

APPENDIX 'A'

RUNNYMEDE BOROUGH COUNCIL

REVIEW BOARD

9 OCTOBER 2008

REPORT OF REVIEW OF CAR PARKING PROVISION AT ST. PETER'S HOSPITAL, CHERTSEY

1. At its meeting on 9 October 2008, the Board reviewed car parking provision at St Peter's Hospital, Chertsey. The Chairman had asked for the review because of public concerns about the adequacy of the provision and the ability of patients, visitors and staff to adequately access the site and its services.
2. The Board welcomed three representatives of the Ashford and St Peter's Hospitals NHS Trust to the meeting. These were the Finance Director, the Capital Projects Manager, and the Acting Facilities Manager, who advised the Board on the Trust's policies.
3. The Trust representatives were asked to advise on what policies the Trust had for parking at St Peter's Hospital in the future, whether the Trust intended to produce a comprehensive plan of proposed parking provision either as a separate document or as part of a planning masterplan, and whether the Trust had plans to implement previously approved decked car parking. They were also requested to provide an update on progress regarding the implementation of the St Peter's Travel Plan and its impact, as well as current and future plans for parking management at the site and measures to promote alternative means of transport to and from the site.
4. St Peter's Hospital was a 490-bed acute hospital in an isolated semi-rural area providing a wide range of health care facilities situated in 21 hectares of Green Belt parkland to the west of Chertsey, accessed via the A320 roundabout on Guildford Road near junction 11 of the M25 motorway. The hospital had a secondary access off the B386 Holloway Hill on its north-western boundary. St Peter's took patients from a wide catchment area covering north west Surrey and west London. Most of the patients were from Surrey rather than the Greater London area, with the largest proportion being from the environs of Woking.
5. In 2006 there were 476 pay and display parking spaces at St Peter's Hospital for patients and visitors, in six different locations (309 in the main out patient car park) and 19 spaces which provided for 20 minutes free parking. Staff parking comprised a total of 675 spaces in 18 different locations.
6. Planning permission had been granted for a decked car park at the Hospital site in February 2007 (RU 06/1220) which gave a net increase of 164 patient spaces and 38 spaces for staff. A revised scheme was later approved (RU 07/1244), which would reconfigure the car park and reduce the number of spaces by 10. In granting permission for this development, the Council had balanced the need to provide for sustainable transport with the operational needs of a 24 hour health facility serving a wide area. Although the County Highways Authority had objected to the proposal, the Government Office for the South East (GOSE) had decided not to 'call-in' the application, allowing it to be determined locally. Whilst it was understood that the staff provision had been implemented, the decked car park itself remained undeveloped. The Planning Committee had expressed concerns about the number of recent ad hoc planning applications and the lack of an updated masterplan for the site. In particular, details of car parking had been difficult to ascertain as individual planning applications both removed and replaced car parking provision. A comprehensive parking plan had been requested, but not received. The Trust had recently submitted a planning application for additional car parking but this had not been validated by Runnymede and more information had been requested on traffic counts and a car parking study had also been required. The Trust would be resubmitting the planning application.

7. There was a long history of parking problems at the hospital with capacity problems for both visitors and staff. Parking on access roads and around the entrances to the main car park had been common and at times of peak visitor demand (weekdays between around 11.00 a.m. and 3.00 p.m.) the main patient/visitor car park near the departmental block could lock up as visitors searched for a space. Problems were often particularly acute at around 2.00 p.m. A comprehensive parking study had been commissioned in March 2006 to accompany the decked car parking planning application. This looked at staff parking, visitor/patient parking, on-street parking and parking in additional areas. The Board noted the results of the study.
8. In terms of hospital parking standards, the Surrey Parking Strategy stated that the maximum standard should equate to 1 space per 5 staff plus 1 space per 10 visitors. In 2006, the hospital indicated that staff requiring access to car parking at the site was approximately 2,800. In addition, the hospital had approximately 1,200 visitors per day, generated by 160 inpatients and 637 outpatient's appointments. Based on the Surrey Parking Strategy standards outlined above, the maximum provision was 680 spaces. Runnymede Borough Local Plan standards for hospitals reflected those of Surrey County Council. This compared to the actual number of marked spaces (in 2006) of 1,145. Clearly, the current operational reality at the hospital was widely different to the aspirational aims of the Surrey Parking Strategy. The Board took the view that the Surrey Parking Strategy standard was unrealistic and that given the circumstances as outlined below, there was an urgent need for more parking spaces at St Peter's Hospital.
9. The Board noted that St Peter's Hospital had previously produced a Travel Plan whose aims were to reduce the impact of travel generated by staff. This was to be achieved by providing greater information to staff about different travel options, car park management including parking restraint, and providing other forms of access. The Plan also included promotion of a car sharing scheme. Cycling was to be promoted by providing cycle racks and showers for cyclists. Improved transport was proposed by providing an inter-site bus. One of the 'Peterbuses' was to be rerouted to optimise use and the 'Peterbuses' were to be phased with rail services. In terms of public transport, a transport co-ordination centre was to develop electronic booking and there was to be continued communication with Surrey County Council to focus provision on social inclusion for those in need of access to healthcare. Consideration was to be given to a revised staff parking policy that would introduce charging for staff parking, limiting the provision of parking permits to staff living over a certain distance from the hospital, and zoning staff parking charge rates and access to permits based on the level of public transport available between their home and the hospital.
10. The Board noted the Government guidance on transportation and parking issues. Planning Policy Guidance Note 13: Transport (PPG13) aimed to promote more sustainable transport choices and to reduce the need to travel, especially by car. PPG13 confirmed that hospitals were major generators of travel and should be located so as to maximise their accessibility by public transport, walking and cycling. Similarly, proposals to develop, expand or redevelop existing sites should improve access by non-car methods. The South East Plan Policy T4 stated that planning authorities should adopt restraint-based maximum levels of parking provision for non-residential developments, linked to an integrated programme of public transport and accessibility improvements. Policy T5 required local authorities to identify major travel generating developments for which travel plans should be developed. Travel Plans were seen as a positive measure in enabling economic activity and growth in the region. The provisions of Policy S2, Saved Structure Plan Policy DN3 and Saved Policy MV9 were also noted.
11. It was the role of Surrey County Council, as Highway Authority to provide a view as statutory consultee on matters relating to highways capacity, safety and car parking in relation to proposed development in the Borough. A representative of Surrey County Council had been invited to attend the Review Board but had been unable to do so. They had sent comments to inform the Review Board of their approach, which were noted by the Board. As a statutory consultee, the County Council had two main areas of consideration on any application for additional parking - the policy/justification of the increased parking provision and the ability of the local road network, junctions and accesses to accommodate increased traffic which may result from additional parking. The County Council in their written submission had also referred to Draft PPS4 which stated that hospitals could have particular parking needs. The issues surrounding difficulties in

recruiting medical staff and other shift staff, and patients missing appointments due to parking difficulties had to be taken into account.

12. The Trust representatives at the meeting advised that various initiatives had been undertaken to encourage people to access St. Peter's Hospital by a non-car option. These included the Peterbus which had four routes and ran for five days a week and inter site buses for staff travelling between Ashford and St. Peter's Hospitals. Cycling schemes for staff had also been promoted. Showers and lockable cycle sheds had been produced. Non-emergency patient transport was provided by the GSL company for those people who were in particular need and met the Trust's criteria. Despite all these initiatives, most patients and staff accessed the hospital by car as the most practical and feasible alternative, particularly for those with limited time available. Taxis were not readily available and bus services were not frequent. Local bus companies were not prepared to provide more bus services as they believed that they would run at a loss and Surrey County Council were not prepared to provide any more subsidy.
13. Throughout 2006/07 and 2007/08 the Trust had been looking at merging with Frimley Hospital and this proposal had finally been abandoned in April 2008. The Trust had also been seeking to achieve Foundation status and had produced a five year strategic plan which it had submitted to the Strategic Health Authority. The advantage of obtaining Foundation Hospital status was that any surplus which the Hospital made could be spent rather than having to be retained and the Hospital would be free from monitoring by the strategic health authority. The application for Foundation Trust status was a 12 month process and a new Trust Chief Executive would be appointed in January 2009.
14. In addition to producing a master plan the Trust was examining what it called a parameters plan which it was hoped would provide the flexibility needed for the fast moving world of health care. In the parameters plan, the Trust was looking at reorientating all of the buildings at St. Peter's Hospital, demolishing the buildings in the ramp areas, moving medical records onto the central site and introducing temporary parking. This should assist in moving staff parking away from areas reserved for patient parking. The length of time for which this temporary parking would be in place had not yet been established. Decked car parking had not been implemented because the previous planning permission for this had not been in a suitable location for the reorientating which the Trust wished to undertake and thus conflicted with the proposals in the parameters plan.
15. From the Council's point of view, in determining planning applications, no masterplan or parameters plan had been produced by the Hospital in recent years. It was recognised that as the NHS was the subject of one internal review after another this might make it difficult to produce a master plan as the position was perpetually fluid. However, a draft plan, which it was accepted would change, would have been preferable to the piecemeal approach which had been adopted.
16. The Trust was aiming to expand the range of health care services which it provided. The Trust was hoping to have more clinical work on the site and was trying to obtain a renal service. The Primary Care Trust would be tendering for that work shortly. The Trust was looking at specialising in cardiovascular emergency services. The Board observed that the more health care functions which St Peter's Hospital took on, the more likely it was that the parking problems would be exacerbated, because a greater number of people would be attempting to gain access to the facility.
17. The Board noted that there were 9 bus routes passing through the Hospital. All of them, apart from the 701 service finished early in the evening. The Peterbus finished at 6.00pm and did not run on Saturdays or Sundays. People were reliant on cars because of the lack of frequency of the bus service and the fact that it did not run at all in the evenings or at weekends. It had to be questioned whether the County Council was getting enough value for its Council Tax payers from those bus services which it did provide.
18. The Trust was well aware of the serious inadequacy of parking at the Hospital and received regular complaints from the public. The Board emphasised that parking at the Hospital required urgent attention because of the stress caused to everyone visiting the Hospital, particularly to

patients with long term illnesses (and relatives and friends of those patients who may be driving them to the Hospital), who needed to visit the Hospital regularly and were frequently unable to find anywhere to leave their vehicle. The Trust representatives advised that efforts were being made to delineate patient and staff parking more clearly. Priority was given to patients. It was suggested that improved signage may assist. It was agreed that the top priority should be to provide sufficient parking for the accident and emergency (A & E) service.

19. The combined annual gross income obtained from parking from Ashford and St Peter's Hospitals was £700,000. This money was not ring fenced. The cost of the original decked parking proposal which had now been abandoned was £2.8m plus fees. There was a barrier on the accident and emergency car park, to stop staff car parking and to make it easier for patients. It was agreed that the barrier system was the most effective method of control which was available. Tickets had to be bought for 3 to 4 hours, with a 20 minute drop off facility for A & E patients. There was a weekly pass for £10, which was available for patients but not staff, this would not be of interest to people who visited the Hospital, for example, twice a month. Timings of outpatient appointments were staggered but there was overrun in the times which added to the parking problems. The Trust did not rigorously enforce the parking restrictions on the site and was reluctant to consistently control staff parking as it had had difficulty in recruiting and retaining staff and it believed that enforcing regularly against staff would adversely affect its ability to obtain and keep staff.
20. The main planning issues relating to the provision of further parking spaces were twofold. The first problem was that increasing the number of spaces meant that GOSE might intervene on the basis that this would be contrary to Government policy which was to restrain the amount of car parking. This would apply whether the spaces were provided underground or overground. Building spaces underground (rather than overground) would not, however, conflict with the openness of the Green Belt, which was the other criterion on which increased parking might be refused.
21. The footpath to the Hospital from Homewood Park car park was not being widely used. At one point the Council had been negotiating with the Trust for payment of spaces by the Trust for Trust staff in the Homewood Park car park but suitable terms had not been able to be agreed by the two organisations. It had been suggested by members of the public, and by one of the Council's Ward Members for Foxhills, that hospital staff were parking in the Murray Road, Ottershaw free car park in the early morning and were being transported to the Hospital which meant that the car park was full and local commuters had to park in the Harvester car park. Council Officers had carried out spot checks, but when this had been done there had always been spare capacity in the Murray Road, Ottershaw car park.
22. The Board suggested that the Trust should do more to try and control staff parking to improve the position in the short term. This would have to be done as sensitively as possible in order to not act as too much of a deterrent to staff to work at St Peter's. Runnymede had introduced a policy whereby staff could only park on the site of the new Civic Centre for 3 days a week. On the other days employees had to car share, cycle or use public transport. The Trust should look at whether this type of control was possible at St Peter's. The Board took the view that the Trust should examine in some depth whether a suitable park and ride scheme could be adopted for St Peter's Hospital. It would also be helpful to the Council to have the details of the Trust's parameters plan, which would assist when considering planning applications. The Board emphasised that a reduction in staff parking would lead to more parking being available for patients and visitors.
23. In summary, the Board's main conclusions were as follows:-
 - The Trust should achieve greater control of staff parking to free up space for patients.
 - The Trust should review the possibility of introducing a park and ride scheme.
 - The Trust should expedite a masterplan/parameters plan.
24. The Board agreed that their findings should be reported to the Corporate Management Committee with a recommendation that the Committee add any comments of its own and make a further recommendation to the full Council meeting.

Ashford and St. Peter's Hospitals 

NHS Trust

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4 December 2008

Your Ref: JG/pb/RB

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Dear John

**RESPONSE TO THE COUNCIL'S REVIEW BOARD REPORT AND CONCLUSIONS
ON PARKING PROVISION AT ST PETER'S HOSPITAL, CHERTSEY**

Further to your letters dated 5 November and 24 November, please accept my apologies for the delay in responding to you.

Accordingly, in response to your letter dated the 5th November and section 23 of the Runnymede Borough Council Review Board report dated 9th October the Trust responds as follows:

The Trust is actively targeting the patient car parks to ensure that staff do not park in Visitor/Patient designated areas. Car park attendants are stopping staff entering these car parks during morning peak times and applying throughout the day restriction notices. In addition one of the designated staff car parks has been given over to patient use providing an additional 26 spaces. Staff parking to the rear of the hospital has also been designated shared between staff and visitors after 2.30 pm. Signage is under review to ensure that all car parks are clearly signed.

In addition a car parking policy has been revised and will be presented shortly to the Trust board for approval.

The Trust is looking at the possibility of park and ride. As discussed at the Review meeting this had been trialled at the Homewood car park. However other locations are being investigated. The Trust provides a 24hr 7 day service with members of staff working shifts and extended hours which presents challenges. Managing the bus service to suit individuals will be complex and the need to find a safe environment of an

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off site location will need to be considered.

The Trust is actively seeking to resolve the development of a Master plan and a further meeting held with the planning department reinforced the requirement of a master plan. It was understood from this meeting that the Council will not consider any further planning applications until the master plan is in place. The Trust is not the only land owner on the site and discussions with Surrey and Borders Partnership Foundation Trust are underway to develop the plan for a whole health campus with the assumption that the expansion of the adjacent business park will not progress into part of the health campus land.

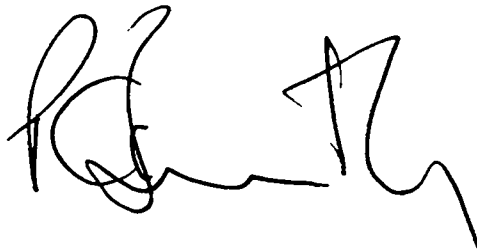
With regard to the Review Board report item 6 the Trust confirms the wish to continue to demolish the existing ramp buildings which will be a key principle in any master plan. The Trust has previously applied for planning permission for temporary car parking on this area but the application was considered invalid and required further studies. This additional information required to re submit for planning approval for development of a temporary car park on part of this site has been completed. The suggested car parking numbers are similar to that of the deck car park which the Trust has confirmed it will not progress. If this proposal were approved the Trust would be able to reallocate car parks closer to buildings for Patient/Visitor use.

The Trust is seeking to clarify if this application can be resubmitted given the comments above as it is believed that this will help to resolve temporarily the issue regarding car parking while the master plan is developed.

If you require any further information, please do not hesitate to contact me.

With kind regards,

Yours sincerely

A handwritten signature in black ink, appearing to read 'Paul Bentley', written in a cursive style.

Paul Bentley
Chief Executive