Bespoke Parking Management for Healthcare:

Forth Valley Royal Hospital, Larbert

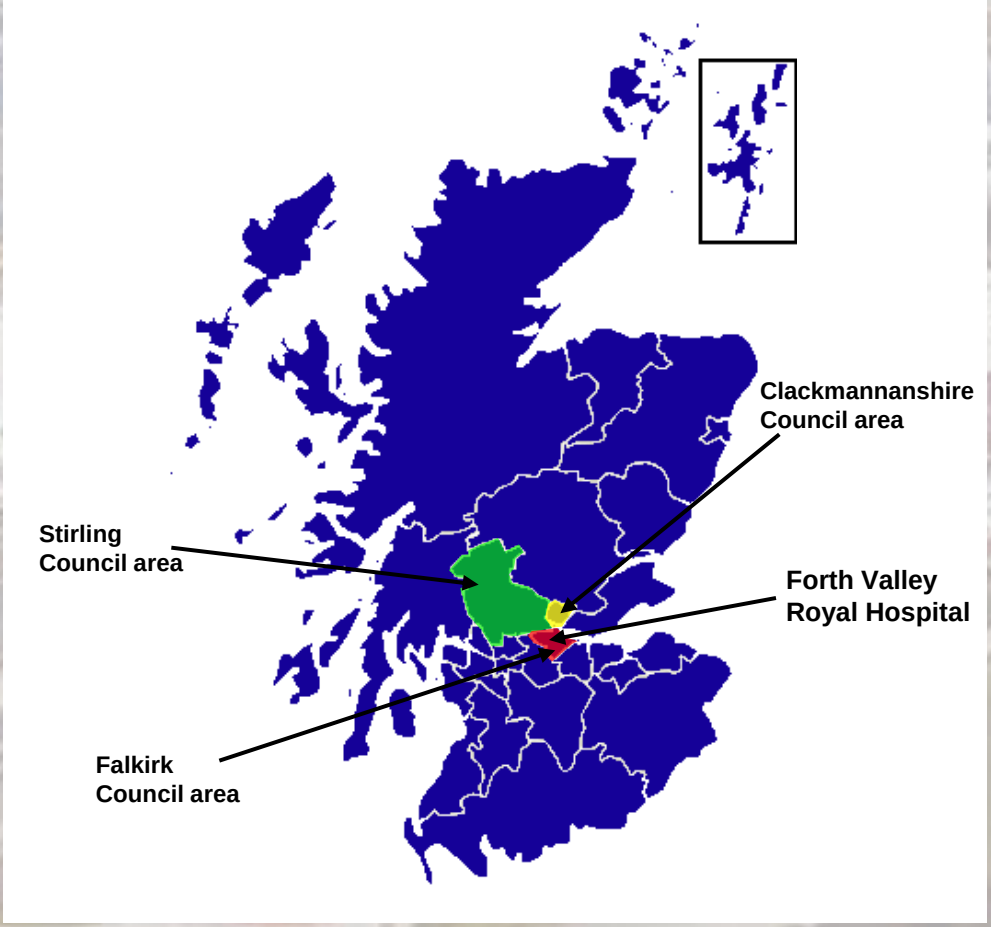
By Ruth Mustard / Carolyn Rollo
Smarter Travel Workplaces

Background

- £300m acute hospital
- Patient catchment includes urban centres and vast rural areas
- 860 beds
- 3,000 staff on completion
- Approximately 2,000 staff onsite in a 24 hour period
- 300,000 annual outpatient appointments
- Circa. 1,500 parking spaces, with planning application for 280 more
- Phased opening

Patient Catchment

- Circa. 300,000 people (2001 census data)



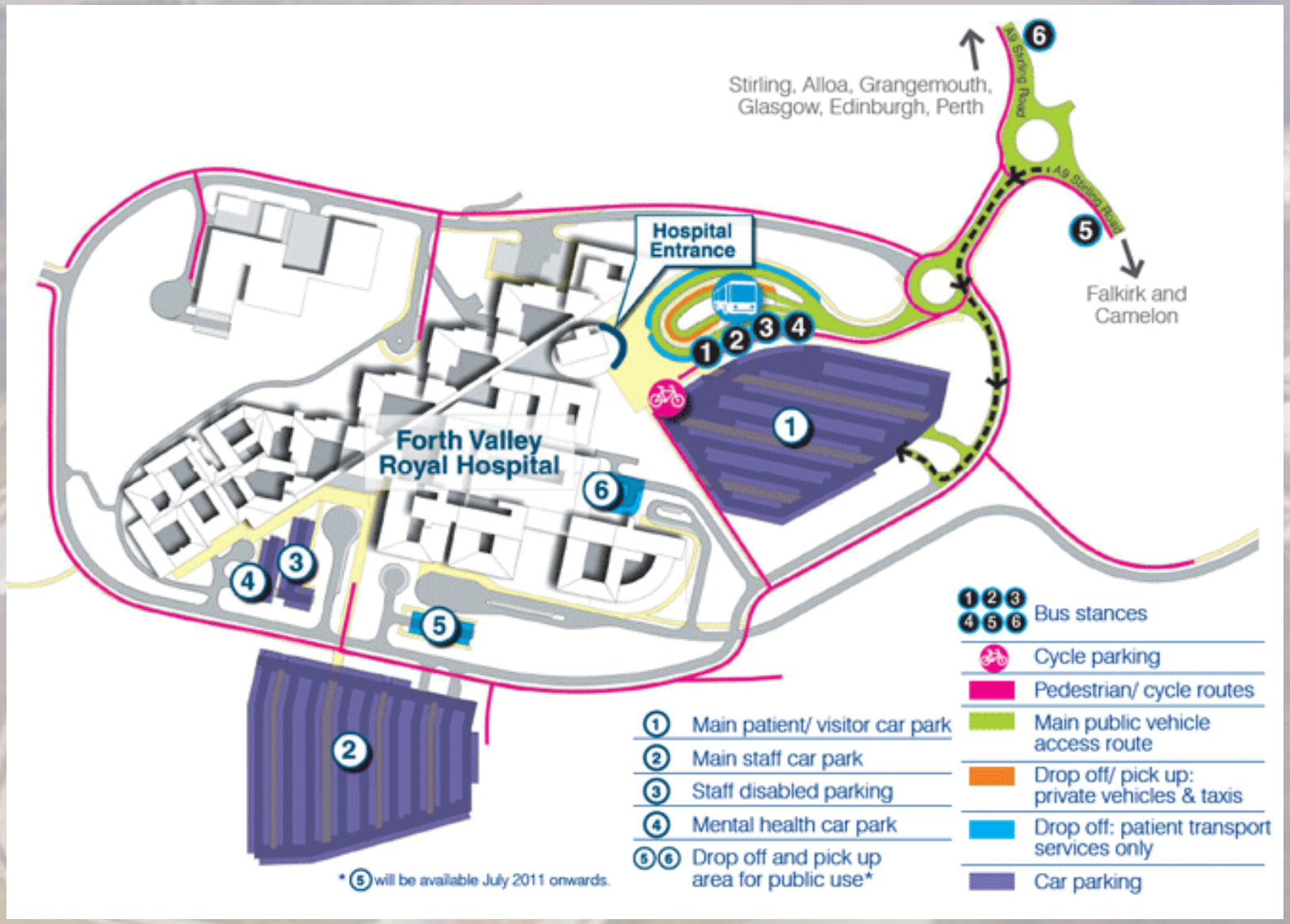
Phasing and Parking

- Phases 1 & 2: September 2010
  - Circa. 1,100 parking spaces
- Completion: July 2011
  - Circa. 1,500 (1,780) parking spaces

Parking Control

- All parking controlled between 0600 and 1600 Monday to Friday
- (1) Shared main front car park:
  - Patient/visitor 4 hour maximum stay, parking attendant control
  - Barrier controlled staff parking
- (2) Staff rear car park:
  - Barrier controlled parking
- (3) Staff disabled car park:
  - Barrier Controlled

Parking Provision



Parking Management – why?

- No charging for parking
- Different user groups with different demands
- Committed to promoting sustainable travel behaviour
- Fundamental component of Travel Plan

Parking management - requirements

- Equitable and transparent
- Meet with hospital operational needs
- Manage parking demand at key times
- Link with parking control

Parking Management – the process

- Establish parking steering group
- Establish management method **– Needs based permit allocation**
- Identify permit award criteria
- Estimate parking demand
- Facilitate with parking management software
- Internal approvals process
- Go live with permit allocation
- Appeals

Parking Steering Group

- Early creation
- Representatives
- Decision makers
- Criteria identified and agreed

Identify Criteria

- Disability (1)
  - Automatic eligibility
- Business (2)
  - On call
  - Heavy equipment
- Geographical (3)
  - Public transport zones
- Social (4)
  - Carer responsibilities
- Scoring
  - Based upon hospital operational needs

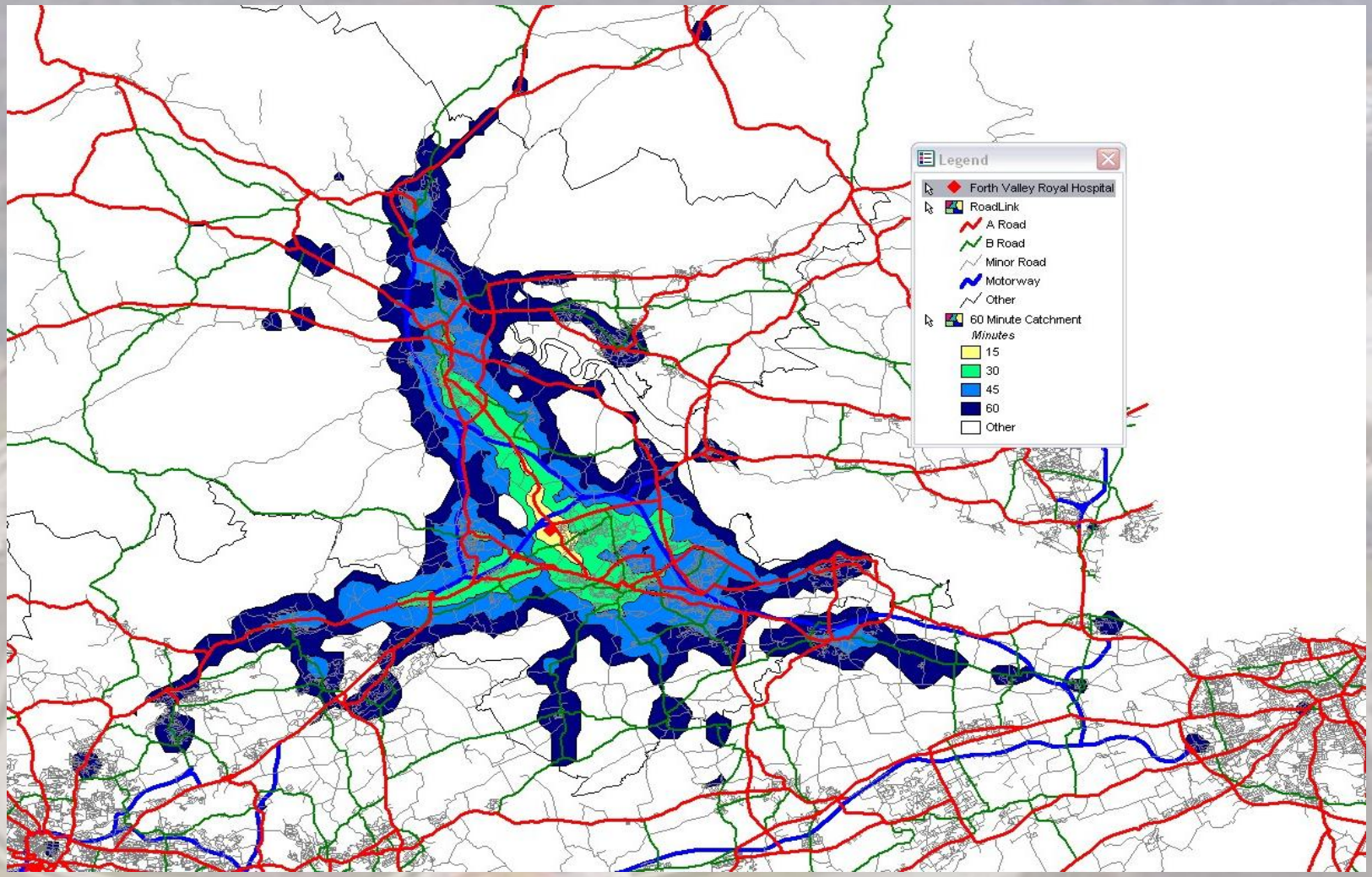
Estimate Parking Demand

- Work patterns
- Outpatient appointments
- Main visiting times
- Establish occupancy profiles

Parking Management Software - ParkIT

- Bespoke
- Paper based applications
- Allocation of permits based upon score
- Linked to accessibility software: **Accession**
- Long term effectiveness

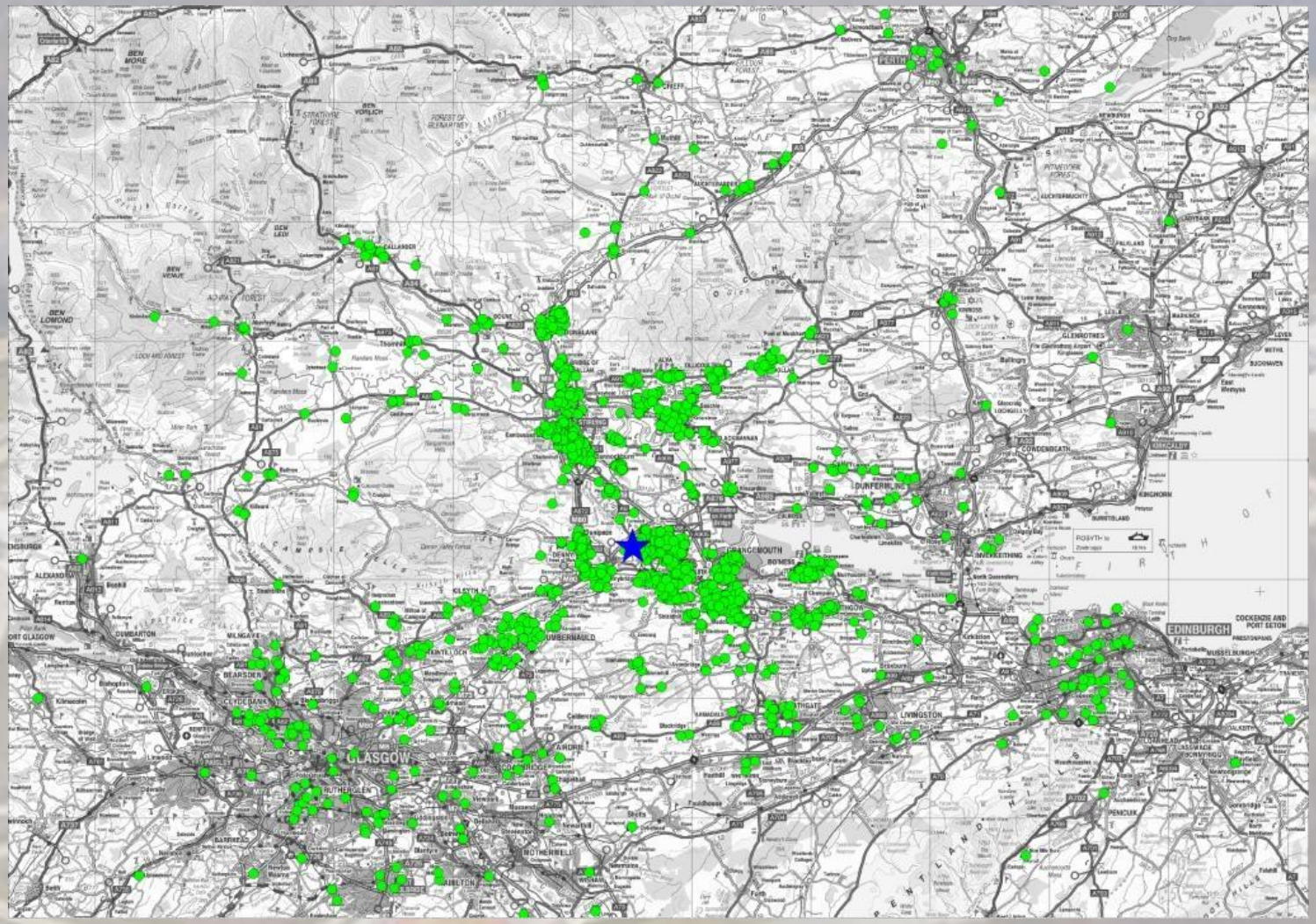
Accession output



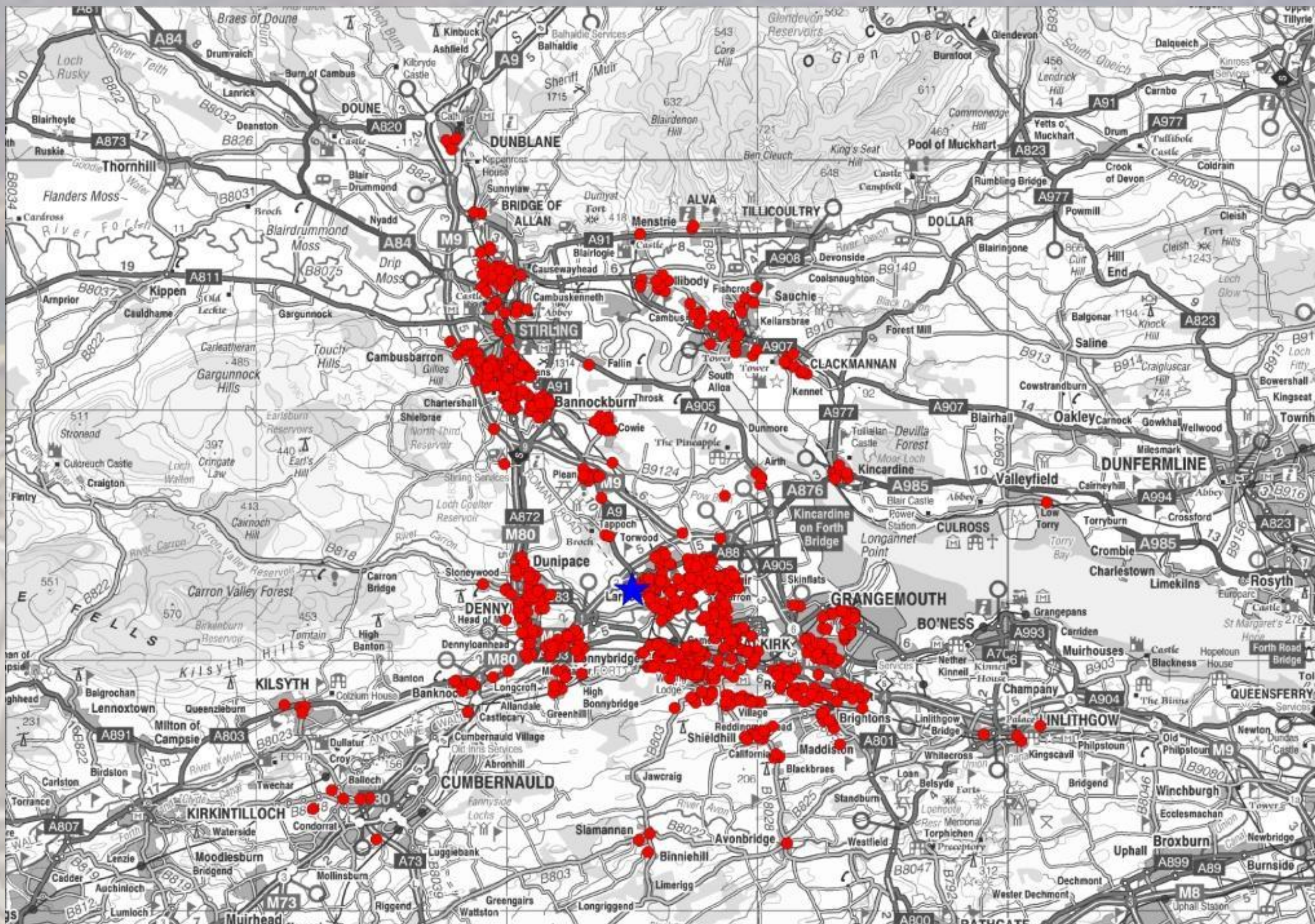
Live System

- Approximately 2,500 applicants via paper based forms
- Number of permits issued based upon demands and needs
- User group permits
- Permit linked to staff ID card
- Close proximity card reader on access barrier

Permit Eligibility



Permit Ineligibility



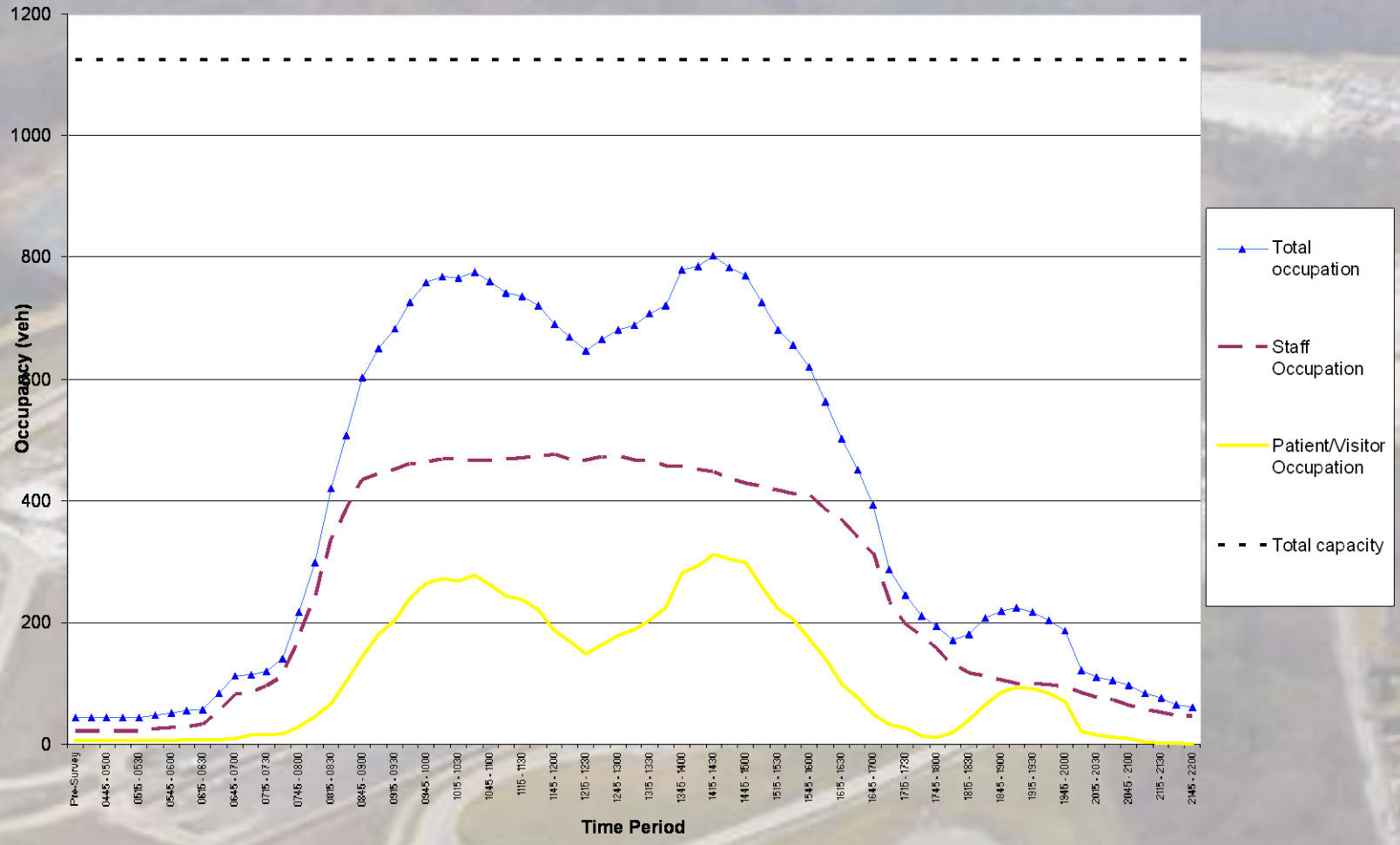
Appeals Process

- Linked to specific management style
- Appeals panel
- Carer responsibilities
- Accessibility

Success to Date?

- A >10% reduction in car driver trips since 2008
- Car park operation
  - Comparable to forecasted occupancy
- Offsite parking
  - No infringements
  - Minimal increase in offsite parking demand
- Next permit allocation review – September 2011

Phase 1 and 2 car park operation



It’s a learning curve!

- Allow sufficient time for consultation and necessary approvals processes
- Be as transparent as possible
- Take an iterative approach
- Parking management software is effective/efficient
- Ensure a fair appeals process in place
- Continual monitoring is essential


QUESTIONS