>909,401</b>
	<b>TOTAL INCOME</b>				<b>909,401</b>
	<b>TOTAL COSTS</b> (excluding investment)				<b>996,901</b>
	<b>Overall Balance</b> (ignoring investments made)				<b>87,500</b>

**\* Estimated**

All figures from WHHT Finance team  
Assumes car parks equate to 1/3 of land ownership of Trust.  
Assumes external investments relate 3/4 to car parks

**APPENDIX N - Concession/ Permit Application Procedure and Protocols**

**REQUEST FORM FOR VISITOR/ PATIENT CONCESSIONARY PARKING PERMIT**

\* Refunds of payments already made cannot be reimbursed. \*

<b>Section 1 ~ to be completed by the Applicant (maximum 2 permits per patient)</b>		
NAME OF APPLICANT:		
CONTACT NUMBER:		
CAR REGISTRATION(S):		
<b>Section 2 ~ to be completed by the Ward / Department</b>		
PATIENT NAME:		
WARD:		
REASON FOR CONCESSION PERMIT:		
EXPECTED LENGTH OF PERMIT:		
AUTHORISED SIGNATURE:		
PRINT NAME:		
DATE:		
<b>RATES (effective from 4<sup>th</sup> January 2011)</b>		Please tick appropriate rate
<b>Frequent User</b> - People attending more than once per day or more than twice per week for up to 4 weeks	<b>£4.00/day</b> <b>£8.00/week</b>	<input type="checkbox"/>
<b>Long Term User</b> - People attending more than twice per week for a period in excess of 4 weeks	£24/month	<input type="checkbox"/>
<b>Active Carer</b> – for people who are actively participating in rehab/care of their loved one who is an in patient	£4.00/day £8/week	<input type="checkbox"/>

**Any other concessions can only be authorised by the Hotel Services Department**

**Applicants must take the completed authorised form to Reception or Patient Affairs at Watford, Patient Affairs at Hemel or Reception at St Albans Hospital for a Permit to be issued. The applicant will then need to obtain the relevant ticket(s) by paying the money into the car park Pay and Display Machine and sticking the ticket(s) onto the permit.**

**THE PERMIT IS ONLY VALID IF THE APPROPRIATE TICKET(S) OR STAMP ARE ATTACHED TO IT.**

**REQUEST FORM FOR STAFF CONCESSIONARY PARKING PERMIT**

Applicants must take the completed authorised form to Hotel Services Department for a Permit to be issued. The applicant will then need to obtain the relevant ticket(s) by paying the money into the car park Pay and Display Machine and sticking the ticket(s) onto the permit.

**THE PERMIT IS ONLY VALID IF THE APPROPRIATE TICKET (S) OR STAMP ARE ATTACHED TO IT.**

A validated permit along with any relevant payment entitles you to park in staff parking only.

<b>Section 1 ~ to be completed by the Applicant</b>		
NAME OF APPLICANT:		
HOME POSTCODE:		
CONTACT NUMBER:		
CAR REGISTRATION (S):		
REASON FOR CONCESSION PERMIT:		
EXPECTED LENGTH OF PERMIT:		
AUTHORISED SIGNATURE:		
PRINT NAME:		
DATE:		
<b>RATES (effective from January 2011)</b>		Please tick appropriate rate
<b>Bank Staff</b> – (1 x 3 hour charge for a day or 2 x 3 hour charge for a week)	£4.00/day £8.00/week	
<b>Medical / University Student / Tutor/Trainer</b> (1 x 3 hour charge for a week or 2 x 3 hour charge for a month)	£4.00/day £8.00/month	
<b>Locum (more than 1 month) / Agency Staff</b> - (1 x 3 hour charge for a day or 3 x 3 hour charge for a week)	£4.00/day £12.00/week	

Refunds of payments already made cannot be reimbursed.

## Hospitals ~ Distances from Watford

HOSPITAL	MILES
Watford General	
Peace Children's Centre, Watford	
Spire Hospital, Bushey	3.5
BMI Bishop's Wood, Northwood	3.5
Mount Vernon, Northwood	3.5
Royal National Orthopaedic, Stanmore	4.5
Harefield	5
Edgware Community Hospital, Edgware	6.5
Northwick Park	8
St Mark's, Harrow (at Northwick Park)	8
Hemel Hempstead General Hospital	8
BMI Clementine Churchill, Harrow	8
St Albans City Hospital	8
Chalfont's and Gerrards Cross	8
Barnet	8
BMI The Garden Hospital, LONDON NW4	9
Amersham	9.5
Hillingdon	9.5
Potters Bar Community	10
Harpenden Memorial	10
Spire Hospital, Harpenden	11.5
Queen Elizabeth II, Welwyn (Howlands)	16
Chase Farm Hospital	19
Cheshunt Community	16
County Hospital, Hertford	16.5
Lister, Stevenage SG1 4AB	20
Rivers Hospital, Sawbridgeworth	25
Herts & Essex Community Hospital, Bishops Stortford	28.5
Royston Hospital	31

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**Suggestions for topics to be scrutinised – evaluation table**

A Member/Officer suggesting a topic for scrutiny must complete this table as fully as possible. Completed tables will be presented to Overview & Scrutiny for consideration.

<b>Proposer: Councillor/Officer Councillor Karen Collett</b>	
<p><b>Topic recommended for scrutiny:</b></p> <p><i>Please include as much detail as is available about the specific issues and areas which should be included/excluded from the review. Should the focus be on past performance, future policy or both?</i></p>	<p><b>West Hertfordshire Hospitals NHS Trust - charges for parking at Watford General Hospital</b></p> <p>To review the present charging policy to establish</p> <ul style="list-style-type: none"> <li>• The basis for the current charges.</li> <li>• The range of parking options and charges for patients, members of patients' families and visitors,</li> </ul>
<p><b>Why have you recommended this topic for scrutiny?</b></p>	<p>Cllr Collett feels that Watford residents are penalised for using the hospital's services.</p>
<p><b>What are the specific outcomes you wish to see from the review?</b></p>	<p>To establish how they compare with other Trusts locally and further afield; whether they are "reasonable"; if there are options are they known and understood by visitors?</p> <p>If appropriate, to make such recommendations to improve the Trust's parking and charging policy</p>

<b>Does the proposed item meet the following criteria?</b>	
It must affect a group or community of people	Patients, their families and their visitors coming to Watford General Hospital.
It must relate to a service, event or issue in which the council has a significant stake	Healthcare and parking in Vicarage Ward
It must not have been a topic of scrutiny within the last 12 months	Conforms.
It must not be an issue, such as planning or licensing, which is dealt with by another council committee	Conforms.
<b>Does the topic meet the council's priorities?</b>	<ol style="list-style-type: none"> <li><b>1. Improve the health of the town and enhance its heritage</b></li> <li>2. Enhance the town's 'clean &amp; green' environment</li> <li>3. Enhance the town's sustainability</li> <li>4. Enhance the town's economic prosperity and potential</li> <li><b>5. Supporting individuals and the community</b></li> <li>6. Securing an efficient, effective, value for money council</li> <li><b>7. Influence and partnership delivery</b></li> </ol>
<b>Are you aware of any limitations of time or other constraints which need to be taken into account?</b>	No

<i>Factors to consider are forthcoming milestones, demands on the relevant service area and member availability</i>	
<b>Does the topic involve a Council partner or other outside body?</b>	West Hertfordshire Hospitals NHS Trust
<b>Please complete the 'sign off' section at the end of this document</b>	

<b>The following section to be completed by Democratic Services</b>	
<b>Consultation with relevant Heads of Service</b> <i>(this section to be completed by Democratic Services)</i>	<i>It is important to ensure that the relevant service can support a review by providing the necessary documents and attending meetings as necessary. The Head of Service's comments should be obtained before the request to hold a review is put to the Overview &amp; Scrutiny Committee.</i>
Has the relevant Head of Service been consulted?	<i>Yes/no (if no, please give reason)</i> <b>Not applicable</b>
Is this a topic which the service department(s) is able to support.	<i>Include HoS comments here:</i> <b>Not applicable</b>

When was the last time this service was the subject of a scrutiny review?	<b>Never</b>
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<b>Sign off</b>			
<b>Councillor/Officer</b> <b>M A Watkin, Chair of Overview and Scrutiny Committee</b>	<b>Date</b> <b>26/7/2011</b>	<b>Head of Service</b>	<b>date</b>

**INCOME GENERATION**

**CAR PARKING CHARGES ~**

**BEST PRACTICE FOR IMPLEMENTATION**

December 2006

**DH INFORMATION READER BOX**

Policy	Estates
HR / Workforce	Performance
Management	IM & T
Planning	<b>Finance</b>
Clinical	Partnership Working

<b>Document Purpose</b>	Best Practice Guidance
<b>ROCR Ref:</b>	<b>Gateway Ref:</b> 7416
<b>Title</b>	Income Generation: Car Parking Charges - Best Practice for Implementation
<b>Author</b>	DH
<b>Publication Date</b>	14 Dec 2006
<b>Target Audience</b>	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Special HA CEs
<b>Circulation List</b>	
<b>Description</b>	Advice to the NHS on the factors to consider when operating car parking schemes on their premises under income generation rules, including what kind of car parking scheme to offer, what charges to impose and what concessions to consider.
<b>Cross Ref</b>	Income Generation - Best Practice: Revised Guidance on Income Generation in the NHS Health Technical Memorandum 07-03: Transport Management and Car-parking
<b>Superseded Docs</b>	Income Generation: Car Parking Charges - A Guide to Implementation
<b>Action Required</b>	N/A
<b>Timing</b>	N/A
<b>Contact Details</b>	Craig Keenan Finance & Investment - Efficiency & Income Generation Quarry House Leeds LS2 7UE
<b>For Recipient's Use</b>	

## PREFACE

This document updates a document issued in 1996 under the title: *Income Generation – Car Parking Charges: A Guide to Implementation*. It gives information and advice on operating commercial car parking schemes in the NHS as income generation activities.

The document should be read in conjunction with *Income Generation – Best Practice. Revised Guidance on Income Generation in the NHS* (Chapter 30 of the Finance Manual), which was republished in February 2006. This can be found at:-

[http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4130667&chk=tEqfI2](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4130667&chk=tEqfI2)

NHS bodies should also refer to *Health Technical Memorandum 07-03: Transport Management and Car-parking*, also published in February 2006, and *Estatecode*, published 2002 (with an updated version due to be issued in early 2007).

Income generation powers enable NHS bodies (abiding by specific rules) to raise additional income for health services by marketing any spare capacity resulting from a non-core function, or by exploiting intellectual property rights.<sup>1</sup> Charging for car parking on healthcare sites is a common example of an income generation scheme. This document provides advice on the issues to be considered when setting up a car parking scheme or when reviewing existing ones, including what kind of car parking scheme to offer, what charges to impose and what concessions to consider.

The Health Select Committee in their report *NHS Charges*, published July 2006, recommended that trusts be advised to:-

- Issue all regular patients, or their visitors, with a ‘season ticket’ that allows them reduced price, or free parking;
- Introduce a weekly cap on parking charges for patients;
- Provide free parking for patients who have to attend on a daily basis for treatment; and
- Inform patients before their treatment begins of the parking charges, exemptions and reduced rates that will apply.

This revised document also seeks to incorporate their recommendations.

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<sup>1</sup> NHS bodies is a term used throughout this document. It refers to Special Health Authorities, NHS trusts (including Mental Health Trusts and Ambulance Trusts), Primary Care Trusts and NHS Foundation Trusts. The Secretary of State’s powers to make more income available applies to: Special Health Authorities by virtue of the Income Generation Powers of Special Health Authorities Directions 2005; NHS trusts by virtue of Schedule 2 paragraph 15 of the NHS and Community Care Act 1990 and section 7 of the Health and Medicines Act 1988; Primary Care Trusts by virtue of section 18A(5) of the NHS Act 1977 and section 7 of the Health and Medicines Act 1988. Section 14(3) of the Health and Social Care (Community Health Standards) Act 2003 gives Foundation Trusts the power to make additional income available in order to carry on its principal purpose better.

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## CHAPTER 1: ISSUES TO CONSIDER REGARDING CAR PARKING SCHEMES

1. Car parking on healthcare sites should only be considered as part of a wider travel plan which the NHS body should have in place. Travel plans aim to offer a package of practical measures to improve accessibility and influence transport to an individual site or within an organisation. They aim to lessen the environmental impact of transport arrangements, reduce transport journeys to NHS sites for employee business requirements, manage transport to ease congestion, reduce emissions from exhausts, encourage active travel modes such as walking and cycling as part of the Department of Health's wider public health agenda, as well as to relieve car parking shortages by reducing reliance on single user car travel. Comprehensive information on travel plans and other issues can be found in *Health Technical Memorandum 07-03: Transport management and car-parking*.
2. However, assuming it is decided that car parking should be offered on healthcare sites as part of this travel plan, there will be many other issues to consider. These will probably include:
  - **Site congestion:**
    - What the overall number of spaces will be, and how these will be positioned in relation to traffic flow to prevent vehicles becoming blocked in;
    - How misuse of the car park (particularly if based near a town centre or motorway) by people using healthcare facilities for free or cheap parking will be avoided;
    - Where access routes for emergencies and the emergency services will be;
    - Ensuring that fire regulations are complied with.
  - **Customer service:**
    - Where spaces should be in relation to healthcare services;
    - The distance that patients and visitors will have to walk;
    - The designation of priority spaces for certain users (e.g. disabled) at appropriate places;
    - Considering whether there should be spaces available specifically for regularly attending patients e.g. dialysis patients;
    - Considering how to maintain the required turnover of available spaces to meet service and patient needs.
  - **Staff:**
    - Considering whether priority spaces should be available for staff on the basis of need or status.

- **Security:**

- The security arrangements that will need to be in place to protect both people and property.

- **Local Residents:**

- Considering how any upsurge in off-site parking as a result of car parking charges at a healthcare site will be addressed;

- Addressing disturbance factors such as noise and light pollution;

- Considering how any increase in car related crime locally as a consequence of improved security in the healthcare site car park will be addressed.

## CHAPTER 2: ADVANTAGES OF CAR PARKING CHARGES

3. NHS bodies are allowed to charge for car parking and to raise revenue from it as an income generation activity as long as certain rules are followed. Income generation activities must not interfere to a significant degree with the provision of NHS core services. They must be profitable, as it would be unacceptable for monies provided for the benefit of NHS patients to be used to support commercial activities, and this profit must be used to improve health services.
4. Providing car parking services will inevitably incur overheads which must be paid for. If no charges were imposed, maintenance costs would have to be found from elsewhere at the risk of diverting funds from patient services. Charging for car parking will allow revenue to be raised, which can be used to improve and maintain car parking services to a level that people expect. For instance:

- **Vehicle Security** - Healthcare sites are particularly prone to theft, both of and from cars, and:
  - patrols;
  - security lighting;
  - barriers; and
  - closed circuit television,

can improve security and significantly reduce this type of criminal activity.

- **Personal security** - This is of particular concern to night staff. Sufficient lighting, patrols and closed circuit television all assist in deterring crime and making people feel safe.
- **Further utilization of security personnel** - In addition to acting as deterrents, security staff can take on other tasks, eg;
  - ensure that roads and access points are free from obstructions;
  - assist in fire, and other emergency procedures; and
  - assist in the removal of unauthorised personnel.
- **Maintenance and development** - Issues to consider include:-
  - Keeping road surfaces, road markings, lighting, ticket barriers and machines etc in good working order;
  - Creating further car parking spaces as the need arises in time;
  - Investing in other modes of transport for staff and patients, e.g. buses and bikes, in order to fit in with the NHS body's wider travel plan.

5. **Note:** Profits after maintenance costs have been paid for must be used to improve local health services.

### CHAPTER 3: WHICH SYSTEM TO CHOOSE?

6. Once the decision has been made that, in principle, car parking charges should be levied, the next step is to look at the different ways this can be achieved. There is no universally appropriate system. What works best will depend upon the nature of each individual site.
7. There are almost as many capital cost permutations as there are healthcare sites, hence the importance of shopping around for the most suitable and cost effective solution.
8. Staffed - where an attendant carries money and issues tickets to drivers on arrival.
  - Factors to consider:
    - This method will have a low capital cost and outlay;
    - There may be a lack of flexibility for other duties e.g. security;
    - There may be potential audit problems through manual handling of cash;
    - Sickness and holidays etc will need to be covered (as it takes 1.4 people to give "one" person coverage, assuming not staffed twenty-four hours per day, seven days per week);
    - There will be a negative impact on income if the attendant fails to appear on duty, or has to leave car park during the day;
    - Personal safety issues of those carrying cash in public will have to be addressed.
9. Pay and display - where the driver pays for and collects a ticket from a machine in the car park. The ticket is then displayed inside the car. Tickets are checked periodically by an attendant. (This is the most common form of paid parking).
  - Factors to consider:
    - Capital costs will be moderate, and revenue costs lower than with attendant only system;
    - There will be a high compliance rate if regularly checked;
    - Staff on patrol will be able to take on other duties in between ticket checks;
    - Pay and display machines are resistant to vandalism and fraud and therefore minimise losses (see "Day to Day Management");
    - This method will not generate as much income as a barrier system due to evasion and ticket swapping (but ticket swapping can be minimised by keeping valid ticket times at a low level, e.g. 4 hours);
    - An enforcement system will be needed, e.g. wheel clamping.
10. Barrier - where the driver obtains a ticket from an automatic system, this can either be:

- manual variable charge tariff, (motorist collects ticket on entry and pays attendant at barrier on exit);
  - automated variable charge tariff, (bar coded ticket collected at entry - read by machine in order to raise barrier);
  - fixed charge tariff, (motorist puts coins into machine by exit barrier, allowing it to open);
  - fixed and variable systems can be mixed e.g. having a variable charge during the day and a fixed rate at night.
- Factors to consider:
    - This method will have the highest capital cost of the three systems;
    - 100% of revenue should be collected;
    - Passcards will be needed, allowing staff access to special areas;
    - Emergency access needs to be maintained at all times. Barriers can be equipped with a keyswitch to allow them to be raised for access by emergency and service vehicles.

## CHAPTER 4: INTERNAL/EXTERNAL MANAGEMENT

11. Some NHS bodies manage their schemes in-house, others by using outside contractors. Outlined below are some of the factors worth considering when making your choice. A SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis, or something similar, may provide a useful tool in aiding decision making at this stage.
12. Internal Management:
- Potential benefits:
    - greater income possibilities;
    - complete control of the scheme.
  - Points to consider:
    - How will the scheme be financed? The use of private finance should be considered as a matter of course;
    - lease or purchase?
    - managerial input and commitment is required;
    - are the necessary skills available in-house?
13. External Management - This may be on the basis of sub-contracting the complete operation to an experienced car park management business, or be developed through a joint venture between the NHS body and the external operator, where both parties agree to invest in the scheme – see “Public-Private Partnerships in *Income Generation – Best Practice*..
- Potential benefits:
    - lower risks;
    - focused management;
    - specialist external skills;
    - economies of scale.
14. Whichever form of external management is eventually selected there are a number of points which require consideration in any contract. (see also Risk Analysis, page xx) Whilst it is recommended that the policy lead on pricing structure should be held at all times by the NHS body, not the contractor, a contract should allow the contractors enough scope to operate efficiently and make a reasonable return for their efforts (bearing in mind that the NHS body must also make a profit in order to abide by the income generation rules). It would be self-defeating to have too onerous a set of terms and conditions, but important areas for consideration are:
- each party's contractual obligations;

- scope of agreement (exclusions/exclusivity/geography);
- contract period;
- standard of service and service to be provided;
- collection and payment of any monies receivable;
- description of contract management procedures, including agreed and measurable performance targets;
- production of annual audited accounts/auditors' fees;
- inspection of documents by NHS body nominated personnel;
- performance review, scope, timing;
- staffing and supervision;
- contract price and price rise clauses;
- powers conferred upon each party by the other under the agreement (if any);
- equipment and materials;
- assignment or sub-letting;
- procedures to cover complaints on either side;
- insurance;
- use of NHS body premises;
- default;
- termination;
- insolvency of contractor.

15. A typical arrangement would be where the outside contractors:

- guarantee the NHS body a minimum income;
- and finance the civil engineering, signs, barriers/machines and installation costs.

16. When choosing a partner NHS bodies should consider:

- do they have experience in the NHS?
- is the company financially sound?

17. The amount of NHS input will vary, but a *key objective* in any joint venture between the public and private sectors is that the latter should assume a *major part of the risk*. NHS bodies should:

- avoid wide ranging guarantees or other contingent liabilities; and
- set a ceiling on the NHS contribution to the project.

#### Legal Advice

18. It must be noted that in any major undertaking of this nature sound legal advice is important to ensure a strong formal agreement. It is therefore imperative to employ the services of suitably qualified legal officers.



## CHAPTER 5: VIABILITY OF THE SCHEME

19. Having decided upon the most appropriate car parking scheme and the way in which you would prefer to manage it, the next stage is to assess the financial viability of the enterprise through a feasibility study.
20. NHS bodies should look at transport and car parking in a holistic way and determine a car parking structure accordingly, taking into account the different parking needs of staff, patients and visitors. For patients and visitors consideration will need to be given to healthcare needs and ability to pay.
21. In order to later develop a robust business case, the following questions should be answered:

### What are our Costs?

22. These break down into two areas, which could include:

- **Capital costs:**

- pay and display machines;
- barriers;
- cabins;
- signs;
- road markings;
- fencing;
- lighting;
- closed circuit television.

- **Revenue costs:**

- staffing;
- uniforms;
- rental of equipment (wheel clamps etc);
- parking permits, stickers and notices;
- pay and display tickets and consumables;
- equipment maintenance and repair;
- public liability insurance (this may be covered by existing insurance arrangements, but should be checked).

23. It may be prudent to set aside a sum to cover potential public relations costs associated with the launch of the new or revised car parking scheme.

#### How Much Should we Charge?

24. It must be remembered that you are in competition with both other means of transport and alternative car parking facilities. Hence attention should be given to:

- the regularity of public transport and its charges;
- other car parking charges in the area;
- availability of free parking on nearby streets and roads;
- your catchment area;
- the need to cover costs;
- the need to disincentivise non service users;
- the need to make a profit to be used to improve health services.

#### Variable Charging – Staff

25. Some NHS bodies operate a different charging structure between staff and patients/visitors. NHS bodies will want to consider:

- how much staff charges should be discounted by;
- if staff should pay at all (some NHS bodies don't charge employees);
- if there should be variable charging of staff for different "qualities" of parking. (e.g. more secure parking/proximity to workplace).

#### Variable Charging – Patients/Visitors

26. Whilst NHS bodies will have to ensure that they raise sufficient income from charges so that a profit remains after maintenance costs are met, they should be sensitive in considering the position of those patients/visitors who have to use their car parks regularly.

27. NHS bodies are strongly recommended to have some kind of 'season ticket' arrangement, allowing free or reduced price parking for:

- patients with a long-term illness or serious condition requiring daily or regular treatment;
- relatives/prime visitors of patients with a long-term illness or a serious condition requiring daily or regular treatment.

28. NHS bodies are also recommended to have a weekly cap on car parking charges for patients/visitors having to attend on a daily basis.

29. For other users, NHS bodies should consider whether a sliding time scale of charges should be in place. Some NHS bodies charge proportionately more for the first 3-4 hours; others do not charge at all for a stay of under 15 minutes.

#### Turnover per Annum

30. The proposed scale of charges should be extrapolated to estimate income, where:

**Tariff x spaces x daily occupancy rate x 5 days x 52 = annual revenue.** (Weekends excluded from example as revenue much more variable).

31. It is impossible to be prescriptive here as each site will have its own set of characteristics. When estimating income from a proposed scale of charges NHS bodies will want to consider:

- how many available spaces will be set aside for patients/visitors;
- of these how many will be used by those with passes for free/concessionary parking;
- what will be the percentage occupancy of spaces for staff and patients/visitors;
- what will be the percentage turnover rate per day for staff and patients/visitors;
- what are the likely operational/maintenance costs which will need subtracting;
- VAT – car parking charges currently attract VAT at the standard rate on revenue received.

## CHAPTER 6: CONSULTATION AND MARKETING

### Consultation

32. There is no statutory obligation to consult in relation to car parking charges, however NHS bodies are well advised to communicate and engage the views of staff and other interested parties at a very early stage in the development of a draft plan of a car parking scheme, in order to explain the scheme's purpose and function and where the income will be invested, as well as to allay concerns and to obtain feedback.
33. This consultation would typically involve discussions with key commissioners and staff representatives. It is good practice to also involve patients and visitors wherever possible, as they are likely to accept charges better if they feel that they have been involved in the process, rather than merely having charges imposed on them without consultation. Disabled users of the car park should also be included to ensure that their needs are met. There is likely to be a strong reaction from the media and local residents, and therefore good PR will be required to satisfy their concerns. Ease of passage is often gained by explaining that charges are necessary to pay for the level of maintenance and security that people expect and assurances that any excess income will be invested in the local health service (bearing in mind that by asserting that profits will be invested in local health services, those health services will be expected to improve, otherwise criticism could ensue).
34. Whilst it may appear a good idea to also conduct some market research amongst potential users on the subject of what they would be willing to pay; it needs to be borne in mind that:
- there are bound to be a certain amount of negative feelings which could be blown out of proportion; and
  - attitudes often differ markedly from behaviour (evidence has shown that charges are quickly accepted as being reasonable by the vast majority of users).

### Marketing

35. Marketing will be important at the time of introduction of the car parking scheme. However, some initial marketing at the outset is also helpful. In addition to normal publicity channels (particularly to staff via team briefings, house magazines, websites, notice boards and attachments to pay advice slips), it is worth considering:
- Open days for staff/patients to learn more about the scheme;
  - External signs situated near the tariff display boards, or printed on the reverse of tickets, information stating succinctly, where the proceeds would go (eg to improve security or enhance patient care).
36. The major benefits of paid car parking, to the users, are controlling car parking, improving accessibility to services, flow around the site and better security arrangements. These need emphasising and quantifying both in the consultation period and once the scheme is in operation.

## CHAPTER 7: THE BUSINESS CASE

37. If the costings and market research indicate that a car parking scheme is viable, then a thorough business case needs to be constructed. This will show those providing financial support that the scheme has been carefully evaluated in terms of the:

- appraisal of a broad range of options (including the status quo);
- explanation of the benefits and how these differ between options;
- explanation of how forecasts have been derived and how costs differ between options;
- identification of risks, contractual obligations, and differences between options;
- involvement of the private sector and the resultant risk reduction potential;
- calculations of net present values of shortlisted options; and
- management of the scheme, including audit arrangements.

38. The case should show convincingly that the option proposed offers the best value for money, because it:

- has greater benefits/lower risks, at no more cost; or
- is cheaper, without sacrificing benefits or incurring greater risks; or
- has greater benefits/lower risks at justified extra cost.

39. There are three stages in building up a business case:

- **The strategic context** - how the car parking scheme fits in with the NHS body's strategic direction, business plan and travel plan. Gives the outline case for the investment, and its affordability.
- **The outline business case** - appraising the options. The objective of the outline business case is to identify the highest ratio of benefits to costs options.
- **The full business case** - a more precise and detailed specification of the preferred option. Allows validation of earlier work although its primary task is to develop the preferred solution.

### Risk Analysis

40. This is a useful tool in the preparation of a business case. It examines the implications of key uncertainties and compares the options.

41. For each car parking option you should ask what important objectives or benefits are uncertain and then consider:

- What is the worst change in each of these that may occur? (For example car crime actually increases);

- What is the best change that may occur? (For example attendance at clinic sessions markedly increases);
- What difference would either of these changes make?
- How likely are they to happen?

42. Also for each option you should ask what important *costs* are uncertain, ie:

- What is the worst situation that can arise for each cost item? (For example maintenance costs rise faster than the opportunity to increase prices);
- What is the best situation that can arise for each cost item? (For example a local philanthropist donates a sum of money for use in improving car parking);
- What difference would either of these changes make?
- How likely are they to happen?

43. Where a Public-Private Partnership is being considered, it is important to consider which significant risk lies with each party, to identify:

- responsibility if the costs or income differ from forecast?
- what are the obligations on each party?
- is the NHS body's contribution clear?
- have the risks been transferred to the private sector?
- what rights and flexibilities does the NHS body retain?
- what would happen if standards were not met?
- is the project viable as a whole, and for both parties? And
- what would happen if the contractor becomes insolvent?

## CHAPTER 8: DETAILS OF THE SCHEME

44. Whilst schemes will differ, dependent on local circumstances, these are some of the areas which need consideration:

- **Staff Parking** - Depending on the scheme, payment could take the form of:
  - a ticket purchased on the day;
  - a displayed permit - concessionary (or free) parking;
  - a "direct debit" payment via payroll; or
  - smart card, for barrier systems.

Should some grades of staff have priority parking over others in terms of:

- guaranteed spaces?
- proximity to the healthcare site?
- enhanced security features?

If so, should they pay more? and if yes, how much more? Will there be any negative impact here in terms of overall staff morale?

Thought will also have to be given to the needs of:

- on call staff;
  - compulsory resident medical staff;
  - NHS students.
- **Patients/Visitors** - Permits for free or concessionary parking for patients/visitors using the car park daily/regularly (see *Viability of the Scheme*).
  - **Disabled Users** – sufficient spaces should be conveniently located near the entrance of buildings and other access issues addressed. NB – NHS bodies have a statutory duty under the Disability Discrimination Act 2005 to have disability equality schemes in place to eliminate discrimination and harassment of disabled persons. Car parking schemes on healthcare sites should be operated in light of this.
  - **Special Cases** - These issues will require additional consideration:
    - emergency services;
    - short stay (drop off and pick up) e.g. by maternity and A&E;
    - taxis;
    - delivery vehicles;

- volunteers;
  - motorcycles;
  - bicycles.
- **Rule Breaking** - Car clamping is common, although normally a last resort when dealing with those who either do not pay their car parking fees or park in prohibited areas. A multi-stage approach is used in many healthcare sites, for example:
    - first offence - polite notice;
    - second offence - verbal warning;
    - third offence - clamping.



## **CHAPTER 9: ADVERTISING AND PROMOTING THE SCHEME**

### Informing Patients/Visitors and Staff

45. It is very important that the details of the scheme are transparent for all users, including patients and their visitors. As well as what the income raised will be used for, they will want to know what the charges will be and what concessions they may be entitled to ahead of their visit to the healthcare site, particularly if they will be due to attend over several days or on a long term basis. NHS bodies should ensure that this is done wherever possible. Details of car parking charges and any concessions in place could be included in the literature sent out to the patient ahead of their appointment, as well as details on the availability of financial assistance under the Hospital Travel Costs Scheme or NHS low income scheme.
46. It is good practice to have clear information on these issues readily available to patients and their visitors, in appointment letters, by briefing appropriate staff who can pass on the information and by displaying the information on websites, beside ticket machines in car parks and in waiting rooms etc.
47. Staff will also wish to know the details of the scheme as it relates to them, eg the location of staff parking spaces, what concessions are available to them, how charges will be collected (daily tickets, seasonal permits, deductions from salary) etc.
48. NHS bodies have a responsibility to have a clear complaints procedure in place and to communicate this to service users.

## CHAPTER 10: MANAGING THE SCHEME

49. Once the decision has been made to go ahead, it is vital that the resulting car parking scheme is effectively managed. This falls into two areas:

- Day to day management;
- Business planning and monitoring.

50. However, the single most important criterion is to ensure that staff resources of a sufficiently high calibre are devoted on an on-going basis to the car parking scheme to ensure that it is effectively managed and meets audit requirements.

### Day to Day Management

51. Whilst it is obviously important to ensure that the usual areas, e.g. staffing and complaints, have a workable structure, the issue of *auditing* is likely to be the single biggest management factor in any car parking scheme, bearing in mind that car parking could well generate the largest amount of physical cash on the healthcare site. Auditing and anti-fraud procedures need to reflect this.

52. Pay and Display machines are available which provide anti-fraud security via the automatic printing of audit control statements upon withdrawal of the self locking cash box (This includes value and number of tickets, a breakdown of coins accepted and total amount of money in the box).

53. Example of "Audit Trail" (For Pay and Display Machines Run by External Contractor):

- Every cash box extraction is accompanied by the issue of an audit statement of the cash box contents;
- The cash is counted and each coin value plus the total is checked and ticked by the counter. A note of any discrepancy is made;
- Every machine generated audit ticket is retained on site after signature by the counter;
- A daily cash sheet is produced in duplicate, detailing against each machine the audited sum, the counted sum, and any discrepancies between the two;
- Discrepancies due to foreign coins, equipment tolerance, coin jams, equipment failure, vandalism etc, should be recorded;
- Triplicate paying-in books, one copy to be retained on site for audit;
- Monthly summary statement produced;
- Random checks by internal audit.

### Business Planning and Monitoring

54. Income generation activities are required by Treasury to be entirely self-supporting, and the Crown will not bear any losses sustained. It is consequently essential that you put in place

an adequate financial information system to provide the level of detail required and to monitor and control activities. You must be able to demonstrate that income generation activities will make a useful contribution to overall financial objectives and that schemes cover their costs and make a reasonable return on any assets used.

55. When self-managing a paid car parking facility it is important to adopt a disciplined approach and treat it as a distinct business, separate from the rest of the healthcare body. Four accountancy/planning procedures can help enormously in the successful management of the scheme. These are:

- The Annual Business Plan;
- Memorandum Trading Accounts;
- The Profit and Loss Projection; and
- Cash Flow Forecasts.

#### Annual Business Plan

56. This should satisfy three important criteria, it should be:

- simple;
- accurate; and
- useful.

57. It should include information and statistics such as:

- history - where is the business now?
- goals - where does the business want to be?
- assumptions - are they correct?
- objectives, quantified in financial terms;
- resource allocation - how are objectives achieved?
- checking - is the plan realistic?
- sensitivity analysis - is the plan flexible?
- any pertinent differences from the original business case, for example new competition or legislative changes?

#### Memorandum Trading Accounts (see *Income Generation – Best Practice* for more details)

58. Income generation in NHS bodies will be monitored by SHAs. The annual turnover level at which schemes must be accompanied by a Memorandum Trading Account (MTA) is £50k, although the maintenance of MTAs for smaller schemes is also recommended. Previous guidance advised that MTAs must be available on demand for

audit purposes and this is still applicable, however we now also advise that MTAs must be sent to the SHA with NHS trusts' annual accounts.

59. NHS trusts are advised that it is best practice to provide a full account of all schemes in the Operating and Financial Review section of their Annual Reports. This should include information about the scale of resources devoted to significant projects (or groups of projects which together are of a significant size), value for money and information about the efficient use of public sector assets and indicators of commercial performance. Those trusts with higher levels of income generation activity may wish to consider publishing a separate report of their commercial activity. Where financial systems cannot identify the full costs or particular activities, a reasonable apportionment of joint costs should be made and the justification for those figures should be kept for inspection by external auditors.
60. The outline minimum specification of memorandum trading accounts for income generation are as follows:
1. Gross Income
  2. Direct costs (see note 1 below)
  3. Contribution (1 – 2)
  4. Indirect costs and overheads (see note 2 below)
  5. Net profit (3 – 4)

Note 1. Direct Costs should include all the costs which are directly attributable to the establishment and operation of the Income Generation scheme. These will probably include staff, maintenance, depreciation, consumables, utilities, transport, administration and insurance.

Note 2. Indirect Costs and Overheads should consist of an apportionment of a fair share of the costs incurred in facilitating the income generation scheme and insurance charges.

Notional insurance should be assessed at:

0.01% of salaries and wages of direct staff;

0.25% of stock in trade; and

0.05% on replacement costs of fixed assets.

Note 3. Net profit/capital employed expressed as a percentage = return on capital employed. This should be around 3.5% for commercial services where there is no competition or for inter- and intra-Departmental services, and 5.5% - 15% (depending on the level of risk) for commercial services where there is competition from the private sector. The return on capital employed achieved should be stated under the Memorandum Trading Account.

Profit and Loss Projection

61. The Memorandum Trading Account can be worked up from the Profit and Loss projection using Table 1 below.

<b>TABLE 1 - PROFIT AND LOSS PROJECTION FOR FIRST YEAR OF OPERATION</b>		
<b>SCHEME TITLE:</b>		
	£	£
Gross Revenue		
Less VAT @ 17.5%		
<b>NET REVENUE</b>		
<b>LESS REVENUE EXPENDITURE</b>		
Payroll		
Rental of equipment - (e.g. telephones and wheel clamps)		
Uniforms		
Public liability insurance		
Parking permits, stickers and notices		
Pay & Display tickets & consumables		
Equipment maintenance and repair		
<b>NET REVENUE EXPENSE</b>		
Repayment of Capital and Finance Cost		
<b>RESIDUAL SUM</b>		

Cash Flow Forecast

62. To be completed on a monthly basis using Table 2 below.

<b>TABLE 2 - CASH FLOW FORECAST</b>								
<b>SCHEME TITLE:</b>								
	Month				Cumulative			
	Budget £	Actual £	Variance £	%	Actual £	Budget £	Variance £	%
<b>RECEIPTS</b>								
Capital introduced								
Disposal of Assets								
Loans Received								
Sales (inc. VAT)								
Other Income								
Other Receipts								
<b>TOTAL RECEIPTS</b>								
<b>PAYMENTS</b>								
Capital Items								
Loan Repayments								
Wages								
Rental of equipment								
Insurance								
Consumables								
Payment to creditors								
Advertising/PR								
Administration								
Share of overheads								
Expenses								
Interest Charges								
VAT								
<b>TOTAL PAYMENTS</b>								
<b>NET CASHFLOW = RECEIPTS - PAYMENTS</b>								

63. The headings within the Profit and Loss and Cash Flow Forecasts can of course be tailored to suit individual circumstances.

## **CHAPTER 11: AGENDA FOR SCHEME DEVELOPMENT**

64. Outlined below is a typical action sequence in the most likely chronological order. Not all actions may necessarily apply in each situation, as circumstances will vary, particularly where a decision is taken to manage the scheme internally.

- Policy decision to examine car parking and potential for introduction of charges;
- SWOT analysis of scheme types and internal/external management;
- Feasibility Study – assess scheme viability;
- Market Research;
- Development of Business Case - including operational details and management arrangements;
- Tendering process (where applicable);
- Marketing, implementation and promotion of scheme;
- Auditing and accounts;
- Reviewing the scheme, addressing any problems encountered.

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