

**HOSPITAL PARKING CHARGES
TASK GROUP**

**REVIEW OF HOSPITAL PARKING
AND CHARGES AT
WATFORD GENERAL HOSPITAL**

FEBRUARY 2012

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COMMITTEE MEMBERSHIP

Watford Borough Council

Councillor Karen Collett .	Chair of the Task Group and Councillor for Woodside Ward
Councillor Ken Brodhurst .	Councillor for Callowland Ward
Councillor Kareen Hastrick .	Councillor for Meriden Ward
Councillor Peter Jeffree .	Councillor for Park Ward
Councillor Malcolm Meerabux	Councillor for Park Ward

External Support and Information

Watford General Hospital

Eric Fehily . . .	Associate Director of Infrastructure
Kyle McClelland . . .	Associate Director of Strategic Development

Patient Advice and Liaison Service (PALS)

Hamed Zarin . . .	PALS Co-ordinator
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Officer Support

Watford Borough Council

Sandra Hancock . . .	Committee and Scrutiny Officer
Rosy Wassell . . .	Committee and Scrutiny Support Officer

PROPOSED RECOMMENDATIONS TO PRESENT TO OVERVIEW AND SCRUTINY COMMITTEE

Proposed Recommendations:

1. Information on concessions to be made clearer and available in an information booklet.
2. Parking charges to start at £2.50 for a two hour stay.
3. Stakeholders to be surveyed prior to increases in parking charges.
4. Vouchers to be offered in the event that visitors park for longer than their anticipated stay.
5. Pay on exit system to be introduced
6. Signage and information on the free '30 minute' bays to be improved.
7. Signage and information on parking areas for visitors to be improved.
8. Signs informing on slippery roads to be installed.
9. Signs to indicate distance to hospital reception to be installed.

BACKGROUND INFORMATION

At the meeting of the Overview and Scrutiny Committee on 23 June 2011 Members discussed the formation of Task Groups.

Following a proposal by Councillor Karen Collett, it was decided that a Task Group would be established to review “Hospital parking and its high charges” and that the scope be presented at the following meeting.

The scope for the review was approved at the meeting on 26 July 2011.

It was anticipated that the review would establish:

- The basis for the current charges
- The range of parking options and charges for patients, members of patients’ families and visitors.
- How parking costs compared with other Trusts locally
- Whether charges were ‘reasonable’
- Whether, were there options, these were known and understood by visitors.

At the close of the review, were it to be felt appropriate, recommendations to improve the parking and charging policy could then be forwarded to the Trust.

Prior to the meeting on 26 July 2011, five Councillors had expressed an interest in working on this review; it was agreed that these Councillors would form the membership of the Task Group.

The Task Group would comprise:

Councillor Karen Collett (Proposer)– Councillor for Woodside Ward
Councillor Ken Brodhurst – Councillor for Callowland Ward
Councillor Kareen Hastrick – Councillor for Meriden Ward
Councillor Peter Jeffree – Councillor for Park Ward
Councillor Malcolm Meerabux – Councillor for Park Ward

SUMMARY OF MEETINGS

First Meeting - 31 August 2011

For information, the Task Group had received the Watford General Hospital Transport and Parking Strategy and the Department of Health's 'Best Practice for the Implementation of Car Parking Charges'. They had also received a list comparing parking charges for hospitals within a 30 mile radius.

It was agreed that the Task Group produce a list of questions for the Associate Director of Infrastructure at Watford Hospital who had advised that he would be willing to attend a meeting in order to answer the group's questions.

Second Meeting - 5 October 2011

Both the Associate Director of Infrastructure and Associate Director of Strategic Development had been able to attend this meeting. They had previously submitted answers to questions from the group and expanded on these during the meeting. The document from the Directors is included within the appendices.

Members agreed that the representative from the Patient Advice and Liaison Service (PALS) be contacted to discover whether any feedback had been received with regard to parking at the hospital.

Third Meeting - 2 November 2011

The Group had received a letter from the PALS representative which had advised feedback and enquiries on parking provisions and charges at the hospital.

Members discussed:

- parking areas for visitors and staff
- signage
- concessions and information available on the subject
- the starting cost for parking charges
- methods of paying for parking and
- consultation with stakeholders.

Members then compiled a list of Recommendations for consideration.

Fourth Meeting - 1 December 2011

Members had further discussions on the Recommendations decided at the previous meeting.

Members agreed that the Recommendations should form the basis of the report to the Overview and Scrutiny Committee to be presented at the February 2012 meeting.

Final Meeting - 4 January 2012-01-06

Members discussed the draft report and made their final amendments prior to it being presented to Overview and Scrutiny Committee.

RECOMMENDATIONS

Recommendation 1 ~ Information on concessions to be made clearer and available in an information booklet.

Members had discussed the issue of concessions and had concluded that information on concessions was not readily available for patients and visitors and that the details that were provided were difficult to understand.

The Hospital Directors had replied that the availability of concessions was advised on:

- each pay and display machine,
- the hospital's website,
- on display boards in each ward,
- adjacent to lifts,
- in posters situated in well used public areas and
- on the concession application form.

Members had agreed that at times of stress, patients and visitors would be unlikely to notice the signs.

With regard to Members' concern that the details on concessions were difficult to understand, the Directors advised that the categories had recently been simplified and consequently more user-friendly and that the website included a simple table including permit types.

Members noted that the status of 'Active Carer', for whom concessions were available, would be determined by ward staff. It was assumed that visitors would ask whether they could have a concession under this category. Members considered, however, that it would not occur to most visitors that they would have such an entitlement.

Members suggested that an information booklet be provided offering all necessary information and that one such booklet be placed at each bedside and at a stand at the entrance to wards. Topics covered in the booklet could include a definition of who would be entitled to concessions in addition to the website table which explained permit types. Members asked that the term 'active carer' should be clarified in order to make the classification clear.

Members concluded that communication of information on concessions should be more pro-active and recommended that since staff in ward had little or no time to note which users might require this information, the information should be contained in a booklet available to all visitors.

Recommendation 2 ~ Parking charges to start at £2.50 for a two hour stay.

Members had considered the table of charges at other hospitals in the vicinity. They had noticed that charges at Watford General Hospital were the highest in the area at a starting payment of £4.00 for three hours; the daily rate was also considerably higher than at other hospital trusts. Members also compared charges for public car parks in Watford.

The Hospital Directors had advised that the charges reflected demand for parking in the area, the cost for providing parking facilities and the security and management's assessment of the average duration of visits to the site. It was noted that income was balanced against expenditure costs. He added that charges were consistent across the three sites at Hemel Hempstead, St. Albans and Watford.

With regard to the high cost of the first level of payment, the director advised that this cost had been chosen because most patients attended for a typical time span of over two hours. He added that a daily rate would tend to attract commuters and shoppers who would not be visiting the hospital.

Members considered that a parking charge starting at £4.00 for a three hour stay was too high. They decided that a two hour charge would be more reasonable and recommended £2.50 as a sensible fee.

Members also discussed the practice amongst car park users of passing on tickets which had time remaining on them.

Members determined that to start payment for a two hour time span would result in extra revenue for the car park as a lower charge for less time would be more acceptable for visitors. There would also be less time left on a ticket making it less likely that this would be passed on to other users.

Members agreed that they recommend that the parking charges start at £2.50 for two hours.

Recommendation 3 ~ Stakeholders to be surveyed prior to increases in parking charges.

At the meeting on 2 November 2011, Members noted that there had been no involvement in policy making and no survey on the raising of charges for parking.

The Task Group agreed that stakeholders should be consulted and that survey forms should be handed to patients whilst they waited for their appointments.

Recommendation 4 ~ Vouchers to be offered in the event that visitors park for longer than their anticipated stay.

Members discussed problems for visitors paying for parking at times of high emotion. The Task Group acknowledged that there would be situations when it was inevitable that visitors were obliged to stay later than they had intended frequently through circumstances beyond their control. Whilst a 'Pay on Exit' scheme would obviate there being any difficulty of exceeding time paid for, it was decided that, under the current system it should be possible to obtain a 'free' card which would enable parking for longer than had been anticipated.

In discussion, one Member advised that the voucher scheme would have inherent problems in that, whilst this was a good idea, it would be difficult to operate as claims would not always be justifiable. Members agreed that information on the voucher scheme should be included in the booklet as recommended in Recommendation 5 above and that vouchers should be offered at the discretion of nursing staff.

Members recommended that a voucher for unexpected car park use should be offered in order to alleviate patient and visitor stress.

Recommendation 5 ~ Pay on Exit system to be introduced

Members discussed the method of collecting parking charges and referred to the practice referred to in Recommendation 6 above whereby unexpired tickets were 'donated' to new arrivals.

A 'Pay on Exit' scheme would be a fairer method of payment and would result in a 100% collection rate. It was noted that in the event of an appointment or visit extending for longer than anticipated, the 'Pay on Exit' system would cause less worry to users concerned that their tickets had expired.

The Directors explained that a 'Pay on Exit' system would not be easy to install at Watford due to the location of the various car parks on the site.

In reply to the suggestion that a 'change station' be re-instated, the Directors advised that in the past the change station had been a regular target for vandalism and theft. The Directors added that a 'Pay by Phone' system had been installed.

The Chair commented that the overwhelming response from users had been that a 'Pay on Exit' system would be the best option for payment.

Members agreed that they would recommend that a 'Pay on Exit' system be installed.

Recommendation 6 ~ Signage and information on the free '30 minute' bays be improved.

During discussions on charges for parking, the Directors advised that '30 minute' parking bays were provided free of charge. They had advised that the Trust was attempting to improve the locations and signage of these bays.

Members agreed that signs to indicate where these bays were located were poorly situated and needed to be improved.

Recommendation 7 ~ Signage and information on parking areas for visitors could be improved.

Members discussed the parking areas for visitors and staff, several Members noting that it was unclear which parts of the car park were for staff and which for visitors.

Members agreed that signage was required to explain where visitors were allowed to park. Clear signs to indicate where the 63 'free' spaces for disabled users were located would also be wise.

Recommendation 8 ~ Signs informing on slippery roads to be installed.

Members noted the steep slope in the car park which could be hazardous in bad weather.

Members recommended that signs be installed to warn of slippery roads.

Recommendation 9 ~ Signs to indicate distance to hospital reception to be installed

Following the recommendation on signs to warn of hazardous conditions, Members considered that signs to indicate distance to the main hospital entrance would be wise.

Additional Comment

- Availability of Information

Members suggested that information and help should be available at the hospital reception desk.

BIBLIOGRAPHY AND APPENDICES

Bibliography

The following two documents were found to be useful

1. Department of Health Income Generation Car Parking charges ~ Best Practice for Implementation:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_062854.pdf

2. West Herts Hospitals' Transport and Parking Strategy:

http://www.westhertshospitals.nhs.uk/about/documents/WHHT_Transport_parking_strategy_version1.pdf

Appendices:

- Appendix 1: Scrutiny Review final Scope
- Appendix 2: Site map of Watford Hospital
- Appendix 3: Other Hospital Car Parking Charges
- Appendix 4: 'Harlequin' car park charges
- Appendix 5: Town centre car park charges
- Appendix 6: Letter from Patient Advice Liaison Service
- Appendix 7: Minutes 31.08.2011
- Appendix 8: Minutes 05.10.2011
- Appendix 9: Minutes 02.11.2011
- Appendix 10: Minutes 01.12.2011
- Appendix 11 Minutes 04.01.2012

Scrutiny Review – Final scope

<p>Proposer: Councillor/Officer</p>	<p>Councillor Karen Collett</p>
<p>Topic for scrutiny:</p>	<p>West Hertfordshire Hospitals NHS Trust - charges for parking at Watford General Hospital</p> <p>To review the present charging policy to establish</p> <ul style="list-style-type: none"> • The basis for the current charges. • The range of parking options and charges for patients, members of patients' families and visitors,
<p>Why has this topic been recommended for scrutiny?</p>	<p>Cllr Collett feels that Watford residents are penalised for using the hospital's services.</p>
<p>What are the specific outcomes the proposer wishes to see from the review?</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>
<p>Does the proposed item meet the following criteria?</p>	
<p>It must affect a group or community of people</p>	<p>Patients, their families and their visitors coming to Watford General Hospital.</p>
<p>It must relate to a service, event or issue in which the council has a significant stake</p>	<p>Healthcare and parking in Vicarage Ward</p>

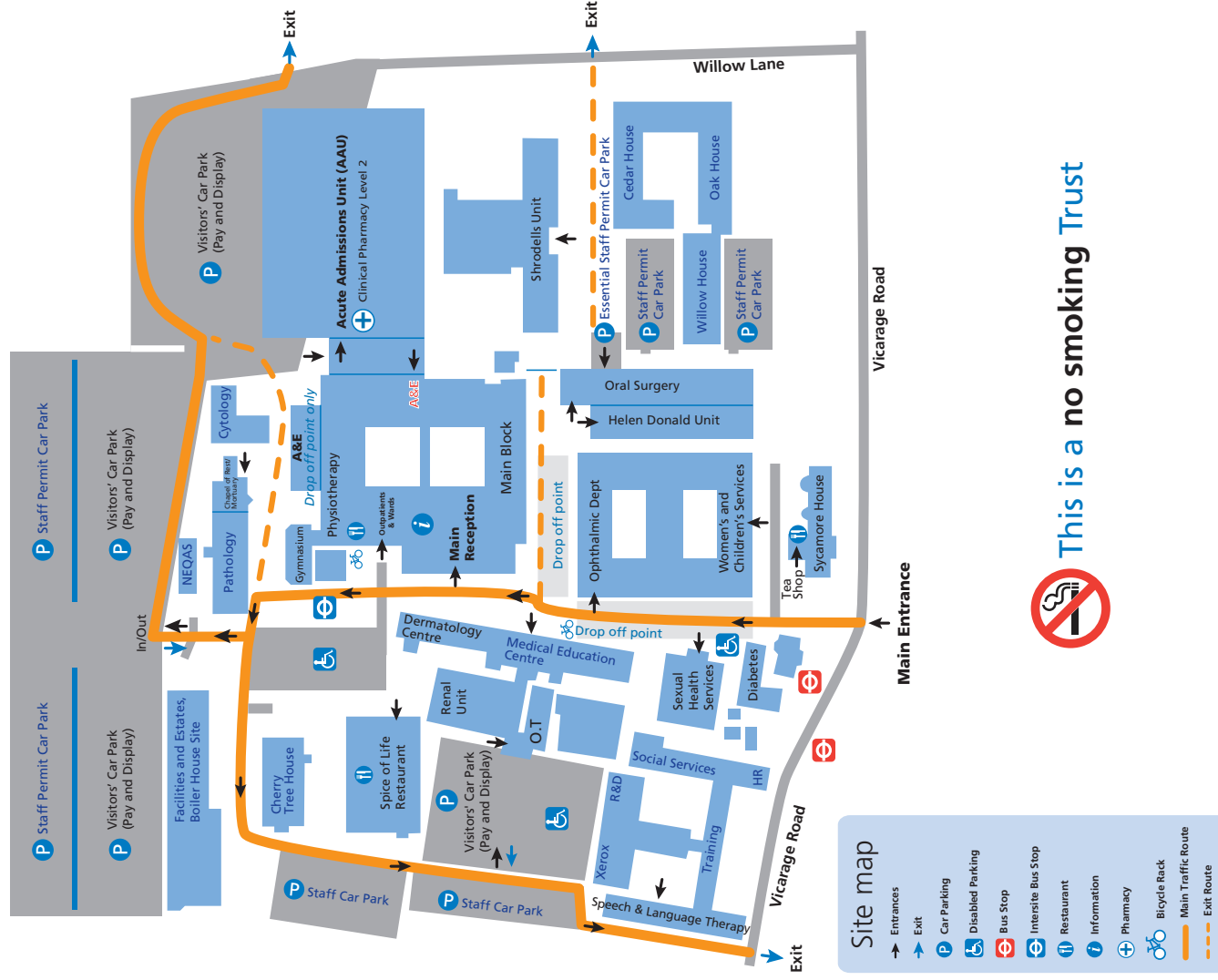
<p>It must not have been a topic of scrutiny within the last 12 months</p>	<p>Conforms.</p>
<p>It must not be an issue, such as planning or licensing, which is dealt with by another council committee</p>	<p>Conforms.</p>
<p>Does the topic meet the council's priorities?</p>	<p>1. Improve the health of the town and enhance its heritage 2. Enhance the town's 'clean & green' environment 3. Enhance the town's sustainability 4. Enhance the town's economic prosperity and potential 5. Supporting individuals and the community 6. Securing an efficient, effective, value for money council 7. Influence and partnership delivery</p>
<p>Are you aware of any limitations of time or other constraints which need to be taken into account?</p>	<p>No</p>
<p>Does the topic involve a Council partner or other outside body?</p>	<p>West Hertfordshire Hospitals NHS Trust</p>
<p>Please complete the 'sign off' section at the end of this document</p>	

The following section to be completed by Democratic Services		
Consultation with relevant Heads of Service <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 & Scrutiny Committee.</i>	
Has the relevant Head of Service been consulted?	Yes/no (if no, please give reason)	
Is this a topic which the service department(s) is able to support.	Include HoS comments here:	
When was the last time this service was the subject of a scrutiny review?	Never	
Scope Sign off		
Councillor/Officer M A Watkin, Chair of Overview and Scrutiny Committee	Date	Head of Service
	26/7/2011	date

Watford General Hospital

Department and Ward List *(alphabetical order)*

A Accident and Emergency (A&E)	Main Block	1	M Medical Photography	Oral Surgery/External Building	G
Acute Admission Unit (AAU)	External Building	-	Mortuary	Chapel of Rest/External Building	-
Admissions	Main Block	2			
Aldenharn Ward	Main Block	4	N Neonatal Unit (SCBU)	Women's and Children's Services	3
Alexander Birthing Centre	Women's and Children's Services	2	NEQAS (Staff only)	External Building	-
Antenatal Clinic	Women's and Children's Services	G			
Audiology	Main Block	2	O Oak House (Staff only)	External Building	-
			Occupational Therapy (OT)	External Building	G
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
C Cardiac Care Unit (CCU)	Main Block	3	Orthotics	Main Block	1
Cardiac Catheterisation Laboratories (CCU) Acute Admission Unit (AAU)	Acute Admission Unit (AAU)	2	Outpatients	Main Block	2
Cassio Ward	Main Block	3			
Cedar House (Staff only)	External Building	-	P Patient Advice and Liaison Service <i>(PALS)</i>	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 Services	G	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 <i>(Saturday and Sunday Only)</i>	Women's and Children's Services	G	Pre-Op Assessment	Main Block	3
Crowley Ward	Main Block	4			
Cytology	External Building	-	R Radiology	Main Block	2
			Rapid Assessment Unit (RAU)	Main Block	3
D Delivery Suite	Women's and Children's Services	3	Renal Unit	External Building	G
Dermatology Centre	External Building	G	Receipt and Delivery (Staff only)	External Building	1
Diabetes Centre	External Building	-	Rheumatology	Main Block	5
			Ridge Ward	Main Block	5
E Early Pregnancy Unit	Women's and Children's Services	G	Restaurant	Spice of Life/External Building	G
ECG	Main Block	3			
Elizabeth Ward	Women's and Children's Services	1	S 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	-
F Fetal Day Unit	Women's and Children's Services	G	Social Services	External Building	G
Flaunden Ward	Main Block	5	Speech and Language Therapy	External Building	1
Facilities (Hotel Services)	External Building	-	Starfish Ward	Women's and Children's Services	3
			Stroke Unit	Main Block	3
H 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	T Training Department	External Building	2
			Theatres (Main)	Main Block	6
I Intensive Care Unit (ICU)	Main Block	6	Toilets (Visitors)	Main Block 1,2,6	6
				Women's and Children's Services	G
K Katherine Ward (Postnatal)	Women's and Children's Services	2			
Knutsford Suite	Women's and Children's Services	2	V Vascular Lab	Main Block	5
			Victoria Ward (Antenatal)	Women's and Children's Services	2
L Langley Ward	Main Block	5			
League of Friends Tea Bar	Main Block	2	W Willow House	External Building	-
Letchmore Ward	Main Block	5			
M Maternity Ultrasound	Women's and Children's Services	G			
Maxillo Facial	Oral Surgery/External Building	G	X X-Ray Department	Main Block	2
Medical Education Centre	External Building	1	Xerox Print Room (Staff only)	External Building	G



HOSPITAL CAR PARKING CHARGES AT OTHER HOSPITALS

Hospital	Open	Costs	Payment Type	Spaces Provided	Drop Off area
Watford General	Monday to Sunday :24 hours	3 hours £4.00 5 hours £6.00 Day £12.00 (all tickets expire at midnight on day of purchase)	Pay & display Card	414 car parking 58 disabled spaces	Yes
Peace Children's Centre		FREE on site There is a free car park on site for families visiting the centre. The surrounding streets are limited to permit holders but there are local car parks near by		Not stated	
Spire Hospital, Bushey (3.5 miles)		FREE		Disabled spaces available	
BMI Bishop's Wood Hospital, Northwood (3.5 miles)		Limited Free parking in BW hospital Parking also at Mount Vernon Hospital, adjacent			
Mount Vernon, Northwood (3.5 miles)		Up to 30 mins FREE Up to 12 hrs £3.70 Up to 24 hrs £6.70 Each additional 24 hr period £19.00 Disabled FREE	Pay and display	Disabled spaces available	
Royal National Orthopaedic Hospital, Stanmore (4.5 miles)		Free onsite parking, primarily for blue badge holders			

HOSPITAL CAR PARKING CHARGES AT OTHER HOSPITALS

Hospital	Open	Costs	Payment Type	Spaces Provided	Drop Off area
Harefield (5 miles)		<p>"Car Parking at Harefield is managed by NCP and operates on a Pay and Display system for patients and visitors to the hospital. Daily charges are displayed at pay points in the car parks and are in line with charges at other Trusts." Average cost 80p per hour</p>	Pay and display	90 spaces 30 disabled spaces (not sure if included in the 90)	
Edgware Community Hospital, Edgware (6.5 miles)	24 hours, 7 days a week	Up to 2 hour £2.00 2-4 hours £2.50 4-6 hours £4.50 6-8 hours £6.00	Pay and Display	Limited number of spaces Disabled parking bays available, if full use other bays for free	
Northwick Park Hospital, Harrow St Marks Hospital, Harrow (8 miles)		Up to 1 hour £2.00 Up to 2 hours £4.00 Up to 5 hours £5.00 Up to 8 hours £7.50 Up to 24 hrs £10.00 5 & day passes also available No charge for disabled	1 x Pay on foot 3 x Pay & display	526 car parking 80 disabled spaces	
Hemel Hempstead General Hospital (8 miles)		Up to 3 hours £4.50 Up to 5 hours £6.00 All day £10.00 FREE for Blue Badge holders		163 car spaces 27 disabled spaces	
BMI Clementine Churchill Hospital, Harrow (8 miles)		Free parking on site			

HOSPITAL CAR PARKING CHARGES AT OTHER HOSPITALS

Hospital	Open	Costs	Payment Type	Spaces Provided	Drop Off area
St Albans City Hospital (8 miles)		Up to 3 hours - £4.00 Up to 5 hours - £6.00 All day - £12.00 All tickets expire at midnight	Pay and display	98 car spaces 13 disabled spaces	
Chalfonts and Gerrards Cross (8 miles)		Free car park in front of hospital entrance		There are car spaces and disabled spaces	
Barnet (8 miles)		Up to 1 hour £2.00 1 - 2 hours £3.00 2 - 4 hours £4.00 4 - 6 hours £6.00 6 - 24 hours £10.00	Pay and display	Designated blue badge spaces near entrances – free Visitors to ITU/paediatrics - £20 pm Patients and visitors - £11 weekly ticket	
BMI The Garden Hospital NW4 (9 miles)		Free car park			
Amersham (9.5 miles)		Up to 1 hour £1.00 Up to 2 hours £2.00 Up to 4 hours £3.00 Up to 8 hours £4.00 Up to 12 hours £5.00 Up to 24 hours £2.00 Up to 2 hours £6.00 7 days £10.00 Weekends £8.00	Pay and display	No information on website although mention is made that disabled spaces are free.	

HOSPITAL CAR PARKING CHARGES AT OTHER HOSPITALS

Hospital	Open	Costs	Payment Type	Spaces Provided	Drop Off area
Hillingdon (9.5 miles)	Limited parking available ~ public transport recommended	Up to 10 mins Free Up to 30 mins £1.10 Up to 1 hour £1.80 Up to 1 hr 30m £2.60 Up to 2 hours £3.00 Up to 10 hrs £3.70 Up to 24 hrs £6.70 Over 24 hrs £19.00 Additional 24 hr period £19.00	Some pay on foot some Pay and display	Disabled free Visitors of long-term inpatients can obtain concessionary parking permits with authorisation from the ward manager of the patient. Costs are: 1 week for £12.00 and 1 month for £25.00.	
Potters Bar Community (10 miles)	Limited free parking on-site Other parking on near-by residential roads.				
Harpenden Memorial (10 miles)	No on-site parking				
Spire Hospital, Harpenden (11.5 miles)		Car parking is Free		Disabled spaces also available but no info on numbers	
Queen Elizabeth II, Welwyn (16 miles)	Monday to Sunday: 24 hrs	20 minutes FREE 2 hours £2.90 5 hours £4.60 24 hours £6.80 Week £18.00 Month £20.00 3 months £30.00	Pay & display	227 car parking 19 Disabled spaces Motorcycle spaces (free)	Yes

HOSPITAL CAR PARKING CHARGES AT OTHER HOSPITALS

Hospital	Open	Costs	Payment Type	Spaces Provided	Drop Off area
Chase Farm Hospital (19 miles)		Up to 1 hour £2.00 1 -2 hours £3.00 2 – 4 hours £4.00 4 – 6 hours £6.00 6 – 24 hours £10.00		Designated blue badge spaces near entrances – free Visitors to ITU/paediatrics - £20 pm Patients and visitors - £11 weekly ticket	
Cheshunt Community Hospital (16 miles)	Parking is available at the nearby Council Car Park Charges apply Monday - Friday 6am - 6.30pm; Saturday 6am - 5pm:	Up to 30 minutes 30p Up to 1 hour 60p Up to 2 hours £1.40 Up to 3 hours £2.00 Up to 4 hours £2.80 Over 4 hours £5.80 Sundays and Bank Holidays FREE No charge for disabled spaces	Pay and display	Disabled spaces in car park	
Hertford County Hospital (16.5 miles)		0 – 20 minutes (drop off) free 0 – 2 hours £2.90 2 -5 hours £4.60 5 – 24 hours £6.80 weekly (from pay and display £18.00 Available from wards/departments for those visiting long stay patients monthly £20.00 3 monthly £30.00	Pay and display	Pay and display car park, limited spaces Drop-off area Reserved spaces for people with a disability parking permit.	

HOSPITAL CAR PARKING CHARGES AT OTHER HOSPITALS

Hospital	Open	Costs	Payment Type	Spaces Provided	Drop Off area
Lister, Stevenage (20 miles)	Monday to Sunday :24 hours	20 minutes FREE 2 hours £2.90 5 hours £4.60 24 hours £6.80 Week £18.00 Month £20.00	Pay & display	332 car parking 39 Disabled spaces Motorcycle spaces	Yes
Rivers Hospital, Sawbridgeworth (25 miles)	Private Hospital	Parking is Free			
Herts and Essex Community Hospital, Bishops Stortford (28.5 miles)		Up to 2 hours £1.00 Up to 4 hours £2.00 Up to 10 hours £5.00 U to 24 hours £8.00			
Royston Hospital (31 miles)	No parking available at hospital but council car park nearby Monday to Saturday 8.00 to 15.00. Free outside these hours.	At the Warren Public car park Up to 1 hour 50p Up to 2 hours £1.00 Up to 3 hours £1.50 Maximum £2.50 Month £65.00		Number of spaces: 115 Disabled parking not available	



THE
HARLEQUIN
 WATFORD

Parking Tariffs

	Kings, Queens, Palace and Church	Gade		Sutton	Gade - above Level 3
Up to 1 hour	£1.00	£1.00	Up to 1 hour	£1.00	£1.00
Up to 2 hours	£1.50	£1.50	Up to 2 hours	£1.50	£1.50
Up to 3 hours	£2.00	£2.00	Up to 3 hours	£2.00	£2.00
Up to 4 hours	£2.50	£2.50	Up to 4 hours	£2.50	£2.50
Up to 5 hours	£4.50	£4.50	Up to 5 hours	£4.50	£4.50
Up to 6 hours	£8.00	£8.00	Over 5 hours	£5.00	£5.00
Up to 7 hours	£12.00	£12.00	Out of hours	£5.00	£5.00
Over 7 hours	£16.00	£16.00			
Out of hours	£5.00	£5.00			

Lost tickets are charged at the full daily rate.

Car parks - council

The council operate several surface car parks within the borough. These are listed below together with their tariffs. All of the multi storey car parks in the town centre are operated by the Harlequin Centre - tel: 01923 250292 for further details or click on the link in the External links section.

Car park	Method of payment	Tariff	Season tickets
Bushey Arches WD19 at junction of Chalk Hill & Pinner Rd	Free	N/A	N/A
Radlett Road WD24 nr allotments/playing fields	Free	N/A	N/A
Longspring WD24 at junction of Longspring & St Albans Rd entrance Off Longspring	Pay and display	See below	N/A
Harebreaks WD24 at junction with The Harebreaks and St Albans Road	Pay and display	See below	N/A
The Avenue WD17 centre of round-a-bout entrance off Hempstead Rd	Pay and display Motorcycles free in signed bays only	See below	£400 for 6 months
Town Hall WD17 3EX rear of Town Hall entrance off Hempstead Rd	Pay and display Motorcycles free in signed bays only (see below for operational hours)	See below	N/A

Tariff for Longspring car park

Monday to Saturday 8.30am to 5.00pm

- Up to 1 hour - 50p
- 4 hours - £1.00
- Over 4 hours - £2.00

Tariff for The Harebreaks car park

Monday to Saturday 8.30am to 5.00pm

- 1 hour - 50p
- 4 hours - £1.00

Tariff for The Avenue car park

Monday to Sunday 7am until 6pm

- 1 hour - 60p
- 2 hours - £1.20
- 3 hours - £1.80
- 4 hours - £2.40
- All day to midnight - £5
- 6pm until midnight = £1.50 flat rate

Tariff for Town Hall car park (closed to the public until 4pm, Monday to Friday)

Monday to Friday

- 4pm until midnight = £1.50 flat rate

Saturday and Sunday, 7am until 6pm

- 1 hour = 60p
- 2 hours = £1.20
- 3 hours = £1.80
- 4 hours = £2.40
- All day to midnight = £5
- 6pm until midnight = £1.50 flat rate

There are a limited number of six monthly season tickets for The Avenue car park. Please telephone the Parking Shop on 01908 223508 for availability.

If you experience any problems with the pay & display machines, tel: 01908 265265. Available 24 hours.

Disabled Badge Holders - please note: there are special wide disabled bays in the pay and display car parks, however **you are required to purchase a ticket** as well as displaying your badge.

Patient Advice and Liaison Service

Watford General Hospital
Vicarage Road
Watford Hertfordshire
WD18 0HB

Tel: 01923 217198

Fax: 01923 217245

Ms Rosy Wassell
Committee and Scrutiny Support Officer
Legal and Property Services
Watford Borough Council
Town Hall
Watford
WD17 3EX

26th October 2011

Dear Ms Wassell,

Thank you for your e-mails dated 7th October 2011 and 24th October 2011. In response to your request from Patient Advice and Liaison Service (PALS) relating to car parking provisions and charges at Watford General Hospital, I am pleased to provide the following information:

For the second quarter of the current financial year (1st July 2011 to 30th September 2011), PALS received 413 enquiries, seven of which related to car parking at the Trust. More specifically, five of these related to Watford General Hospital, with the remaining two related to St Albans City Hospital.

Of these seven enquiries, five primarily related to concessionary car parking and the factors in order to reach the criteria for entitlement. In these instances, each person met the criteria and was satisfied with the advice given.

It is also worth noting here that PALS did not receive any enquirers complaining that they felt the criteria were unjust.

One instance involved an error in the car parking machine which resulted in the enquirer being reimbursed car parking money, and the final one related to a patient requesting information about the car park and advocating the use of stronger signage. In response, it was explained that a number of signage improvements have been made across the three hospital sites, and that car parking attendants are now taking a more prevalent role in order to direct drivers. A security hut is also now located at the entry of the hospital, where patients and visitors can ask questions about car parking.

Four of the five enquiries also commented on the cost of car parking. In these instances the rationale for the cost of car parking was explained to the enquirer. Other options of concessionary parking were also explained to the individuals concerned.

Further examining the seven PALS enquiries, individuals have not complained about the £4 charge but more about long term parking. Information about concessionary parking has been provided and is available at main reception, on the wards, posters displayed throughout the sites, notice boards, on the Trust website and circulated through press releases, and on car parking machines. E-mails explaining the criteria and copy of concessionary parking form are sent to the Matrons, Departmental Managers and Divisional Managers for the respective areas. I can also confirm that PALS have not received any complaints relating to the availability of 30 minutes free spaces.

From a formal complaints perspective, the complaints received relating to car parking are a similarly low percentage, and the majority of these relate to cost. Please do not hesitate to contact Mark Jarvis (Associate Director for Patient Experience and Feedback) through the address above or email mark.jarvis@whht.nhs.uk should you require a statistical breakdown from the formal Complaints department.

I hope this has given you a sufficiently comprehensive analysis of hospital car parking from PALS' perspective. However, if you should have any more questions please do not hesitate to contact me.

Yours sincerely

Hamed Zarin
Patient Advice and Liaison Service Coordinator
Patient Advice and Liaison Service

HOSPITAL PARKING CHARGES TASK GROUP

31 August 2011

Present: Councillor Collett (Chair)
Councillors Brodhurst, Hastrick, Jeffree and Meerabux

Officer: Committee and Scrutiny Officer
Committee and Scrutiny Support Officer

1. ELECTION OF CHAIR

The Task Group was asked to elect a Chair for the Task Group.

AGREED

that Councillor Collett is elected Chair of the Hospital Parking Task Group.

2. APOLOGIES FOR ABSENCE

There were no apologies for absence.

3. DISCLOSURES OF INTEREST

There were no disclosures of interest.

4. SCOPE FOR THE TASK GROUP AND DISCUSSION

The Task Group reviewed the scope and the documents with which they had been provided and advised that they considered that sufficient information had been included.

The Committee and Scrutiny Officer suggested that were they to require any additional information they could contact the Committee and Scrutiny Support Officer and she would research the required information.

ACTION: All (if required)

The Committee and Scrutiny Officer suggested that Members might wish to produce a list of questions for the Associate Director, Strategic Developments, at Watford General Hospital who had advised that he would be willing to attend a meeting of the task group to answer queries. The Associate Director would then be able to research the questions prior to attending the meeting.

Concessions

Members addressed the issue of concessions. They considered that information on concessions was not readily available for patients and visitors and that those details that were provided were difficult to understand.

Members discussed the possibility of using public transport to travel to the hospital. It was noted, however, that most patients were elderly or physically frail and were consequently unable to use this method of travel.

Members wished to ask the Associate Director:

- How patients and visitors could make use of concessions
- How information was communicated to patients and visitors and whether staff on the wards were fully aware of concessions available.
- Whether the information on concessions could be communicated to patients and visitors in a simpler way.

Scale of Charges and Use of Revenue

Members discussed parking costs and noted that charges for Watford were the highest in the area at £4.00 for three hours; the daily rate was also considerably higher than at other hospital trusts.

The Committee and Scrutiny Officer advised that the Task Group needed to consider whether the hospital used revenue collected from parking charges in order to fund services. Consequently any cuts in the charges could have a direct impact on services provided.

One Member suggested that the high costs in the car park were intended to discourage drivers parking and then walking to the town centre.

Another Member said that high costs for parking would discourage car use thus promoting energy saving. The Member added that a comparison could be made between costs in town centre car parks and parking at the hospital.

ACTION: Committee and Scrutiny Support Officer

Questions for the Associate Director on the issue of charges included:

- Why charges for parking started at £4.00.
- How the charges were calculated (to include calculation for staff parking)
- What revenue was raised by Watford General Hospital's charges during the period 2009/2010 and whether this information could be publicised.
- Could a breakdown of the costs and also use of funds be provided

Methods of Revenue Collection

Members discussed methods of parking charges' collection. It was considered that the 'Pay and Display' option could lead to a loss of revenue through visitors 'donating' unexpired tickets to new arrivals whereas 'Pay on Exit' would result in 100% collection. Members noted the disadvantages of this method which included higher capital costs.

One Member stated that in the past a 'change station' had been provided for visitors who did not have the correct coins; this facility was no longer available. Another Member said that whilst it was possible to pay by debit or credit card this resulted in the addition of an extra 30p to the cost.

The Committee and Scrutiny Officer said that questions would be compiled by the Support Officer and then sent by email to Members. She asked that Members then added any further questions they had and return the completed information to Democratic Services. Once completed the questions would be forwarded to the Associate Director in preparation for the next meeting.

ACTION: Task Group members and Committee and Scrutiny Support Officer

In reply to a Member, the Committee and Scrutiny Officer said that the Associate Director might be able to advise on other organisations who could be consulted.

The Disability Forum was suggested as a useful group to contact; the Chair added that it would be beneficial to contact the Patient Advice and Liaison Service (PALS).

ACTION: Committee and Scrutiny Support Officer

AGREED –

that the Associate Director, Strategic Developments, be invited to a future meeting to answer queries raised by Members.

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

- To be confirmed

Members agreed that 6.00 p.m. would be the optimum time to hold the meeting.

The meeting started at 6.00 p.m.
and finished at 7.00 p.m.

Chair
Hospital Parking Charges Task Group

HOSPITAL PARKING CHARGES TASK GROUP

5 October 2011

Present: Councillor Collett (Chair)
Councillors Brodhurst, Hastrick and Jeffree

Also Present: Eric Fehily – Associate Director of Infrastructure
Kyle McClelland – Associate Director of Strategic Development

Officer: Committee and Scrutiny Support Officer

6. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Meerabux

7. NOTES OF THE MEETING ON 31 AUGUST 2011

The notes of the meeting on 31 August 2011 were agreed and signed.

8. QUESTION AND ANSWER SESSION WITH ERIC FEHILY AND KYLE MCCLELLAND, WATFORD GENERAL HOSPITAL

The Committee had invited the Directors to the meeting in order to answer their queries on parking strategy at Watford General Hospital (WGH). Eric Fehily tabled a document which addressed these queries and both directors also gave verbal answers to Members' questions.

How can patients and visitors make use of the concessions?

Eric Fehily had answered that eligible patients could request a concession form at the Patient Advice Liaison Service, the Front Reception and at ward receptions. He advised that the Trust's Car Parking Strategy had recently improved concession arrangements for the majority of patients. Kyle McClelland added that three categories of concessions were currently available to patients and visitors: frequent users, long-term users and those giving active care to patients within the hospital.

How is information on concessions communicated to patients and visitors?

Eric Fehily advised that the availability of concessions was advised at each Pay and Display machine, on the hospital website, on display boards in each ward, at positions adjacent to lifts, on posters in well-used areas of the Trust and also on the concession application form.

In reply to a query, Eric Fehily said that patients would need to ask whether they were entitled to concessionary parking and at that point they would be advised which concessions were available to them.

Could the information be made more user-friendly – could this information be advised/communicated to patients and their families more simply

Eric Fehily considered that the recent review of parking concessions had made the categories more simple and he advised that the website included a simple table explaining permit types.

The Chair pointed out that elderly patients were unlikely to have internet access. She added that staff on the wards did not always inform patients of the concessions and suggested that a pamphlet could be prepared to outline availability.

Eric Fehily responded that this type of pamphlet had already been prepared. The Chair, however, confirmed that she had not seen any and asked whether the concessions applied to patients to Emergency services.

Eric Fehily replied that A & E visitors would not necessarily qualify but that a pamphlet should be placed by each bed. He advised that he would raise this issue at the hospital.

Another Member noted that patients who had serious worries about their health were frequently unable to think coherently and would possibly miss the notices when their greatest concerns were their health problems.

Eric Fehily stressed that the parking facility was not intended to be for the collection of extra revenue but to provide a service for visitors. Kyle McClelland advised that charges could now be paid by phone; visitors could then top-up their payment by phone without the need to return to their vehicle.

Concession information is very complicated – could these charges be explained to Members

Eric Fehily said that concessions were simple to understand as they had been narrowed to only three categories. These were:

- a) Frequent Users who attended more than once each day or more than twice per week for up to four weeks
- b) Long term users who attended more than twice per week for a period in excess of four weeks.
- c) Active Carers who actively participated in the care or rehabilitation of an in patient.

He added that all wards had been provided with the new concession forms and that attempts had been made to make the process more simple.

In reply to a question from a Member, Kyle McClelland advised that the status of an 'Active Carer' in this situation was determined by ward staff. It was assumed that the visitor would ask whether they could have a concession under this category.

Members felt that visitors would not realise that they could be considered as an 'Active Carer' as there was some confusion in what this term defined. One Member said that it would not occur to most visitors that they fulfilled the criteria; he advised that ward staff should be aware which visitors could benefit by using this particular form of concession.

Staff on the wards do not seem to have any information on concessions – is this information provided to staff?

Eric Fehily confirmed that information on concessions was available to all staff. He added, however, that it had been noted that some wards had been using an out-of date form; he understood that this problem had been addressed.

Members' experience showed that this information was not being disseminated to visitors.

Erich Fehily agreed that assistance in this respect varied over the wards and that there was a need to ensure that all ward staff were fully informed on this issue.

Why does the scale of charges start at £4.00? This is considered to be very high in comparison to other hospitals.

In the document which he had produced, Eric Fehily noted that the charges at WGH reflected the demand for parking in the area, the cost of that provision and an assessment of the average duration of visits to the site. He added that charges were consistent across the three sites: Hemel Hempstead, St Albans and Watford.

Eric Fehily advised that there were 30 minute parking bays which were provided free of charge; he had noted in the document that the Trust was trying to improve the locations and signage of these bays. Free parking was provided for disabled users. He said that in the past complaints had focused on insufficient parking spaces; significantly more parking facility was now provided.

One Member pointed out that parking charges generally started at a low cost and then increased; were a visitor to stay for only one hour the charge would still be £4.00.

Kyle McClelland advised that the starting cost of £4.00 resulted in a balance between income and expenditure to maintain the car parks. He explained that this cost had been chosen because most patients attended for out-patient visits and were typically on site for over 2 hours.

In reply to a comment from one Member that it was unusual to find no concession for daily rates, Kyle McClelland said that a daily rate would tend to attract commuters and shoppers and that the Trust wished to discourage day-long parking for non hospital visitors.

The meeting compared charges for parking at other hospitals and observed that charges at the Luton and Dunstable, Lister (Stevenage) and Barnet and Chase hospitals were comparable. Members noted, however, that charges at a number of hospitals were cheaper.

How are costs for parking calculated? Could the extrapolation of charges (page 15 DoH Income Generation) be demonstrated?

Eric Fehily answered that costs were calculated according to demand. He noted that income was balanced against expenditure costs which included capital charges, the depreciation of assets and 3¹/₂% financing charge. He added that the accounts were audited.

In reply to a Member's query, Kyle McClelland said that pricing was set to discourage driving in so far as this was possible. Eric Fehily added that staff were encouraged to cycle or walk to work; it was hoped that staff would also use the Croxley Rail Link when it was opened. Methods of subsidising transport included: a free bus service for staff and patients, a non-emergency ambulance service and volunteer drivers.

Eric Fehily informed the meeting that a considerable sum had been required to repair the snow damage caused during the previous winter.

How much of the £909,401 on page 38 was raised by WGH?

The annual income had not been broken down by site.

Could hospital publicise how revenue from the car parks is used? – with a breakdown of costs and use of funds

The Trust's policy, which could be viewed on the website, demonstrated the breakdown of costs incurred in providing, managing and maintaining the car parks. No costs had been included in respect of the free inter-site bus service. It was noted that were this service not provided, parking demand would be higher resulting in further costs.

Please give an example of how staff are charged to park.

All staff paid a fixed percentage of their annual salary, currently 0.05%. This was paid on a monthly basis but was subject to change. A member of staff earning £25,000, for example, would pay £12.50 per month for their permit.

Kyle McClelland then explained the Trusts' 'Salary Sacrifice'. He said that there was provision for car lease and a bike scheme, payment from salary being taken before tax, National Insurance and Pensions. He advised that the take up had been limited.

In the past a 'change station' was available. Could this be re-instated?

Kyle McClelland said that the former change station had been the target for vandalism and theft. It was noted that visitors now had the facility to pay by phone.

Why was the Pay and Display system chosen rather than Pay on Foot/Barrier?

One Member noted that with the current method of payment, visitors who had unexpired time on their tickets when leaving the site frequently offered their tickets to visitors who were just arriving. He advised that this was not only a loss in revenue but also did not accurately reflect parking needs. He suggested that a 'pay on exit' system would be a fairer method of payment and would result in 100% collection of revenue.

Kyle McClelland replied that the professionals who had considered parking payment had concluded that this the best system of collection; he added that when barriers failed to work long queues resulted with concomitant chaos.

Eric Fehily advised that a pay on exit system would not be easy to install at WGH as there were several car parks spread around the site and that in some situations the installation of barriers would be physically impossible.

The Committee then discussed disabled parking provision.

Eric Fehily advised that there were two main zones: 17 spaces near the main Princess Michael of Kent building and another 12 spaces near the Acute Admission Unit. Additional spaces could be found outside the Maternity and Renal units and by the estates office for disabled staff. He added that 6% of spaces were designated disabled bays which was more than the standard requirement. The 'drop off' zone also had dedicated places for disabled visitors.

Kyle McClelland reminded the meeting that people with the disabled badge may park in any of the spaces and that there would be no charge where a 'blue badge' were to be displayed.

Eric Fehily agreed that signage for the 30 minute free parking facility needed to be improved and that he would report this back to the Trust.

The Chair thanked both Eric Fehily and Kyle McClelland for their time in attending the meeting, for answering Members' questions and for their clear explanations.

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

It was decided to hold the next meeting at 6.00 p.m. on Wednesday 2nd November 2011.

Members suggested that the Patient Advice and Liaison Service be contacted to determine whether feedback has been received from visitors with regard to parking at the hospital.

ACTION: Committee and Scrutiny Support Officer

Chair
Hospital Parking Charges Task Group

The meeting started at 6.00 p.m.
and finished at 7.10 p.m.

HOSPITAL PARKING CHARGES TASK GROUP

2 November 2011

Present: Councillor Collett (Chair)
Councillors Brodhurst (for minute numbers 12 and 13), Hastrick,
Jeffree and Meerabux

Officer: Committee and Scrutiny Support Officer (RW)

10. APOLOGIES FOR ABSENCE

There were no apologies for absence.

11. NOTES OF THE MEETING ON 5 OCTOBER 2011

The notes of the meeting on 5 October 2011 were agreed and signed.

12. REVIEW OF ANSWERS FROM PATIENT ADVICE AND LIAISON SERVICE, WATFORD GENERAL HOSPITAL

Members had had sight of a letter from the Patient Advice and Liaison Service (PALS) representative at Watford General Hospital. The Chair noted that of the seven complaints on car parking received, five had related to Watford.

Signage

The Chair pointed out that the letter said that a number of signage improvements had been made across the three sites at Watford, St. Albans and Hemel Hempstead. She noted, however, that no improvements appeared to have been actioned at Watford; she reminded the task group that the hospital directors who had attended the previous meeting had said that work on these improvements was on-going.

One Member advised that signage for the 30-minute 'free' bays was not good.

Members AGREED that signage and information about the 30 minute bays should be improved.

The Task Group discussed parking areas for visitors and staff. Several Members noted that it was unclear which parts of the car park were for staff and which for visitors.

Members AGREED that improved signage was required to distinguish where visitors could park.

Members noted that the sloping nature of the car park could be hazardous in bad weather and AGREED that signage warning of slippery roads would be prudent. Members also suggested that it would be wise to indicate the distance from the entrance to the hospital reception.

Concessions and Payments

Members discussed methods by which information on parking concessions was disseminated to patients and visitors. The letters from the PALS representative advised that emails explaining the criteria and a copy of the concessionary parking form were sent to Matrons, Departmental Managers and Divisional Managers. Members noted that this information was not always filtered through to those who needed this information.

One Member referred to the minutes of the previous meeting and noted that the Associated Director of Strategic Development had said that some wards had been using out-of-date forms. He advised that all ward staff should be aware of the concessions which were available.

Members also discussed concessions for carers. They noted that whilst ward staff would define who qualified as a carer, it was the carers themselves who must make the application for a concession. One Member said that nursing staff should not necessarily be responsible for making decisions on concessions; this task should be performed by the ward administrator. She added that the ward administrator should notice 'patterns' of visiting and advise of concessions where appropriate. Other Members pointed out that it would not necessarily occur to visitors that they would be entitled to concessions and that ward staff should be more pro-active in proffering information.

Information Availability

Several Members said that they had visited the hospital and had been offered very little information and neither had they found information leaflets. One Member suggested that a booklet could be prepared giving all necessary information; one booklet could then be placed at each bed. Members agreed that this would be helpful for visitors and would not cut into nurses' time. Topics covered in the booklet could include a definition of who would be entitled to concessions. The booklet should be available to both patients and visitors and should be prominently displayed not only by the bedside but also on a stand at the entrance to the wards.

Payment

One Member stated that he was unconvinced that parking charges should start at £4.00 for a three hour stay. He felt that a two hour charge would be more reasonable and suggested £2.50 as a sensible fee.

Members AGREED that the parking charge should start at £2.50 for a two hour stay.

Members discussed the difficulties inherent in paying for parking at the hospital. They noted that at times of high emotion, payment for parking would not be at the forefront of visitors' minds.

Another Member said that appointments frequently took longer than had been anticipated and that a 'pay on exit' system would be preferable. A further Member reminded the group that the Directors had advised that this system would be difficult to operate due to the fragmented nature of the site.

Members noted that the small car park near the restaurant had two means of exit and AGREED that the exit onto Vicarage Road should be made 'one-way'.

Consultation

Members noted that there had been no consultation on increases in charges.

The Chair advised that there had been no involvement in policy making and agreed that there had been no survey on raising the charges for parking. She considered that patients should be consulted in these matters.

One Member considered that this would not be feasible as it was unlikely that much feedback would be received.

The Chair suggested that survey forms could be handed out whilst patients waited for blood tests.

Members AGREED that stakeholders should be surveyed prior to charges being increased.

Other Matters

One Member recommended that offers of help should be available at hospital reception.

Members advised that in some situations it was inevitable that visitors were obliged to stay later than they had intended due to exceptional circumstances. One Member suggested that in such a case and where the time paid for had expired it should be possible to obtain a 'free' card which would enable parking for longer than had originally been anticipated.

Members AGREED that a voucher for unexpected car park use should be offered.

Recommendations:

1. Signage and information on the free '30 minute' bays be improved.
2. Signage and information on parking areas for visitors could be improved.
3. Signs informing on slippery roads to be installed.
4. Signs to indicate distance to hospital reception to be installed
5. Information on concessions to be made clearer and available in an information booklet.
6. Parking charges to start at £2.50 for a two hour stay.
7. The exit onto Vicarage Road to be made a 'one way' exit.
8. Stakeholders to be surveyed prior to increases in parking charges.
9. Vouchers to be offered in the event that visitors park for longer than their anticipated stay.

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

Members proposed that the next meeting be at 6.00 p.m. on Wednesday 30th November 2011.

Chair
Hospital Parking Charges Task Group

The meeting started at 6.00 p.m.
and finished at 7.00 p.m.

HOSPITAL PARKING CHARGES TASK GROUP

1 December 2011

Present: Councillor Collett (Chair)
Councillors Brodhurst, Hastrick, Jeffree and Meerabux

Officer: Committee and Scrutiny Support Officer (RW)

14. APOLOGIES FOR ABSENCE

There were no apologies for absence.

15. NOTES OF THE MEETING ON 2 NOVEMBER 2011

The notes of the meeting on 2 November 2011 were agreed and signed.

16. RECOMMENDATIONS TO PUT FORWARD TO OVERVIEW AND SCRUTINY COMMITTEE

The Chair asked the Committee whether they had any changes or amendments to make to the list of Proposed Recommendations.

Recommendation 1 – '30 minute bays'

The Chair informed the meeting that she had visited other hospitals where signage for 'free' parking was more visible than at Watford.

Recommendation 5 – Concession Information/User Booklet

One Member recommended that the dissemination of information on concessions should be more pro-active; at present it appeared that users were expected to request this information rather than be offered.

The Chair stressed that staff in wards did not have the time to look for users who might require this information. She reiterated the need for a booklet which included information on available concessions.

A Member suggested that the term 'main carer' should be used in order to make the information clear.

Recommendation 6 - £2.50 charge

Members agreed that to start payment at a two hour stay for £2.50 would result in extra revenue from the car park. It was noted that visitors who were leaving currently passed tickets on to drivers who were just arriving at the car park; this resulted in a loss of payment. It was felt that a lower charge for less time would be more acceptable for visitors; there would also be less 'time' left on a ticket making it less likely that this would be passed on.

One Member noted that a lower charge would also result in less 'free' parking in neighbouring residential streets.

Recommendation 7 – exit onto Vicarage Road

One Member considered that this Recommendation should be drafted as a 'suggestion' rather than as a Recommendation.

Recommendation 8 – Survey of Parking Charges

One Member drew attention to parking costs for staff at the hospital which were relatively low. He reminded Members that the Directors had explained that parking costs were such as to balance expenditure against income. The Member advised it would be wise to balance the relative costs of staff and visitors to the hospital more equably.

The Member agreed that revenue was needed and that there should be balance within the accounts but questioned whether it was fair that the public charge was so high compared to that of the staff. He suggested that the whole system of charging should be re-considered.

Another Member reminded the meeting that the Directors had advised that the Hospital Management would be looking at charges for staff in the future.

Members discussed their support for this review which it was hoped would ensure an overall balance in charges for all users.

A further Member advocated a 'progressive' charging system for staff; he agreed that stakeholders should be consulted on parking costs.

A Member advised that the report should make mention of the Task Group's support of the review of staff parking charges and to ask that it ensured that charges for staff were progressive in order to protect lower paid staff.

The Task Group discussed the use of public transport in lieu of driving to the hospital. Whilst it was agreed that there were good bus routes these were not always useful; Members noted some staff would be on late night shifts when buses would not be running.

Recommendation 9 – Vouchers

One Member advised that, whilst this was a good idea, it would be difficult to operate as it would not always be justifiable. He said, however, that where a longer stay than anticipated had occurred through no fault of the patient, such as an appointment running late, this would be sensible. He added that it was frequently beyond the patient's or visitor's control to return to their vehicle within the specified time.

Another Member advised that staff did not have the time to note which patients might need vouchers but were the information contained in a comprehensive booklet this would be useful.

The Chair added that she had seen no notices about available concessions in the Reception area.

One Member suggested that vouchers should be offered at the discretion of nursing staff.

Members agreed that information on extended time in such cases should be available to users and should be clearly stated in a booklet.

Charging Methods

One Member said that the current method of paying for parking, ie. 'Pay and Display' was an area of concern.

The Task Group agreed that 'pay on exit' would be a better option and that this should be included in the report. The Chair advised that, having asked many users their opinion, the overwhelming response had been that this method would be the optimum.

A Member noted that the Hospital Directors had advised that all options had been considered

17. **ANY OTHER BUSINESS**

Patient Advice and Liaison Service

The Patient Advice and Liaison Service (PALS) representative had asked for feedback on the information he had passed on to the Task Group.

Members agreed that the information he had supplied had been helpful and that thanks should be forwarded to him.

ACTION: Committee and Scrutiny Support Officer

It was agreed that the PALS representative would be forwarded a copy of the report and that he should be advised that he could attend the Overview and Scrutiny meeting on 2nd February 2012.

Date of next meeting

The next meeting to be on Wednesday 4th January 2012.

Chair
Hospital Parking Charges Task Group

The meeting started at 6.00 p.m.
and finished at 6.40 p.m.

HOSPITAL PARKING CHARGES TASK GROUP

4 January 2012

Present: Councillor Collett (Chair)
Councillors Brodhurst, Hastrick, Jeffree and Meerabux

Officer: Committee and Scrutiny Officer

18. APOLOGIES FOR ABSENCE

There were no apologies for absence.

19. NOTES OF THE MEETING ON 1 DECEMBER 2011

The notes of the meeting on 1 December 2011 were agreed and signed.

20. DRAFT REPORT FOR OVERVIEW AND SCRUTINY COMMITTEE

The Task Group reviewed the draft report and considered any amendments that needed to be made prior to the final report being presented to Overview and Scrutiny Committee on 2 February.

The Committee and Scrutiny Officer advised that she was aware there were a few typographical errors in the report and these would be amended prior to the final version being published.

It was noted that Councillor Collett was a Councillor for Woodside Ward and not Meriden as referred to on the first page of the report.

The Task Group agreed to change the order of the recommendations. It was felt that the recommendations referring to the charges should be at the beginning as they were more relevant to the review's scope.

The following amendments were added to the recommendations.

Original Recommendation 3 – Signs informing on slippery roads to be installed

The Task Group requested that the following sentence was added to the explanation for this recommendation –

“They also suggest that measures be taken to make it safe for pedestrians and road users.”

Original Recommendation 5 – Information on concessions to be made clearer and available in an information booklet.

It was agreed that the final sentence of the penultimate paragraph would be amended to read –

“Members asked that the term ‘Active Carer’ should be clarified in order to make the classification clear.”

Original recommendation 8 – Vouchers to be offered in the event that visitors park for longer than their anticipated stay.

Members discussed this recommendation and how it might be operated. It was agreed that the recommendation would be retained but the final sentence would be expanded. It would be amended to read –

“Members recommended that a voucher for unexpected car park use should be offered in order to alleviate patient and visitor stress.”

Original recommendation 9 – Pay on Exit system to be introduced

The Chair noted that the explanation indicated that users had responded that they were in support of a ‘Pay and Display’ system. She said that this was incorrect. The Committee and Scrutiny Officer advised that the notes from the previous meeting clearly stated that users had been in favour of a ‘Pay on Exit’ system.

It was agreed that the final two paragraphs would be amended to the following –

“The Chair commented that the overwhelming response from users had been that a ‘Pay on Exit’ system would be the best option for payment.

Members agreed that they would recommend that a ‘Pay on Exit’ system be installed.”

Other matters of concern for the Group

The Task Group discussed the reference to the exit from the small car park near the Spice of Life restaurant. It was noted that the exit which permitted egress on to Vicarage Road was a one-way street. It was agreed that this reference could be removed from the report.

Final Report

The Committee and Scrutiny Officer informed the Task Group that the final report would be presented to Overview and Scrutiny Committee on 2 February. It was agreed that the appendices would not be attached to the report for that meeting. The Committee and Scrutiny Officer advised that she would have a set

available at the meeting in case there were any questions about them.

It was agreed that the final approved report would be circulated to the hospital representatives. It would also be circulated to the representative from PALS and the Council's Executive for information.

21. **ANY OTHER BUSINESS**

There was no other business.

Chair
Hospital Parking Charges Task Group

The meeting started at 6.00 p.m.
and finished at 6.30 p.m.