

<b>To:</b>	<b>Trust Board</b>
<b>From:</b>	<b>Dr A Tierney</b>
<b>Date:</b>	<b>6 October 2011</b>
<b>CQC regulation:</b>	

**Trust Board Paper C**

<b>Title:</b>	<b>Adjustments To Public And Staff Car Parking Charges</b>
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**Author/Responsible Director:** Dr A Tierney

**Purpose of the Report:**

To inform the Trust Board of the outcomes of the public engagement process, on the proposed changes to car park charges and recommend the final charging model to be adopted.

**The Report is provided to the Board for:**

Decision	X	Discussion	
Assurance		Endorsement	

**Summary / Key Points:**

The Trust currently subsidises car park and travel operations by £301,000 and invests approximately a further £250,000 per annum on infrastructure.

By restructuring and increasing public and staff car parking tariffs an additional income of £516,108 could be realised whilst keeping UHL in line with other Trusts' charges. It is anticipated that this additional income along with the revised costs and income associated with the Hopper service will remove the £551k subsidy. In future years, any additional income generated over and above the subsidy can be used to invest in improvements for car parking provision and patient care.

During engagement process some 1949 responses have been received; 1014 from staff and 935 from individuals and organisations. An analysis of the responses has taken place and several key themes have emerged, which have helped to inform changes to the original proposals.

The main proposals that have developed from the engagement are:-

1. The introduction of increased charges for the public;
2. Better advertising of the public car park season tickets;
3. Maintaining the first 30 minutes free at the LRI site only;
4. Reviewing the number of drop off points at key locations on all 3

<p>sites;</p> <p>5. Changing the current charging mechanism for staff, the options being:</p> <ul style="list-style-type: none"> <li>a) Increasing the number of bands and the cost within each band;</li> <li>b) Applying a flat rate across all staff (£203/year);</li> <li>c) Introducing a percentage rate to staff with a cap at £100,000.</li> </ul> <p>6. Charging staff using Salary Sacrifice (using an opt in or opt out scheme).</p>	
<p><b>Recommendations:</b></p> <p>The Trust Board is asked to consider the outcomes of the public engagement process, to note the issues raised and comments offered against these, and agree to the key recommendations, which are:</p> <ul style="list-style-type: none"> <li>a) The changes and increases to public charges;</li> <li>b) Increasing the number of bands and the cost within each band for staff parking;</li> <li>c) Charging staff via Salary Sacrifice (opt out).</li> </ul>	
<p><b>Strategic Risk Register</b> N/A</p>	<p><b>Performance KPIs year to date</b> N/A</p>
<p><b>Resource Implications (eg Financial, HR)</b></p> <p>Facilities, Communications and HR input into communication of the new charges and the any associated processes (within existing resources).</p> <p>Facilities costs associated with signage, etc (to be managed within existing operational costs)</p>	
<p><b>Assurance Implications – N/A</b></p>	
<p><b>Patient and Public Involvement (PPI) Implications– Extensive</b></p>	
<p><b>Equality Impact – Yes, based on a report from the Trust Equality Lead the impact is shown to be low</b></p>	
<p><b>Information exempt from Disclosure – N/A</b></p>	
<p><b>Requirement for further review ? – N/A</b></p>	

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**REPORT TO:** TRUST BOARD

**DATE:** 6 OCTOBER 2011

**REPORT BY:** DIRECTOR OF STRATEGY

**SUBJECT:** ADJUSTMENTS TO PUBLIC AND STAFF CAR PARK CHARGES

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**1. INTRODUCTION**

- 1.1 The University Hospitals of Leicester (UHL) has recognised the need to address the challenges of site access for staff and the public, and to identify a method by which patient care is not subsidising car parking and travel.
- 1.2 In August 2011, the Trust Board discussed an increase in the charges to be adopted at all UHL sites, based in principle on removing the subsidy currently paid for car parking/travel.
- 1.3 The Trust Board, however, took the view that the final payment mechanism would be subject to consideration of the outcomes of a public engagement process. This would allow a review of the issues raised during the consultation, and an opportunity to amend the proposals in light of suggestions being made by staff, public and key stakeholders.

**2. PURPOSE**

- 2.1 This paper presents the analysis of the public and staff engagement exercise regarding the adjustment to public and staff car park charges, along with final recommendations for consideration.

**3. BACKGROUND**

- 3.1 Car park charges were introduced for staff and public at the Leicester Royal Infirmary in 1996. These have not increased since 2003. At the Leicester General and Glenfield Hospital car park charges for staff and public were introduced in 2007. These charges have not increased since their introduction. The charges were brought in to give staff, patients and visitors easier access to the hospitals by discouraging inappropriate use of the car parks.

- 3.2 In addition, the Trust is committed to providing alternative site access. This includes but is not limited to better bus access, car sharing, cycling and motorcycling facilities along with the further procurement, where possible, of car parking spaces, both on and off site.
- 3.3 The Trust currently subsidises car park and travel operations by £301,000 and invests approximately a further £250,000 per annum on improving the infrastructure.

#### **4. FINANCIAL CONSIDERATIONS**

- 4.1 Currently the Trust subsidises car park and travel operations by £301,000 and invests approximately a further £250,000 per annum on infrastructure. The August 2011 Trust Board agreed to remove this subsidy. Any income generated is subject to VAT payment, which substantially reduces the net benefit generated for investments and service improvements.
- 4.2 There will be a cost to the Trust directly associated with the work involved in changing the tariffs. This includes changes to signage, changes to machines and costs associated with changing current patient information leaflets. The estimated cost for this work is £13,126.
- 4.3 It is not possible to confirm the exact income that will be generated from the increased charges at this stage. This is because we cannot model the precise impact that changes in charges will have on parking behaviour and demand. We will therefore review the impact 6 months after implementation and consider at that stage whether any further changes need to be made. The charging structure will also now be reviewed on an annual basis as part of the annual business planning process.

#### **5. ENGAGEMENT PROCESS**

- 5.1 The public engagement was conducted between 16<sup>th</sup> August 2011 and midnight 18<sup>th</sup> September 2011. The extensive communication activities included staff briefings; information on the intranet and website; letters to stakeholders; information in each car park office; road shows in the restaurant at each site; attendance at LINKs and patient advisor meetings; media releases; and a manned display at the Annual Public Meeting.
- 5.2 Briefing information and response forms were made available at all car park offices within the UHL, with collection boxes for responses. In addition, the UHL web site featured the same material in electronic form. A freepost address was made available for the return of paper based forms from the public.

#### **6. ANALYSIS OF ENGAGEMENT RESPONSES**

## 6.1 INTRODUCTION

- 6.1.1 This report discusses the responses from staff, patients, visitors and organisations during the engagement process. The responses received were then analysed by the CASE team. Overall, some 1,949 responses have been received; 1,014 from staff, 935 from individuals and organisations.
- 6.1.2 This analysis deals firstly with the staff responses, then with responses from the public (individuals and organisations).
- 6.1.3 A list of the organisations, which have responded, is given in Annex A.

## 6.2 ANALYSIS OF STAFF RESPONSES

- 6.2.1 Details of whether the respondent's CBU, whether they have a current permit and whether they work at more than one site are given in Annex B.
- 6.2.2 The questions asked in the staff survey and the responses received are detailed below:

6.2.2.1 Continue to provide staff with parking  
Some 97.5% of staff respondents indicated that they felt the Trust should continue to provide parking.

6.2.2.2 Proposal for payment  
Staff were asked to comment on 2 main options for car park charges. The first was a continuation of the current banding method with some new bands. The second was a percentage charge to all staff with permits.

During the engagement process 2 further options have emerged based on staff suggestions. The first was a flat rate for all staff. The second was a hybrid solution of combining the percentage charge and a flat rate i.e. staff earning up to £30K pay x %; staff earning between £30k and £60k pay y%; and staff earning over £60k pay a flat rate.

Details of the percentage increase in costs for each proposal to current permit holders are given in Annex C.

56.4% of the staff respondents felt the extended salary banding model should be implemented and 43.6% felt the

percentage charge model should be used. Other common suggestions for a charging model included:

- Flat rate;
- Free parking;
- No increase;
- Payment according to road tax band;
- Pay on usage;
- Reduced rate out of hours permits;
- Charges in relation to length of commute;
- Sliding scales depending on proximity of car park to work place;
- Charge staff for the Hopper;
- Pay per day.

The % salary and fixed rate options allow ease of collection and uplift but represent a considerable move away from the current method and would require some changes with payroll. The hybrid solution would introduce the disadvantages of both options.

### 6.2.2.3 Fairer car parking

Staff were asked whether they thought there were other fairer ways to provide car parking that the Trust should explore.

14.5% of staff respondents felt we should have higher charges for higher emission cars, 55.5% felt permits should be removed from staff living within 1 mile of their base and 29% felt staff living on the hopper route should have their permits removed. Other common suggestions for 'fairer parking' were:

- Remove permits for those working office hours;
- Doctors should not get priority over nurses;
- Onsite for shift workers, offsite for office workers;
- Take into account other factors e.g. childcare;
- Priority for those that need their car for work;
- Automatic cross site access;
- Encourage car sharers;
- Give all employees a pass;
- Regular audits of passes.

These views illustrate that no one system will be fully acceptable to all users.

### 6.2.2.4 Salary Sacrifice

## Trust Board paper C

Salary sacrifice is a scheme, agreed with HM Revenue and Customs, whereby employees can be provided with benefits in exchange for an agreed reduction in salary i.e. an employee sacrifices part of their salary in exchange for the benefit. The benefits of these schemes are twofold in that employees pay reduced amounts of tax, national insurance and (where appropriate) pension contributions. This makes the net cost of the benefit less than if it were paid directly. The Trust also makes savings on the employer's national insurance and pension contributions. An example of how this can be applied to a standard rate and higher rate tax payer and the cost saving for the Trust can be seen in Annex D.

The principles of a salary sacrifice scheme are:

- Salary is formally given up (sacrificed) in exchange for a defined benefit.
- Long term commitment whilst the benefit is taken. Staff are expected to remain in the scheme during the tax year unless circumstances for employee change significantly
- The system cannot be applied if the resulting salary is below minimum wage

The details of a salary sacrifice scheme were briefly explained on the survey. Staff were then asked whether they would support the introduction of such a scheme.

38.5% of staff respondents would support the implementation of a salary sacrifice scheme, 23.6% did not have an opinion either way and 37.9% disagree.

The implementation of a salary sacrifice scheme would take between 2 to 5 months dependant upon whether opt in or opt out was used. If the Trust decides to use opt out the implementation period will be between 3 – 5 months. Alternatively if the Trust decided on opt in the implementation period is 2 -3 months.

If the Trust decided not to implement any form of salary sacrifice for car parking charges it would take 2 months to implement, this is the time required to change current in-house systems and procedures; the payroll systems and procedures and to inform staff.

6.2.2.5 Opt in versus Opt out

If salary sacrifice was the chosen payment method by the Trust staff would either have to opt into the scheme or opt out of the scheme. Both the opt in and opt out model allow staff to chose whether they wish to pay via salary sacrifice.

The opt in model requires staff to choose to set up payments via salary sacrifice. The opt out model would place all staff in the salary sacrifice scheme and employees would need to actively request not to be in the scheme.

If the opt in method is used the take up is normally between 30 - 40%, with the opt out method take up is around 90%.

Based on a feasibility study carried out for the savings to the Trust for a full year is approximately £63k (opt in) at 30% take up and £201k (opt out) at 90% take up. This is based on approximately 6,000 staff permit holders.

The opt in model would save the Trust £63k in a full year therefore £5250 per month. The opt out model saves the Trust £201k in a full year therefore £16,750 per month. Assuming implementation via the opt out model with the longest timescale i.e. 5 months, the Trust would save £117,250 in 7 months (£201k in a full year), an additional £54,250 more than the opt in method.

65.7% of staff respondents would prefer a salary sacrifice to be implemented via the opt in method. Staff side do not support the opt out model as they feel staff could be financially disadvantaged.

6.2.2.6 Review criteria

The current scoring mechanism used to place staff on the waiting list for a parking permit has been in place since the inception of charging at the LRI in 1996. The system has been criticised due to the selection criteria used. When charging was rolled out at the LGH and GH in 2007 staff did not have to qualify for a permit, all staff that currently parked or had a driving licence were entitled to a permit. The scoring mechanism was only used after the initial few months when all current staff had permits.



The staff were asked whether the criteria used to place staff on the waiting list for a parking permit should be reviewed.

58% of staff respondents think the criteria for obtaining a permit should be reviewed, 25% do not have a view either way and 17% feel the criteria should not be reviewed.

### 6.2.2.7

#### Surplus from the travel budget

It was originally estimated that the proposals may result in an additional income over and above the costs of providing parking. If this was the outcome, staff were asked what they would like to see this spent on.

There were 5 main options specified and staff could tick as many as they felt applicable, the results showed:

Additional bus infrastructure	11%
Extra bus routes	16%
Car Parking	18%
Funding for bike sheds	16%
Showers for staff	15%

As well as the main options other common staff suggestions as to what any surplus should be spent on were:

- Discounts on public transport;
- Extra nurses;
- Bike repair kits;
- Night time security;
- Extra spaces;
- Free on call doctors car park;
- Bike routes around the hospital with lower kerbs;
- Reducing car park charges;
- Wet gear lockers large enough for full face motorcycle helmets;
- Changing rooms near bike sheds;
- Expand the hopper route and service;
- Patients;
- Motorbike parking;
- Bike salary sacrifice;
- Why should those who don't contribute have a say;
- Train discounts;
- Car share scheme;
- Improve car parks.

## 6.3 ANALYSIS OF PUBLIC RESPONSES

6.3.1 Overall, during the engagement, a total of 935 responses were received from individual members of the public and organisations representing patient groups.

6.3.2 The demographics of the public respondents are shown in Annex E.

6.3.3 Below follows the questions asked in the public survey and the responses received.

6.3.3.1 Review cost of car parking

From the responses received, 68% of the public respondents accepted the need for increases in car park charges to the public. 7.2% did not have an opinion either way and 25.8% did not agree with reviewing the cost of car parking.

6.3.3.2 Stop funding from patient care

57% of public respondents agreed that car parking should not divert funds from direct patient care, 13.9% did not have an opinion either way and 29.5% disagreed.

6.3.3.3 Reduce number of bands

41.5% of the public respondents agreed that reducing the number of bands and obtaining majority of the income from tickets sold for up to 3 hours was a good idea. 16.6% didn't have an opinion either way and 42% disagreed. This feedback has led us to consider the original proposal and adjust it accordingly.

6.3.3.4 Increase costs for longer stay

The alternative to higher charges for short stay would be to charge more for long stay patients, prime carers or visitors.

39% of the public respondents agreed to increasing the charges for long stay. 20.3% did not have an opinion either way and 40.6% disagreed with increasing the charging for longer stay.

If the answers to questions 3 and 4 were combined we would see that the public would prefer not to see an increase at either end of the bands however the decision has already been made to increase charges and as stated

in 6.3.1 above, 68% of respondents accepted the need for increases in car parking charges for the public.

6.3.3.5 30 minute free

Currently patients, prime carers and visitors can park in any of the public car parks for 30 minutes without the need to pay. The UHL is one of the few Trusts that have this facility, most charge immediately.

The public were asked whether this facility should be maintained.

48% of the public respondents felt we should remove the first 30 minutes free. 7.5% did not have an opinion either way and 44.5% disagreed with removing the first 30 minutes free.

6.3.3.6 Cheaper at weekends

The Trust currently has a reduced rate night tariff. Some local car parks have a reduced rate at the weekends.

57%% of the public respondents believe the Trust should have a reduced weekend rate. 12.2% did not have an opinion either way and 31.3% disagreed with having cheaper parking at the weekend.

6.3.3.7 Disabled parking

Currently disabled drivers at the LGH and GH do not pay. There are designated disabled car parks and when these are full they can park in the public car park displaying their disabled badge and park for free. At the LRI disabled bays outside of the main car parks are free but within the car parks are charged.

39% of the public respondents thought we should charge all disabled users. 7.2% did not have an opinion either way and 53.8% disagreed with charging disabled drivers.

6.3.3.8 Investing the surplus

It is estimated that the proposals will provide a small additional income (above the base cost). 63% of the public respondents think this should be used for direct patient care, 46% for improvements in car parks, 32% for free parking (respondents could choose more than one option for the use of the additional income).

The common groups that respondents think free parking should be given to are:

- Disabled
- Elderly
- Cancer patients
- Long term sick
- People in hospital for more than xx amount of time
- Dialysis patients
- Regular treatment
- Parents with babies on NNU
- Maternity
- Diabetes
- Many other suggestions

The wide and varied responses show that there is no one clear group that the public felt the UHL should allow to park for free.

Other common suggestions for the use of the additional income were:

- more car park facilities including making all sites pay on exit;
- variations to the staff facilities;
- reducing the cost to park;
- car park improvements;
- improvements to clinical services;
- improvements to the alternative modes of transport (bus and walking were mentioned).

### 6.3.3.9 Season tickets

The Trust currently has a daily, weekly, monthly and saver ticket. Initial feedback suggested that this was not advertised enough and the public were unaware.

Below are the percentages of people who responded to the survey that are aware of each of the tickets:

Daily	18%
Weekly	18%
Monthly	13%
Saver	14%
First half hour free	66%

The survey also asked whether people had tried to access these tickets and if so how the process could be improved. 10% had tried to access the tickets and

thought improvements could be made in the following ways:

- Forms required for application to be held on wards/clinics;
- Automated system;
- Better advertising;
- Information in letters about the options;
- Signage showing where the car park offices are.

It is recognised that a potential 24 hour charge of £12, may lead to some anxiety for patients receiving treatment on the sites as it is significantly higher than the current maximum daily charge of £5 that patients/prime carers pay with a saver ticket. To address this situation, it is proposed to advertise the season tickets widely. The season tickets are available to the patient or prime carer. The new charges for the season tickets will be a maximum daily payment of £5.50, weekly ticket £15, monthly ticket £50 and a saver card (only available at the LRI due to the technology required to implement) whereby for £25 you receive £50 worth of parking.

Facilities will work with communications to increase advertising of the season tickets which will include: better signage in the car parks; re-printing and improvement of the clinic/ward posters advertising the season tickets; including up to date information on the web; exploring the possibility to provide more information in patient letters and higher clinic/ward awareness.

Charts showing the current usage pattern by the public and comparisons of the UHL tariffs against other Trusts are contained in Annex F.

### 6.3.3.10 Regular review

Car park charges were introduced at the LRI in 1996, these were adjusted slightly in 2003, and there has been no further increase since then. The same charges were introduced at the LGH and GH in 2007.

55% of the public respondents felt the Trust should review the prices on an annual basis. 18.7% did not have an opinion either way and 27% disagreed with reviewing charges regularly.

### 6.3.3.11 Hopper service

The hospital hopper service links the 3 hospitals, the train station, the park and ride hub, Hamilton Centre, Beaumont Centre and a few other prime areas of population.

The cost for travel on the hopper is £2 per day (for fare paying passengers) which is comparable with commercial bus fares within the city.

52% of the public respondents agreed to travelling to the hospital in the future using the hopper, health permitting. 17.3% did not have an opinion either way and 31% disagreed with using the hopper for travel to the hospitals.

Some respondents commented that they did not live on the hopper route or were too ill to utilise the service.

## 7. **DISCUSSION**

- 7.1 The engagement process has allowed many issues to be communicated to the UHL in a structured manner. Valuable discussions have taken place at many meetings, with participants ensuring that firmly held points of view were heard. The UHL has welcomed these interactions and wants to thank all of those people who have taken time to participate in the process.
- 7.2 The reasons for introducing increased charges have been set out earlier, and stem from the removal of the subsidy for car parking and travel that currently comes directly from patient care. There has been a substantial degree of support for this principle. The debate therefore has not been about whether parking charges increase, but how it is done.

## 8. **PROPOSALS**

- 8.1 The engagement process has been with the Trust staff and the public, therefore separate proposals have been developed for both groups. The engagement exercise was extremely useful in developing the charging proposals. The engagement exercise also illustrated that no one system will be fully acceptable to all users. We have therefore worked with the Equality Lead at the Trust to endeavour to minimise the impact on any particular group, either patients or staff. The Equality Impact Assessment (EIA) for staff showed that the banding option was the fairest across all staff. The EIA for the public showed that although the change may not be a popular one there is no evidence that there is a particular disadvantage to any particular group. The EIA's are in Appendix G.

### 8.1.1 Staff Proposals

The main staff proposals that have been developed from the engagement are:-

8.1.1.1 Given there is a relatively even split of preferences, the recommended approach is to implement the banding option based on ease of implementation. This gives an additional projected income of £158,000 per annum. The banding method follows the current model (whereby staff pay a set amount according to their salary each month) and allows the Trust to maintain the principle that there is a standard rate i.e. top rate and all others are discounted based on salary. This method is also the method recommended by the Equality Impact Assessment which can be seen in Annex G.

The model is detailed in Annex C;

8.1.1.2 Implementation of a salary sacrifice scheme via opt out. The time period to implement the proposed changes is approximately 3 to 5 months for the staff. Based on a feasibility study carried out for the savings to the Trust for a full year are approximately £63k (opt in) at 30% take up and £201k (opt out) at 90% take up. This is based on approximately 6,000 staff permit holders.

The opt out model was not supported by staff completing the survey. Based on experience of similar salary sacrifice schemes elsewhere the opt out method will provide the known benefits to a greater percentage of the workforce. As well as the benefits to the employers the opt out model will provide a far greater financial benefit to the Trust i.e. £201k full year effect for opt out compared to a £63k full year effect for the opt in method.

We recognise that to address the risk to the employees based on their personal circumstances we must ensure that communication of the model and the opportunity to opt out is extremely clear. The longer implementation time for the opt out model allows this communication to be robust;

8.1.1.3 Review of the scoring system for permits within 6 months of board approval, this will be carried out through the UHL Site Access and Car Parking Steering Group. Representative members from human resources, facilities, JSCNC, medical staffing committee, operations,

nursing, communications and the patient forum form the membership of the group;

8.1.1.4 Review of the charges on an annual basis as part of the annual planning process. Any changes will be implemented on 1<sup>st</sup> April each year in line with RPI starting April 2012;

8.1.1.5 Review of the feedback from staff to in order to help identify where future investment in access arrangements should be made.

8.1.2 Public Proposals

The main public proposals that have been developed from the engagement are:-

8.1.2.1 Increase charges to the public using the new model detailed in Annex H. The new model which has been developed from the public feedback reduces the projected income by £92,000.

8.1.2.2 Removal of the first 30 minutes free at the LGH and GH (maintaining the first 30 minutes free at the LRI site only to ensure drop off facilities for cancer patients). The increase in income from the removal of the free 30 minutes is used to offset the reduction in charges (from the original proposal) for the lower bands which was a recurring theme in the feedback;

8.1.2.3 Review of the provision of drop off points at key locations on all sites to ensure patients are not unduly inconvenienced by the removal of the 30 minutes at the LGH and the GH sites;

8.1.2.4 The development of increased advertising of all car park season tickets and renewal of all signage related to car park charges;

8.1.2.5 Review of the charges on an annual basis as part of the annual planning process. Any changes will be implemented on 1<sup>st</sup> April each year in line with RPI starting April 2012;

8.1.2.6 Review of the feedback from the public in order to help identify where future investment in access arrangements should be made;



8.1.2.7 Implementation of the new charges within four weeks of the approval from the board.

8.2 By implementing the above proposals the Trust will see an estimated increase in income of £516k fye (£158k from staff, £358k from public). This will contribute to the removal of the £551k subsidy that currently exists on the car park and travel budget.

8.3 The income and expenditure accounts in Annex I demonstrate that the increasing income, along with revised costs and income associated with the Hopper service, will lead to a slight surplus of £11,671. Given the variables associated with the activity profile, this gives the Trust reasonable assurance that a break-even position will be achieved.

## **9. RECOMMENDATIONS**

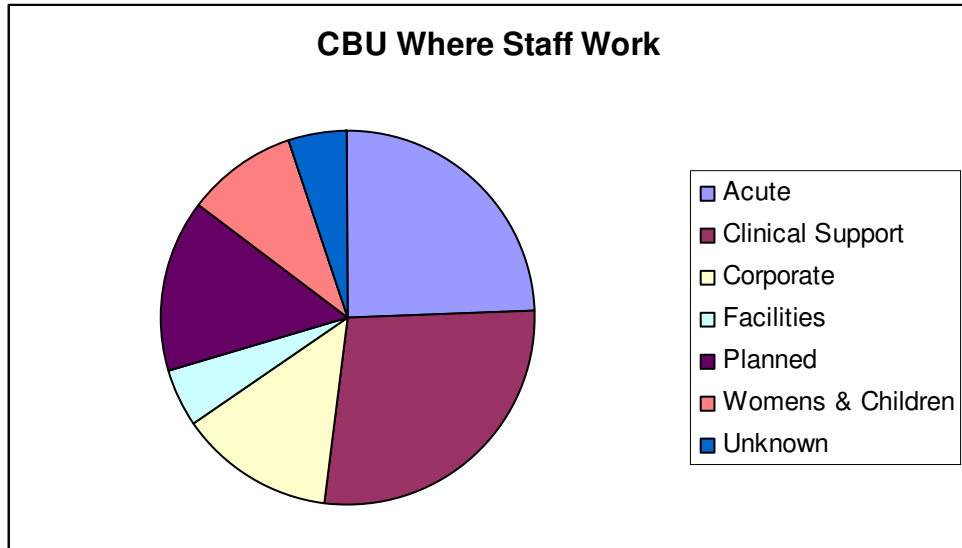
9.1 The Trust Board is asked to consider the outcomes of the public engagement process, to note the issues raised and comments offered against these, and agree to the proposals as set out within this report. Subject to approval the proposals will be implemented with effect from mid November for the public, we would aim to implement the staff charges by mid January subject to the ability to fast track the process.

**List of Organisations and Stakeholders Involved in the Engagement Process**

Leicester City LINK  
Leicestershire and Rutland LINK  
UHL Membership  
UHL Patient Advisors  
Participants in the UHL Annual Public Meeting  
UHL potential Governors  
BME Symposium participants  
Leicestershire Centre for Integrated Living  
University Hospitals of Leicester Staff Side  
Leicestershire Partnership Trust  
EMAS  
Rutland County Council  
University of Leicester  
NHS Leicester City  
Leicester City Council  
DeMontfort University  
Leicestershire County Council  
Age Concern  
Leicestershire and Rutland Local Medical Committee  
Local Negotiating Committee  
Overview and Scrutiny Committee  
MPs

**Numbers of Current UHL Staff with permits**

**Chart 1, Responses Were Received From the Following CBU's**



**Chart 2, Numbers of Staff (that responded) Who Currently Have a Permit**

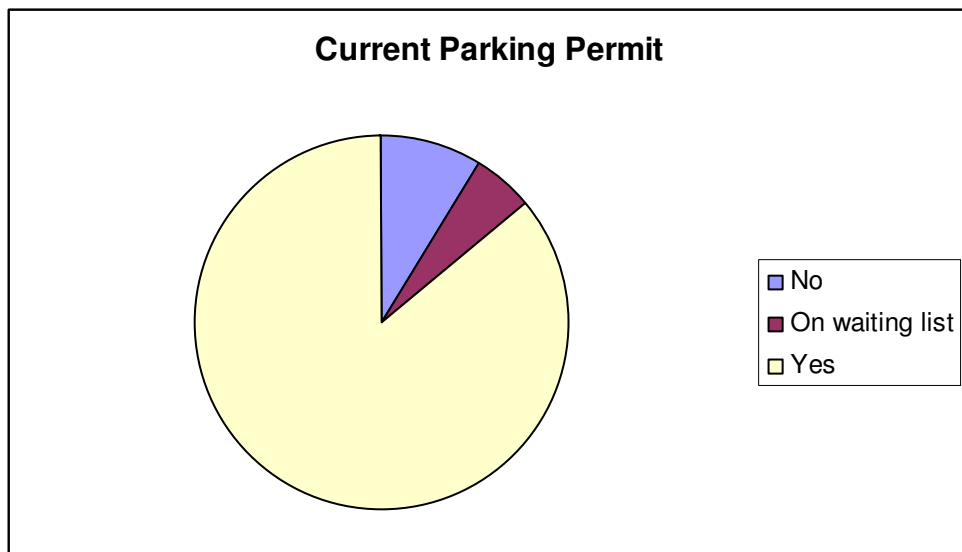
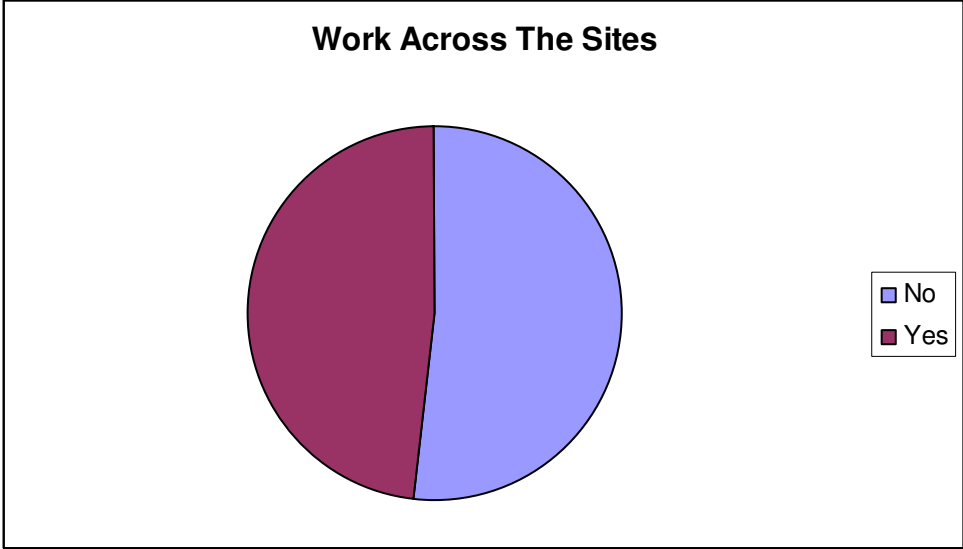


Chart 3, Number of Staff (that responded) Who Work Across Sites



## Percentage Increase in Cost to Staff for Each Proposal

Salary	Current	Proposal (Banding)	% Increase	Proposal (0.75%)	% Increase	Flat Rate	% Increase
Up to £10,000	£60	£68	13%			203	238%
£10,000	£120	£136	13%	£75	- 38%	£203	69%
£20,000	£180	£204	13%	£150	-16%	£203	13%
£30,000	£240	£272	13%	£225	-6%	£203	-15%
£40,000	£240	£300	25%	£300	25%	£203	-15%
£50,000	£240	£300	25%	£375	56%	£203	-15%
£60,000	£240	£300	25%	£450	78%	£203	-15%
£70,000	£240	£360	50%	£525	119%	£203	-15%
£80,000	£240	£360	50%	£600	150%	£203	-15%
£90,000	£240	£360	50%	£675	181%	£203	-15%
£100,000 and above	£240	£360	50%	£750	213%	£203	-15%

## Final UHL Staff Charging Proposal

Salary	Yearly		Monthly	
	Current Charge	Proposal Charge	Current Charge	Proposed Charge
Up to £10,000	£60	£68	£5	£5.67
£10,000 - £20,000	£120	£136	£10	£11.33
£20,000 - £30,000	£180	£204	£15	£17.00
£30,000 - £40,000	£240	£272	£20	£22.67
£40,000 - £70,000	£240	£300	£20	£25.00
Over £70,000	£240	£360	£20	£30.00

**Example of Salary Sacrifice Savings for Employees and Trust (standard tax band and higher tax band)**

<b>Salary Sacrifice Example</b>	<b>Basic Rate taxpayer</b>	<b>Higher Rate taxpayer</b>
<b>Salary</b>	£20,000	£80,000
<b>Proposed car park charge</b> (=Tax/NIC free benefit) Tax thereon @20% / 40%	£204 £41	£360 £144
<b>Employee NI / pension savings</b>  Employee NI @10.4% / 2% (marginal rate) Employee pension saving @ 6%	£21 £12	£7 £22
<b>Total employee savings</b> Percentage saving	<b>£74</b> 36%	<b>£173</b> 48%
<b>Employer NI / pension savings</b>  Employer NI @10.1% / 13.8% Employer pension saving @ 14%	£21 £29	£50 £50
<b>Total employer savings</b>	<b>£49</b>	<b>£100</b>
<b>Total employee &amp; employer savings pool</b>	<b>£123</b>	<b>£273</b>
<b>Impact of proposed charges / salary sacrifice</b> Gross cost to employee (proposed) Less: savings as above Net cost to employee (proposed) Current charge	£204 -£74 £130 £180	£360 -£173 £187 £240
<b>Net saving to employee of new rates under salary sacrifice vs current charge</b> Percentage saving	<b>£50</b> 28%	<b>£53</b> 22%

We acknowledge the assistance of KPMG in preparing the above table.

**Assumptions:**

1. The illustration above assumes the employee sacrificing £204/ £360 of taxable pay in exchange for £204/ £360 tax /NIC free benefit.
2. NIC is calculated based on contracted-out rates.

Demographic Details of Public Respondents

Chart 1, Gender of responders

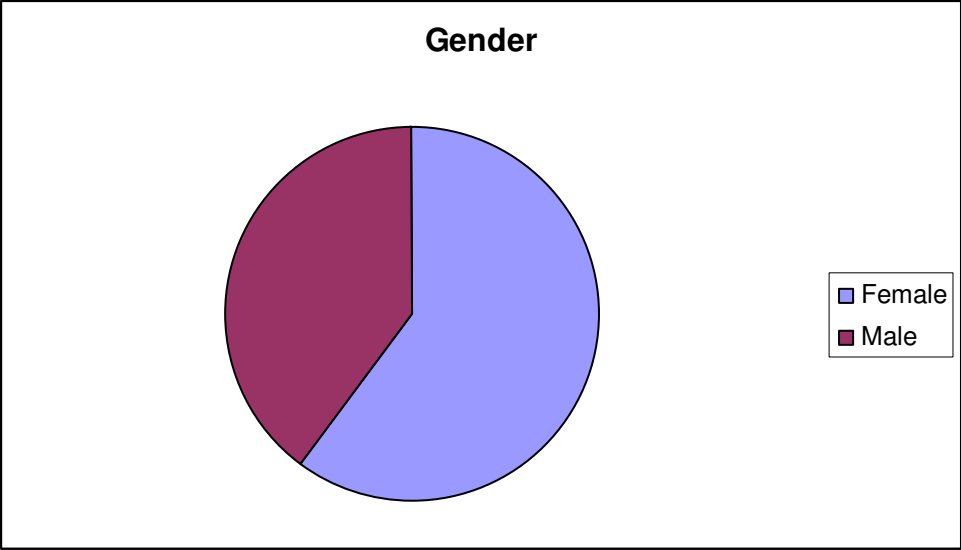


Chart 2, Age of responders

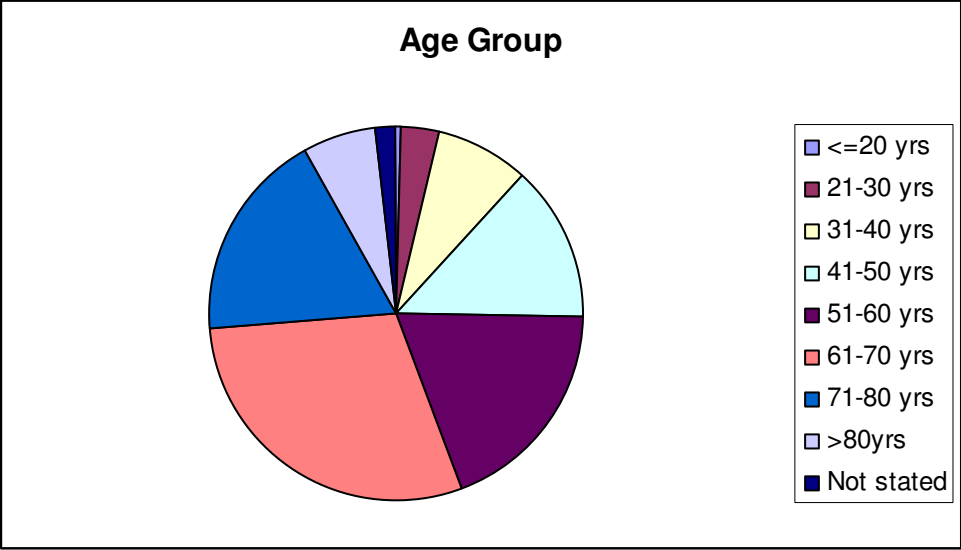
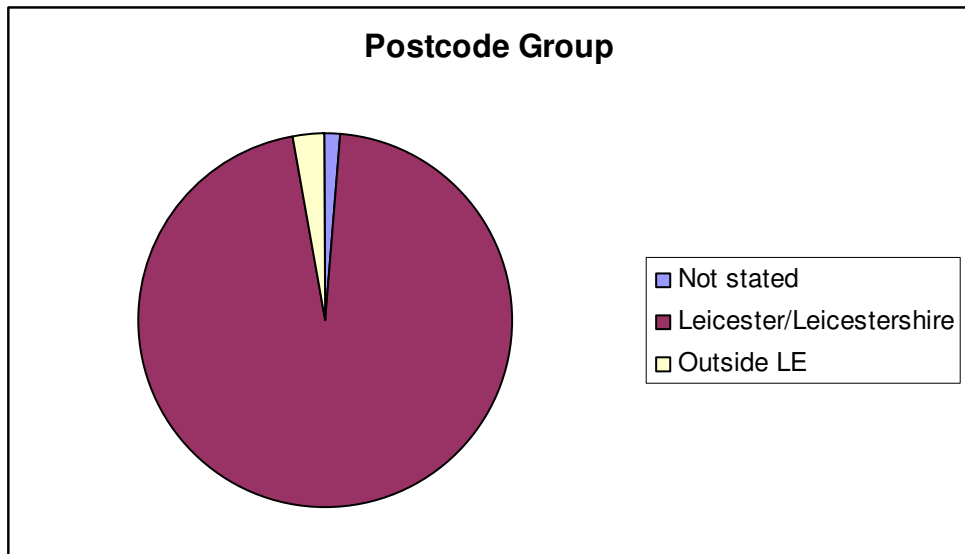
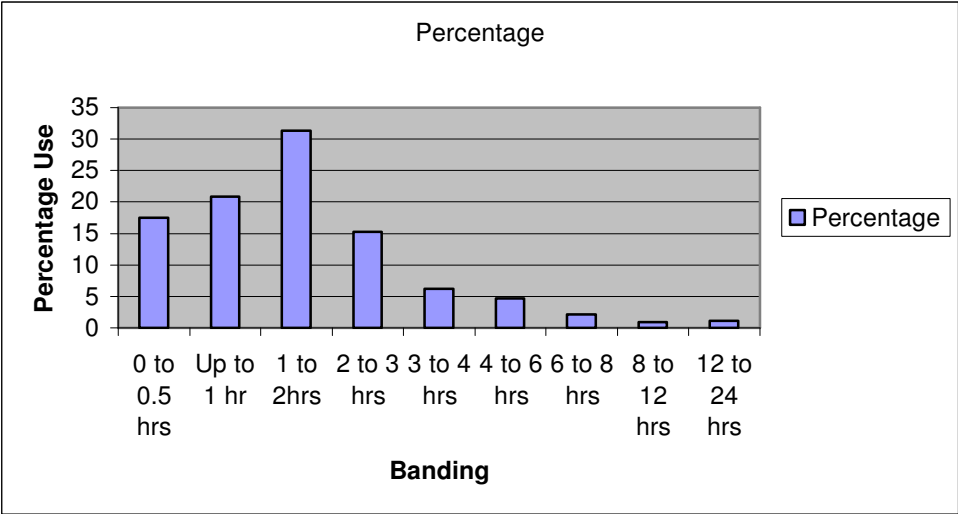


Chart 3, Postcode of responders

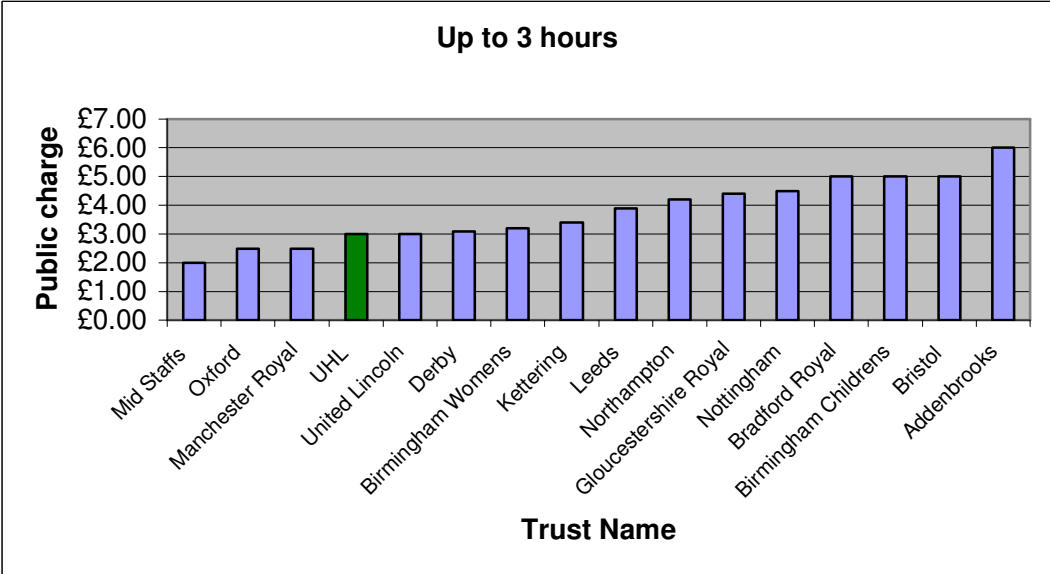




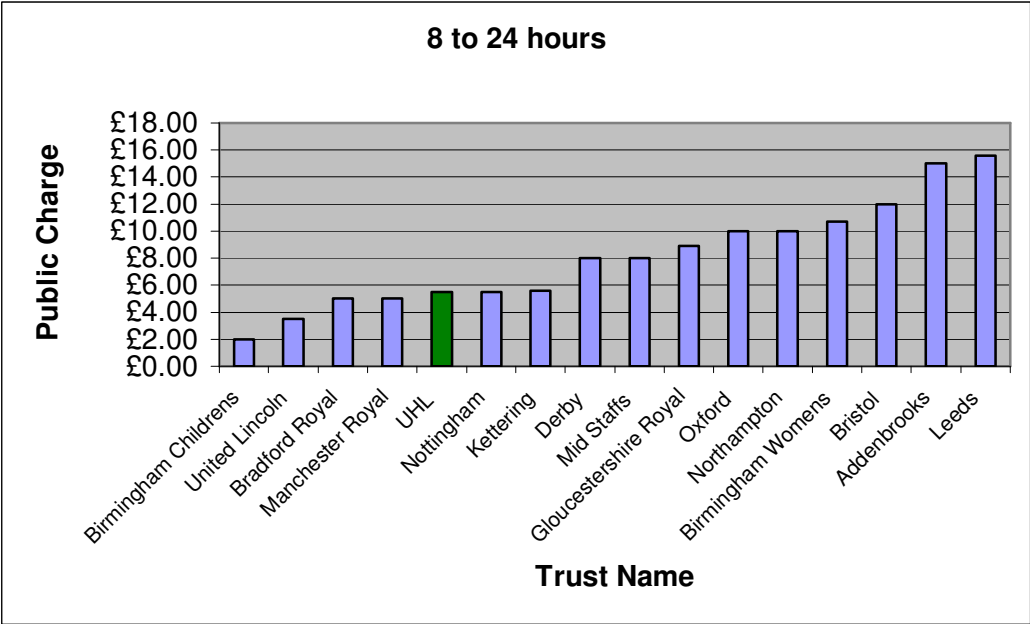
**Chart 1**  
**Percentage of Current Public Car Park Users in Each Time Band**



**Chart 2**  
**Comparison of UHL’s Proposed Public Charges (for under 3 hours) with other Trusts**



**Chart 3**  
**Comparison of UHL's Proposed Daily Charge with other Trusts**



## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## Initial Equality Impact Assessment Tool

Pro-forma for the Initial Assessment

Name of Service/ Policy: Increase in public car park charges

Priority: High

		Comments	
1.	What is the purpose of the proposal/ Policy or issue of concern	Increase car park charges to the public	
2.	Could the proposal or issue be of public concern?	Yes	
3.	Who is intended to benefit from it and in what way?	Patient care as the increased charges will remove the current car park/travel subsidy that currently comes out of direct patient care.	
4.	What outcomes are wanted the process/ policy?	Trust Board (6 <sup>th</sup> Oct) to agree to increased charges	
		Yes/No	Comments
5.	Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and transsexual people	No	
	• Age	No	Some respondents have asked for free parking for the elderly but we have systems

## Trust Board paper C

		Comments	
			<p>in place for those on certain benefits (identified by government)</p> <ul style="list-style-type: none"> <li>• Income Support Book</li> <li>• Income based Job Seekers Allowance. Letter valid for 6 months from date in top right hand corner.</li> <li>• HC2 Exemption Certificate</li> <li>• HC3 Exemption Certificate</li> <li>• Minimum Guaranteed Pension Credit (not saving credit)</li> <li>• All documentation required, point 5 stated whether person qualifies for above</li> </ul>
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	<p>There is free parking for disabled people registered with a blue badge at all sites (at LRI this is only outside the main car parks). No change to current arrangements. There are however a number of disabled people who aren't registered as a disabled person and therefore not entitled to some of the benefits that make them exempt from car parking charges. Many will be in the low income bracket. A conversation with the LINKs or the Centre for Integrated Living would be advisable.</p>
6.	Is there any evidence that some groups are affected differently?	Yes	<p>Patients/visitors who visit the hospitals more often will of course be affected more but we do have season tickets to cover some this. As before the options available are no different from current just at a</p>

## Trust Board paper C

		Comments	
			higher cost.
7.	If you have identified that some groups may be affected differently is the impact justified e.g. by Legislation: National guidelines that require the Trust to have a policy, or to change its practice.	No	We still meet the guidelines set down in the Macmillan 'Helping with the cost of cancer' booklet, the 'Fair for all not free for all' NHS Confederation guidance and the 'Hospital Parking Charter' from the British Parking Association.
8.	Is the impact of the proposal / policy likely to be negative?	Yes	The public will feel this is unfair
9.	If so can the impact be avoided?	No	The Trust Board (Sept) agreed to increase the charges
10.	What alternatives are there to achieving the proposal/ policy without the impact?		Without increasing charging the subsidy that comes from patient care will continue.
11.	What action / change is required		Good community engagement explaining out position.
12.	Who do you need to speak to/ involve		There has been a large communication exercise, I have attached the timeline to give you some idea
13.	How will you communicate the change		As above

Although this change may not be a popular one there is no evidence that there is a particular disadvantage to any particular group.

If you have identified a potential discriminatory impact; please ensure that you do complete a full Impact Assessment. –

Assessment completed by:

Name: Ruth Ward and Deb Baker

Date: 22<sup>nd</sup> September 2011

Contact number: 258 4382

Review action date :

If you require further advice please contact Deb Baker, Service Equality Manager on 0116 2584382.

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

## Initial Equality Impact Assessment Tool

**Pro-forma for the Initial Assessment****Name of Service/ Policy: Increase in Staff car park charges****Priority: High, medium, low**

There are 3 option requiring impact assessment to assess the fairest.

**Option A:** The proposal sees the current 3 bands of charges increased to 5 bands, chart below

	Up to £10,000	£10,000 – £20,000	£20,000 – £30,000	£30,000 – £40,000	£40,000 – £70,000	Over £70,000
Current	£60	£120	£180	£240	£240	£240
Proposed	£68	£136	£204	£272	£300	£360

The % increase in payment ranges from 13% for lower paid staff with an average rise of £20, for middle banded staff a 25% (£60), for higher paid staff 50% (£120).

**Option B:** An alternative option may be to introduce a scheme which sees everyone pay a percentage of their salary (we would need to charge staff 0.75% of their salary), example below

Salary	Annual charge	Salary	Annual charge
£10,000	£75	£60,000	£450
£20,000	£150	£70,000	£525
£30,000	£225	£80,000	£600
£40,000	£300	£90,000	£675
£50,000	£375	£100,000	£750

This option sees a reduction in costs for all bands up to £30k affecting four thousand staff. The % for staff earning £30k plus (1814 people ) ranges from 25% (£60) - 213% (£510) the top band affecting 38 people.

**Option C**

Flat rate £203/year

The % increase of this option for staff earning less than 10k is 238% (£143 ) affecting 439 people, a further 1870 staff will see an increase (those earning between £10k and £20k), staff earning over £30k see a reduction in costs.

Number of people in each banding:

Bands	Number in band
Up to 10k	439
£10 - £20k	1870
£20 - £30k	1709
£30 - £40k	772
£40 - £70k	591
Over £70k	451

The percentage increase for each option is detailed below:

Salary	Current	Proposal (Banding)	% Increase	Proposal (0.75%)	% Increase	Flat Rate	% Increase
Up to £10,000	£60	£68	13%			£203	238%
£10,000	£120	£136	13%	£75	- 38%	£203	69%
£20,000	£180	£204	13%	£150	-16%	£203	13%
£30,000	£240	£272	13%	£225	-6%	£203	-15%
£40,000	£240	£300	25%	£300	25%	£203	-15%
£50,000	£240	£300	25%	£375	56%	£203	-15%
£60,000	£240	£300	25%	£450	78%	£203	-15%
£70,000	£240	£360	50%	£525	119%	£203	-15%
£80,000	£240	£360	50%	£600	150%	£203	-15%
£90,000	£240	£360	50%	£675	181%	£203	-15%
£100,000 and above	£240	£360	50%	£750	213%	£203	-15%

**Option A**

Has the least impact on the workforce as a whole. That said there may be higher paid staff who view the 50% increase in charges as unfair.

**Option B**

Favours staff in the lower paid bands of which there are a greater number and sees a significant increase in cost for those earning £40k plus.

**Option C**

Favours higher paid staff with the biggest percentage increase being born by lower paid staff. Higher paid staff would see a reduction in charges. In terms of discrimination option has the most negative staff impact.

**Recommendation**

**Option A.**

		Comments	
1.	What is the purpose of the proposal/ Policy or issue of concern	Increase car park charges to the staff	
2.	Could the proposal or issue be of public concern?	Yes as they are affected too.	
3.	Who is intended to benefit from it and in what way?	Patient care as the increased charges will remove the current car park/travel subsidy that currently comes out of direct patient care.	
4.	What outcomes are wanted the process/ policy?	Trust Board (6 <sup>th</sup> Oct) to agree to increased charges	
		Yes/No	Comments
5.	Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and transsexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	All members of staff who require specific parking are referred to occupational health who then recommends the required action. Disabled staff are not exempt from car parking charges
6.	Is there any evidence that some groups are affected differently?	No	Some staff feel that the 3 options are better/worse for them. The 3 options being:



## Trust Board paper C

		Comments	
			<ul style="list-style-type: none"> <li>• % charge of salary</li> <li>• Banding as current</li> <li>• Flat rate for all staff</li> </ul>
7.	If you have identified that some groups may be affected differently is the impact justified e.g. by Legislation: National guidelines that require the Trust to have a policy, or to change its practice.	No	As above
8.	Is the impact of the proposal / policy likely to be negative?	Yes	The staff will feel this is unfair
9.	If so can the impact be avoided?	No	The Trust Board (Sept) agreed to increase the charges
10.	What alternatives are there to achieving the proposal/ policy without the impact?		Without increasing charging the subsidy that comes from patient care will continue.
11.	What action / change is required		
12.	Who do you need to speak to/ involve		There has been a large communication exercise, I have attached the timeline to give you some idea
13.	How will you communicate the change		As above

If you have identified a potential discriminatory impact; please ensure that you do complete a full Impact Assessment. –

Assessment completed by:

Name: Ruth Ward & Deb Baker

Signed:

Date: 22<sup>nd</sup> September 2011

Contact number: 258 4382

Review action date:

If you require further advice please contact Deb Baker, Service Equality Manager on 0116 2584382.

## Public Charging Proposal

Current Prices		Original Proposal		Amended Proposal	
Time	Tariff	Time	Tariff	Time	Tariff
Up to 30 minutes	Free	30 minutes	Free	30 minutes	£1.50 at LGH and GH Free at LRI
Up to 1 hour	£1.00	Up to 2 hours	£2.30	Up to 1 hour	£1.50
1 to 2 hours	£1.50			1 to 2 hours	£2.50
2 to 3 hours	£2.00	2 to 4 hours	£4.00	2 to 3 hours	£3.00
3 to 4 hours	£3.00			3 to 4 hours	£4.00
4 to 6 hours	£4.00	4 to 8 hours	£6.00	4 to 8 hours	£6.00
6 to 8 hours	£6.00				
8 to 12 hours	£8.00	8 to 12 hours	£10.00	8 to 12 hours	£10.00
12 to 24 hours	£10.00	12 to 24 hours	£12.00	12 to 24 hours	£12.00
<b>Season Tickets for patients or prime carer</b>					
Daily max	£5	Daily max	£5.50	Daily	£5.50
Weekly	£10	Weekly	£11	Weekly	£15
Monthly	£40	Monthly	£40	Monthly	£50
Saver (Royal Infirmary Only)	£25 (for £50 of parking credit)	Saver (Royal Infirmary Only)	£25 (for £50 of parking credit)	Saver (Royal Infirmary Only)	£25 (for £50 of parking credit)

**CURRENT CAR PARKING INCOME AND EXPENDITURE**UHL Car Parking Income and Expenditure

	Total £
<u>Expenditure</u>	
Serco Management	617,178
Electricity	19,000
Water Charges	62,054
Rates	347,635
Rental of Spaces	683,892
Security Staff	56,329
UHL Management	93,363
CCTV Maint	43,522
Barrier Maint	41,637
Cleaning / Line Painting	9,629
Shuttle Bus	524,859
Capital Expenditure	250,000
Capital Charges	306,302
<b>Total Car Parking Expenditure</b>	<b>3,055,400</b>
<u>Income</u>	
Staff	810,177
Visitors	1,499,049
Shuttle Bus	194,916
<b>Total Car Parking Income</b>	<b>2,504,142</b>
<b>Net Surplus / (Loss)</b>	<b>-551,258</b>

**PREDICTED CAR PARKING INCOME AND EXPENDITURE**

<u>Expenditure</u>	All sites £	
Serco Management	617,178	
Electricity	19,000	
Water	62,054	
Rates	347,635	
Rental of spaces	683,892	
Security Staff	56,329	
UHL Management	93,363	
CCTV Maint	43,522	
Barrier Maint	41,637	
Cleaning/Line Painting	9,629	
Shuttle Bus	512,944	New price as of April '12
Capital Expenditure	250,000	£250k from other budgets
Capital Charges	306,302	
<b>Total Exenditure</b>	<b>3,043,485</b>	
<u>Income</u>		
Staff	968,000	Original plus the projected £158 extra
Visitors	1,857,156	
Shuttle Bus	230,000	Original plus the £36k extra (from one uplift only)
<b>Total Income</b>	<b>3,055,156</b>	
<u>Net Surplus/Loss</u>	<u>11,671</u>	