

Equality and Human Rights Screening

Title of Proposal: Car Parking Increased Charge Rate Proposal:

- Altnagelvin Site
- Omagh Hospital & Primary Care Complex
- South West Acute Hospital Site

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SCREENING TEMPLATE

1. Information about the Proposal

1.1 Title of Proposal - Car Parking Increased Charge Rate Proposal

Description of Proposal

This proposal involves increasing the car parking charges on the Altnagelvin, Omagh Hospital and Primary Care Complex (OHPCC) and South West Acute Hospital (SWAH) sites.

The overall aim of this proposal is to continue to support patients, clients and visitors to access a car parking space on our hospital sites and to ensure the charge rate reflects a reasonable contribution towards recovering the costs associated with the overall provision and management of car parking on these sites.

The key objectives are to support:

- accessible parking for all site users,
- improved accessible parking facilities close to hospital entrances for patients/visitors,
- reduced congestion from circulating traffic through the provision of accessible paid for spaces primarily for patients and visitors.
- generating income to fund car park provision/management which would otherwise have to be funded from front line patient services resources
- the provision of clear guidance in relation to charging and concessionary / free parking on the site, and
- implementing the travel management plan by encouraging increased use of public transport, car sharing and walk/cycle routes by staff.

The implementation of paid for parking for short term users accessing Trust secondary care services on hospital sites is aligned to the strategic direction for car parking both within the Western Trust and regionally. Within the Western Trust the Altnagelvin hospital site has had paid parking in place since 2006. Paid for parking for short term site users was introduced to SWAH shortly after it opened in 2012 and on the new Omagh Hospital and Primary Care Complex when it opened in June 2017.

Car Parking Provision

Table 1 below details the car parking provision across the 3 affected sites and the number of free and paid parking spaces on each site.

Site	Total Spaces	Paid	Paid %	Free	Free %
Altnagelvin	2294	470	20	1824	80
OHPCC	863	158	18	705	82
SWAH	989	180	18	809	82
					Table

Table 1

The recently opened NW Cancer Centre has both a surface and underground car park with a total provision of 132 spaces and in line with the regional car parking proposal requirements all patients attending for cancer treatment are facilitated with free car parking. This means that vast majority of these car parking spaces are free of charge for cancer patients with the remaining 30 spaces being paid for and available to all other site users.

How will Proposal aims and objectives be achieved

In September 2010 the Trust considered and endorsed a strategic direction proposal on the provision of car parking on the Altnagelvin, Tyrone County Hospital and Erne Hospital sites. This included the extension of paid car parking on the Altnagelvin Site and an agreement that the introduction of paid car parking on both the Omagh and Erne Hospital sites would be considered in line with the timescales for the new hospitals.

Since then the Trust has undertaken a number of significant reviews in terms of car parking and traffic management on hospital sites as follows:

- 1) the extension of paid parking on the Altnagelvin site in 2011(proposal to extend to 405 paid for spaces on the site)
- 2) the introduction of 236 paid for parking spaces at the South West Acute Hospital site in 2012,
- 3) the implementation of Car Parking Operational Procedures on the SWAH and Altnagelvin Hospital sites in 2015 and again in 2016, and
- 4) the introduction of paid for parking on 158 car parking spaces at the Omagh Hospital and Primary Care Complex and implementing Car Parking Operational Procedures in 2016/17.

All proposal decisions were screened for Equality & Human Rights and as part of the screening processes targeted engagements with a range of key stakeholders were undertaken in 2011, 2012, 2015 and 2016 respectively. The outcome of these processes has resulted in the Trust implementing a range of mitigating measures/actions to support the implementation of the original proposals. The feedback from these engagement processes has been taken into account in developing this proposal to extend chargeable car parking at Altnagelvin and increasing the charge rate on all paid for spaces.

Table 2 below details the Western HSC Trust charge rate from 1st April 2017 which went from 70p flat rate structure to 80p to reflect inflationary uplift. To note – there had been no inflationary or price uplift in the 5 years prior to 2017. It also details the current tariff implemented from 1st November 2017 as part of the Trust's in year savings plan which was consulted upon (September-October 2017). The final column details average occupancy levels, which is key to understanding impact on car park users when implementing any proposed changes to the charging tariff.

Charge Bands	Charge Rate 1/4/17 – 31/10/17	Current Charge Rate (Temp In year increase from 1/11/17 – 31/3/18)	Occupancy
			/
Up to 1 hour	.80p	£1.00	39%
1-2 hours	£1.60	£1.80	41%
2-3 hours	£2.40	£2.60	10%
3-4 hours	£3.20	£3.40	3%
4-5 hours	£4.00	£4.00	2%
5-6 hours	£4.80	£4.80	2%
6-8 hours	£5.60	£5.60	2%
Over 8	£6.40	£6.40	1%
hours			

Based on the above average occupancy levels it is clear that almost 90% of users are exiting the car parks by hour 3 which confirms short term site users, i.e., patients and clients and a regular turnover and availability of accessible paid spaces.

Regional Proposal & Other Trust's Position

The regional car parking proposal, "Proposal for Car Parking Provision and Management in the Health and Social Care Sector" published in 2012, provided the following narrative in terms of the setting of car parking charges "Car-parking charging should be set taking into account existing charges in the surrounding locale. Charging should be used for payback on investment and to help cover the cost of the provision and maintenance of car parking including the associated security costs".

Table 3 outlines the cost recovery per space required to <u>cover the costs associated with</u> <u>all spaces on each site</u>, and compares with some of parking rates in the surrounding areas.

	Altnagelvin	OHPCC	SWAH
	2294 spaces	863 spaces	989 spaces
Per Space costs for the Trust's to recover all costs.	£1.78	£1.33	£1.81
Local DOE Rate Per Hour	60p	40p	40p
Local Private Rate Per Hour	£1.00	60p	60p

Table 3

*based on projected utilisation of OH&PCC paid parking spaces.

The proposed increased charge rates is still significantly less than full cost recovery rate per space on any of the 3 sites.

Table 4 below outlines the existing and proposed charge structure for car parking for the Western HSC Trust and provides some comparison with the other NI Trusts.

Charge Bands	Proposed WHSCT Charge	NHSCT Charge	Belfast City Charge	SEHSCT Average Charge	SHSCT Average Charge
Up to 1 hour	£1.00	1.10	1.10	1.20	1.20
1-2 hours	£1.80	1.60	1.70	1.80	1.80
2-3 hours	£2.60	2.00	2.30	1.80	2.40
3-4 hours	£3.40	2.50	2.80	1.80	2.40
4-5 hours	£4.00	3.00	5.00	2.60	3.00
5-6 hours	£4.80	3.50	8.30	2.60	3.00
6-8 hours	£5.60	4.00	11.00	3.50	4.20
Over 8 hours	£6.40	5.00	11.00	4.50	5.40

Table 4

The above analysis demonstrates that the proposed Western HSC Trust rate of £1.00 for the first hour will see the Trust remain the lowest charge for this period. The Trust would also be broadly in line with other Trusts for hour 1-2 (80% of site users).

There are a range of mitigations for paid car park users as follows:

- In line with hospital provision and regional proposal the Trust maintains over 70% of car parking spaces free of charge on our hospital sites (Appendix 1).
- Hospital Travel Costs Scheme in place for those on benefits or low income
- Western HSC Trust Concessionary Parking Scheme (Appendix 2) for those attending the hospital very frequently and/or for lengthy periods of time.

<u>Appendix 3</u> outlines some Frequently Asked Questions (FAQs) which is aimed at helping site users understand the Trust's paid parking arrangements and what is available to them as site users.

1.2 Main stakeholders affected

The Equality Screening process has identified potential adverse impact on some of the S75 Groups, namely Age and Disability. As part of the screening process the Trust is proposing to undertake a targeted engagement on this car parking proposal over a 14 week period from 11th December 2017 to 16th March 2018.

Screening the Proposal 2.

Uptake of the Affected Group 2.1

Western Trust area population (2011 Census)					
Total population in Western Area: 294,417					
•	Public				
Sex:	4.40.054				
	146,051				
Female:	148,366				
Age:	00.445				
0-4:	20,445				
5-7:	11,322				
8 – 9:	7,668				
10 – 14:	,				
15:	4,467				
	9,266				
	8,097				
	19,865				
25 – 29:	,				
30 – 44:					
45 – 59:	,				
60 – 64:	,				
65 – 74:					
	12,301				
	2,878				
90+:	1,333				
Religion:					
	: 182,996 (62.16%)				
-	rian: 29,353 (9.97%)				
	of Ireland: 37,154 (12.62%) st: 4,900 (1.66%)				
	nistian: 7,212 (2.45%)				
	igions: 1,475 (0.50%)				
	on: 12,199 (4.14%)				
•	not stated: 19,128 (6.50%)				
	Opinion - Based on first choice votes held by electoral office.				
	st: 86,834 (53%)				
	61,995 (38.06%)				
	,025 (8.62%)				
	otal: 162,854				
	tatus: All usual residents aged 16 and over (229,329)				
Single: 87					
Married: 1					
	red same-sex civil partnership: 161				
•	d but still legally married: 9,678				
	or formerly in a same-sex civil partnership which is now legally				
	ed: 11,063				
	or surviving partner from a same-sex civil partnership: 14,487				
	er earning parties norm a came cox of participant. 17,701				

Western Trust area population (2011 Census)

Dependents:

All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204

Residents who:

Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924

Disability:

Persons with:

Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351

Long-term health problem or disability: Day-to-day activities not limited: 230,078

Ethnicity:

White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)

Sexual orientation:

Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.

All information, unless otherwise stated, has been obtained from the 2011 Census. Census information is being released in stages and as additional relevant information is released this information is subject to change.

Consideration of Available Data and Research Sources WHSCT Workforce Profile as at 22 August 2017

SECTION 75 GROUP		NO OF STAFF	%
GENDER	Female	11679	81.5%
	Male	2651	18.5%
	TOTAL	14330	100.0%
RELIGION	Protestant	3654	25.5%
	Roman Catholic	9454	66.0%
	Not Determined/Not Known	1222	8.5%
	TOTAL	14330	100.0%
POLITICAL OPINION	Broadly Unionist	972	6.8%
	Broadly Nationalist	1996	13.9%
	Other	1601	11.2%
	Do not wish to answer/not known	9761	68.1%
	TOTAL	14330	100.0%
AGE	16-24	439	3.1%
AGL	25-34	3233	22.6%
	35-44	3836	26.8%
	45-54	4046	28.2%
	55-64	2455	17.1%
	65+	321	2.2%
	TOTAL	14330	100.0%
MARITAL STATUS	Married	8715	60.8%
	Single	4598	32.1%
	Other	1017	7.1%
	TOTAL	14330	100.0%
DEPENDENT STATUS	Yes	4430	30.9%
DEFENDENT STATOS	No	3594	25.1%
	Not Known	6306	44.0%
	TOTAL	14330	100.0%
DISABILITY	Yes	349	2.4%
DIJADILITT	No	8869	61.9%
	Not Known	5112	35.7%
	TOTAL	14330	100.0%
	Black African	14330	0.1%
ETHNICITY	Bangladeshi	2	0.1%
	Black Caribbean	4	0.0%
	Chinese	6	0.0%
	Indian	159	1.1%
	Irish Traveller	7	0.0%
		31	0.2%
	Pakistani White	12220	85.3%
		12220	0.1%
	Mixed Ethnic Group		0.1%
	Other	101	
	Filipino	37	0.3%
	Black Other	1	0.0%
	Not Known	1729	12.1%
	TOTAL	14330	100.0%
	Opposite sex	8021	56.0%
SEXUAL ORIENTATION	Same sex	153	1.1%
ATTRACTED TO:	Same and Opposite sex	9	0.1%
	Do not wish to answer/not known	6147	42.9%
	TOTAL	14330	100.0%

The Trust has relied on the following quantitative and qualitative information when considering the equality implications of this proposal.

- Northern Ireland Statistics and Research Agency(NISRA)
- Regional Strategy 'A Healthier Future (2005-2025)
- Investing for Health Strategy 2002
- 2011 Census of Population (Northern Ireland)
- Northern Ireland Health and Personal Social Services Workforce Census 2006
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- Trust Board Monthly Performance Report
- Available data in respect of the Section 75 groupings for current service users and staff.
- Transforming Your Care A Review of Health and Social Care in NI December 2011
- Trust Delivery Plan 2017/18
- Draft Commissioning Plan 2017/18
- Statement of Key Inequalities, Equality Commission for Northern Ireland
- Available data in respect of each of the Section 75 groupings for service users and staff
- Quality 2020 : A 10 Year Strategy to Protect and Improve Quality in HSC in NI
- The Bamford Review, a Strategic Framework for Adult Mental Health Services. (2005)
- Independent Review of Health and Social Care Services in Northern Ireland (2005), Professor John Appleby.
- Human Rights Act and in particular Article 8 namely the Right to respect for private and family life
- UN Convention on the Rights of Persons with Disabilities including Article 19 UNCRPD – Right to Independent Living and being included in the community.
- UN Principles for Older Persons.
- British Association of Perinatal Medicine (BAPM) Standards for Hospitals providing Neonatal Care. 2011.
- NHSCT and SHSCT EQIAs on Car Parking 2010/2011.
- WHSCT Car Parking Screening and Targeted Engagement Exercises 2011, 2012, 2014 and 2016.
- WHSCT HR Workforce Profile Information 2017
- WHSCT Way Finding Review (Altnagelvin) 2017.

This list is not exhaustive.

Increased Hourly Charge Rate - Car Group Source Actions to reduce adverse impact Parking General WHSCT previous Car The Trust has designed car parking facilities to improve Clear signage to direct them to and Parking Engagement accessibility for all users. To support the implementation of from car parking spaces this proposal and following the feedback from previous Processes (2010, Effective lighting • 2012, 2015, 2016) targeted engagement processes in relation to car parking a Secure ٠ number of mitigations will be implemented as follows: Close proximity to main entrances Patient Client Council of buildings • Patients will receive clear instructions about the car Members survey -Sufficient capacity • parking arrangements in their appointment letter. Car parking Changes Service Users of GP Out of Hours • This information will also refer service users to the at Altnagelvin Area to have free parking Hospital Travel Costs Scheme (HTCS) and the Hospital Concerns re-impact on low income • Trusts concessionary parking guidelines. Under the households or those on benefits. (HTCS) patients on low incomes or specific qualifying Inclusive Mobility and benefits or allowances are entitled to have parking Transport Advisory costs reimbursed. Committee (IMTAC) • The Trust's Concessionary Parking Guidelines and Disability identify a range of service users who are exempt **Regional Access** from charging. Committee: "Position • Patients attending GP Out of Hours will be entitled to Paper on car Parking free parking. for Disabled People and Older People at The Trust has established a travel plan which sets Health Service out a range of measures that positively impacts upon Buildings in NI. the usage of car parking facilities. Rural transport options will be advertised within WHSCT Way Finding hospital sites/health centres and other Trust facilities. **Review and Strategy** The Trust will be liaising with local public transport 2017 provision to improve bus links to site including frequency and routes. Bus stops positioned near to main hospital entrances. Signage including car parking and external to be updated.

2.2 Identification of evidence that the proposal will impact on the needs of different groups and mitigating actions

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
NB: Comme	nt made under the 'general' heading apply	to all the section 75 cat	egories considered in this table.
Gender	Overwhelming evidence shows that women are at greater risk of experiencing poverty, multiple deprivation and exclusion. Life expectancy is higher for women than men. In 2003-05 life expectancy was 80.8 years for women and 76.0 years for men in non-deprived wards. Life expectancy for those in deprived wards was somewhat lower, at 77.9 years for women and 72.0 years for men. Single parent households, which are more likely to be female, experience an increased risk of poverty and exclusion compared to other groups, 49% in 2004/05.	2001 Census Bare Necessities – Poverty and Social Exclusion in N Ireland, Democratic Dialogue, October 2003 Households Below Average Income, DSD H&SC Care Inequalities Monitoring System: 2004, DHSSPS	 See above general information in 2.3. In the Altnagelvin engagement process Trade Union Groups raised concerns in relation to the security of users within the car parks (2012/13 Engagement on the Altnagelvin site). The design of hospital parking demonstrates: Car parking close to main entrances Appropriate levels of lighting CCTV security across the external areas of the site. The Trust's Concessionary Parking Guidelines identify a range of service users who are exempt from charging. The Hospital Travel Costs Scheme (HTCS)
	Households including single mothers tend to have lower than average incomes. While younger households are more likely to experience poverty. There may be an issue regarding the safety and security of females returning to vehicles, particularly at night	WHSCT Altnagelvin site car parking targeted engagement 2010 and 2012	
Age	While younger households are more likely to experience poverty, there would also appear to be particular	Expenditure and Food Survey, NISRA	 Older People; See actions specified in gender, disability etc The Trust's Concessionary Parking Guidelines

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	 issues with regard to older people, who tend to have lower incomes, are more benefit dependent and spend more on necessities than the rest of the population. In 2004/05, 52.8% of pensioner household weekly expenditure was on necessities. They also experience other forms of exclusion, such as isolation from friends, relatives, services and facilities etc. Life expectancy is higher for women than men. In 2003-05 life expectancy 	Ageing in an Inclusive Society, OFMDFM,	 identify a range of service users who are exempt from charging. Hospital Travel Costs Scheme (HTCS). Access to the main entrance from paid car parking will have rest positions en-route. Car parking spaces are accessible to the main entrances
	was 80.8 years for women and 76.0 years for men in non-deprived wards. Life expectancy for those in deprived wards was somewhat lower, at 77.9 years for women and 72.0 years for men.	2005 HSC Inequalities Monitoring System: First Update Bulleting 2004, DHSSPS.	
	 For many older people the car is critical to providing mobility. Older people living in remote areas or on disadvantaged housing estates have difficulty accessing the sorts of opportunities that most people in society can often take for granted. This is a particular issue for pensioners in rural areas who are significantly more likely to be in poverty than those in 	NI Equality Commission 2006 survey "Attitudes and Awareness of Equality Issues Amongst the Public in Northern Ireland Patient Client Council (2010)	

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	urban areas. For older women participation can be further constrained by pensioner poverty.		
	The Trust is mindful of the demographic trends and in particular notes that the population aged 85 and over is growing most quickly with an anticipated 34.3% growth in the Western Trust area by 2017. There is recognition that the over 75 and 85 population will continue to need more access to HSC services than younger age groups.		
	Older people need to have car parking located within easy access of the main hospital entrance. Increases in costs of travelling by car are likely to have a disproportionate effect on the lives of disabled people and older people.	Inclusive Mobility and Transport Advisory Committee (IMTAC) and Disability Regional Access Committee: "Position Paper on car Parking for Disabled People and Older People at Health Service Buildings in NI".	
Religious Beliefs	The available data on adults living in lower-income households suggests that there is an approximate balance between the Protestant and Catholic communities in the numbers living in	2001 Census	

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	such households, although data shows that Catholics are at greater risk of multiple deprivation.		
Political Opinion	No hard evidence, but issues are anticip	ated to be similar issues	to those identified for Religious beliefs.
Marital Status	Marital status is associated with poverty. Those who are separated have the highest rate of poverty followed by those who are divorced and then single people. Households including single mothers tend to have lower than average incomes.	Expenditure and Food Survey, (NISRA). Households below Average Income DSD	
Dependent Status	Households caring for children or dependant adults have higher poverty rates and are at greater risk of multiple deprivations than those without dependants. In 2004/05, 24% of couples with children were at risk of poverty compared to 18% of couples with no children. Single parent households, which are more likely to be female, experience an elevated risk of poverty and exclusion compared to other groups, 49% in 2004/05.	Households below Average Income, DSD 2001 Census	 Deploy traffic management resource to guide and direct site users. Trust will facilitate free car parking in discretionary situations as set out in the regional guidance (see appendix B) and also in Trust proposal. There will also be protected car parking spaces for service users with children that are in close proximity to hospital entrances. The Trust's Concessionary Parking Guidelines identify a range of service users who are exempt from charging.
	It is therefore likely this proposal will impact more on single parents with dependants. The Baywatch Campaign (NI) (who actively campaign for	NI Baywatch Campaign	 The Hospital Travel Costs Scheme (HTCS) Potential free parking out of hours for visitors of very ill patients.

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	 accessible parking) supports the growing trend amongst service providers to provide wider designated parking for parents with young children. However, they point out in doing so it is important that the design of other bays does not restrict access for disabled people. Feedback from the consultation carried out by the NSCHT raised concerns about the consequences for families and friends visiting people with very serious illnesses or partners of maternity patients. Concerns raised in relation to costs of car parking for single parents on benefits. 	NHSCT EQIA 2008 WHSCT Altnagelvin site car parking targeted engagement 2010)	
Disability	Research shows that over 20% of the population of Northern Ireland has a disability. Analysis of the population profile for the Londonderry area in the Western	The Baywatch Campaign (NI). Expenditure and Food Survey,	All actions described in the previous sections are applicable to those with disabilities. Access to main entrances from paid car parks for people with disabilities have rest positions en-route.
	Trust revealed that, 20.14 % had with a limiting long term illness. The Northern Ireland Survey of Activity Limitation and Disability (2006/07) reports that 18% of the population in Northern Ireland are limited in their daily	NISRA). ECNI Audit of inequalities 2007	The Trust is meeting the recommended amount of protected disabled parking spaces on all 3 hospital sites. Drop off / pick up zones are clearly marked and adjacent to hospital entrances. Whilst waiting times here will be limited.
	Ireland are limited in their daily activities for reasons associated with a		hospital entrances. Whilst waiting times here will be limit the Trust will ensure that adequate time will be given for

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	disability or long-term condition.		someone with a disability.
	Households including disabled people tend to have lower than average incomes. Of the Section 75 categories, adults with disability and children with disability have the highest risk of poverty before social transfers (before social transfers excludes from household income all social cash transfers including state pensions and state benefits) at 77% and 70% respectively in 2004-2005. After social transfers the risk of poverty for adults with disabilities and children with a disability was 37%. Research also highlights the fact that disabled people face particular difficulties when accessing public and social services such as transport, housing, health and financial services.	Households below average Income. DSD 2001 Census	The Trust plans to work in partnership with a range of user representatives, for example from the disability and older people's sectors, in the implementation of this proposal to avoid the potential for any future adverse impact by adopting good practice. The Trust will take into account Health Estates Guidance on HSC Hospital Care Parking Provision and Management (June 2008) along with The Baywatch Campaign (NI) Providing Accessible Parking – A Good Practice Guide. Way-finding signage will be in place to direct service users throughout the site. Majority of disabled spaces on the hospital sites are in free parking areas. WHSCT has implemented Car Parking Operational Procedures in October 2016, one of the primary aims is to protect disabled parking spaces for blue badge holders –
	For many disabled people only the car gives mobility.	WHSCT Way Finding Review and Proposed Strategy	this is proving effective.
	The Trust notes the views of the Inclusive mobility and Transport	November 2017	
	Advisory committee (IMTAC):	Health Estates	
	"Similar concessions available to	Guidance on HSC	
	disabled people and older people around other schemes that charge for	Hospital Car Parking Provision &	
	car usage are usually based on	Management. (2008)	

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	 possession of a Blue Badge, exemption from Vehicle Excise Duty or receipt of the Higher Rate Mobility Component of the DLA. Hospitals, should give consideration to providing a concession for car parking to anyone who meets these criteria and that this should be an addition to any other concessionary criteria already identified by the hospital." The new acute hospital travel plan information has highlighted the need to ensure a protected parking for those with disabilities with close accessibility to hospital entrances and that walking distances are minimized. Way finding to assist people with disabilities Increases in costs of travelling by car are likely to have a disproportionate effect on the lives of disabled people and older people 	New acute hospital Travel Plan Trust Targeted Engagement (2010) (IMTAC) and Disability Regional Access Committee:	
Ethnicity	Irish Travellers are at greater risk of poverty, multiple deprivation and exclusion. They are also more likely than other groups to leave school with no qualifications. A number of initiatives across Departments aim to address the difficulties Irish Travellers		The Trust spends significant resources in ensuring its services are accessible by the whole community and uses the NI H&SS Regional Interpreting Service. Similarly, the Trust translates information into a range of formats for those whose first language is not English. Provide support to people whose first language is not English to understand the parking arrangements including charging by using the NI

Group	Increased Hourly Charge Rate – Car Parking	Source	Actions to reduce adverse impact
	may face in accessing services and employment. Whilst it is not possible to assess the full extent of Black and Minority Ethnic (BME) and Migrant Workers resident within the Trust's jurisdiction the numbers are significant. Information may need to be translated into different languages.		 H&SS Regional Interpreting Service, and other agreed providers if necessary. The Trust's Concessionary Parking Guidelines identify a range of service users who are exempt from charging. Hospital Travel Costs Scheme (HTCS)
Sexual Orientation	No evidence of adverse impact		
Any other comments e.g., Rurality, etc	Accessing health and social care services can be a challenge for those who live in rural areas of NI; live in isolated or deprived urban communities on the outskirts of town cities or have limited mobility because of age or disability. Within the new acute hospital travel plan there will be a shuttle bus service to the site from the town. Feedback from other consultation re car parking carried out indicated a substantial section of the population being opposed to car parking charges in principle.	NHSCT EQIA 2008 WHSCT Altnagelvin site car parking targeted engagement 2010	 The Trust's Concessionary Parking Guidelines identify a range of service users who are exempt from charging. Hospital Travel Costs Scheme (HTCS) Travel Plan

2.3 Opportunity to better promote equality of opportunity or good relations by altering the proposal or by working with others in government or in the larger community

Group	Suggestions
Translink	Continued working with Translink to confirm bus links to site including frequency and routes. Ensure relocated bus stop on the Altnagelvin site is positioned close to the new main hospital entrance – planned for 2020.
Patients Staff Visitors	Implementation of Hospital Site Travel Plan recommendations for all hospital sites, and in particular encouraging car sharing, cycle and or walk to work options and use of public transport
Trade Unions & Staff	The Trust will work closely with Trade Union organisations and staff generally in the implementation of parking arrangements at all hospital sites.

2.4 Changes to the proposal/ additional measures to ensure promotion of good relations?

Group	Suggestions
Religion	Not applicable
Political Opinion	Not applicable
Ethnicity	Provide support to people whose first language is not English to understand the parking arrangements including charging by using the NI H&SS Regional Interpreting Service, and other agreed providers if necessary.

2.5 Previous consultations with relevant groups, organisations or individuals - indication that particular policies create problems that are specific to them?

The Trust has considered the feedback from the EQIA's undertaken in the Southern and Northern HSC Trusts (2010/2011) on car parking as well the Trust's own targeted engagements on the extension of paid for parking on the Altnagelvin Site in 2010, and the implementation of paid car parking on SWAH hospital site in 2012, and implementation of car parking operational procedures 2015 and 2016 and the implementation of paid for parking at the Omagh Hospital and Primary Care Complex.

2.6 Future data I collection to monitor the effect of the proposal on any of the groups under Section 75

- Regular Audit of availability of spaces particularly at peak times.
- Income generated and outgoings to maintain and operate car parking facilities.
- Number of HTCS claimants claiming free car parking.
- Complaints/Issues raised and resolution.

- Availability of disabled parking spaces
- Number of disabled parking spaces abused on sites.

3. Should the Proposal be subject to Equality Impact Assessment?

Significant/major impact	Yes
Low impact	

Do you consider that this proposal needs to be subjected to a full equality impact assessment?

Yes	
No	X

Reasons for decision.

The proposal to increase the charge rate has as far as possible taken into account the various needs of the different equality groups (see section 2.3). In relation to issues in respect of charging, the following apply:

- The Trust is adhering to the regional guidance "Car Parking Provision and Management within the HSC" 2012
- The proposal to charge short term users who are accessing Trust secondary care services is now equitable across all 3 secondary care hospital sites within the Western HSC Trust.
- The Trust maintains over 70% of spaces not paid on hospital sites.
- The Trust will continue to ensure that those categories of patients/visitors who are entitled to free parking under the regional guidelines will receive free parking.
- The Trust has developed further guidance "Concessionary Parking Guidelines" aimed particularly at those patients/visitors who attend the hospital very frequently and/or for lengthy periods of time.
- The Trust is aligned to the strategic direction of the other HSC Trusts in NI in relation to Traffic Management and Car Parking charges.
- The Trust has examined a range of research, as well as the outcome of the two EQIAs on Car parking, carried out by the SHSCT and NHSCT in 2008 as well as feedback from the WHSCT Altnagelvin site car parking targeted engagements in 2010, 2012, 2015 and 2016.

- The four major reviews and targeted engagements undertaken in relation to the implementation and/or extension of paid for parking on hospital sites has attracted very low response rates.
- The Trust has developed a range of mitigating actions specified in section 2.2

As part of the Equality Screening process the Trust is now committed to undertaking targeted engagement over a 14 week period with key stakeholders.

4. Disability Discrimination

4.1 Does the proposal/ in any way discourage disabled people from participating in public life or does it fail to promote positive attitudes towards disabled people?

No. The Trust is meeting and exceeding in some sites the recommended level of disabled parking spaces on hospital sites. These have been sited in close proximity to hospital entrances. In addition in 2016 the Trust implemented the Car Parking Operational Procedures to ensure that disabled parking spaces would be protected for blue badge holders.

4.2 Is there an opportunity to better promote positive attitudes towards disabled people or encourage their participation in public life by making changes to the proposal/decision or introducing additional measures?

Disability Action Group and other user groups which involve people with disabilities will be invited to comment on the proposal. Feedback from disability action on the WHSCT Altnagelvin site car parking targeted engagement 2010 has been taken into account.

Additionally the Trust has approved the following improvements:

- a) additional rest/seating areas from the car parks to assist users with mobility issues, and
- b) ensure car parking signage and information across the hospital site is appropriate to people with disabilities.
- c) Telecomm access back to main hospital helpdesk in the event that any site user or disabled site user needs assistance.

4.3 Please detail what data you will collect in the future in order to monitor the effect of the proposal/decision with reference to the disability duties?

- Audit of Availability of Disabled Parking Spaces.
- Complaints/Issues raised and resolutions.

5. Consideration of Human Rights

5.1 Does the proposal/decision affect anyone's Human Rights?				
ARTICLE	POSITIVE	NEGATIVE	NEUTRAL	
	IMPACT	IMPACT	IMPACT	
Article 2 – Right to life			Yes	
Article 3 – Right to freedom from torture,			Yes	
inhuman or degrading treatment or punishment				
Article 4 – Right to freedom from slavery,			Yes	
servitude and forced or compulsory labour				
Article 5 – Right to liberty and security of			Yes	
person				
Article 6 – Right to a fair and public trial within			Yes	
a reasonable time			105	
Article 7 – Right to freedom from retrospective			Yes	
criminal law and no punishment without law			103	
Article 8 – Right to respect for private and			Yes	
family life, home and correspondence			103	
Article 9 – Right to freedom of thought,			Yes	
conscience and religion			105	
Article 10 – Right to freedom of expression			Yes	
Article 10 Right to needon of expression			103	
			Ň	
Article 11 – Right to freedom of assembly and			Yes	
association				
Article 12 – Right to marry and found a family			Yes	
Article 14 – Prohibition of discrimination in the			Yes	
enjoyment of the convention rights				
act				
1 st protocol Article 1 – Right to a peaceful			Yes	
enjoyment of possessions and protection of				
property				
ot				
1 st protocol Article 2 – Right of access to			Yes	
education				

5.1 Does the proposal/decision affect anyone's Human Rights?

5.2 If you have identified a likely negative impact who is affected and how?

Not applicable

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the proposal/decision.

Not applicable

Proposal Screened by:

Maureen Kelly, A/Assistant Director of Facilities Management

Joanne Quinn Head of Business Support and Performance Assurance

Supported by Equality and Human Rights Office

Date: November 2017 – open until after engagement process.

HSC Eligibility Matrix for Free Car Parking

In May 2008 the Health Minister announced free car parking across Northern Ireland hospitals for very ill patients and their families. In 2012 the Regional Policy was updated but the following table for free parking was not changed:

	Application of Free Car Parking			
Care Path				
	Patient	Next of Kin/ Partner	Relative	Visitor
Radiotherapy Chemotherapy	Yes	Yes if transporting patient	Yes if transporting patient	N/A
Renal Dialysis	Yes	As above	As above	N/A
Critical Care / High Dependency	N/A	Yes	Discretionary	Discretionary

Western Trust Concessionary Parking Guidelines

Service User	Qualifying Criteria	How to Claim
Radiotherapy Chemotherapy Treatment Plan	Patients attending. Next of kin/partner/relative if transporting a patient	Ward Sister/Senior Nurse/Manager in charge to complete Concessionary Parking Application Form to be taken to Main Hospital Reception for processing
Renal Dialysis	Patients attending. Next of kin/partner/relative if transporting a patient	Ward Sister/Senior Nurse/Manager in charge to complete Concessionary Parking Application Form to be taken to Main Hospital Reception for processing.
Critical Care / High Dependency	Next of kin/partner/relative of patient.	Ward Sister/Senior Nurse/Manager in charge to complete Concessionary Parking Application Form to be taken to Main Hospital Reception for processing
Outpatients attending very frequently	Patients who are attending <u>at least</u> <u>twice per week for a minimum of 2</u> <u>months</u> . Patients should retain car park receipts and evidence of appointment, e.g. letter or appointment card to reclaim parking charges	Reclaim with receipts and evidence of appointments at the Cash Office. Maximum amount up to £1.80 per visit.
Outpatients attending more than one chargeable hospital site	Patients who are attending <u>a minimum</u> of 3 different hospital sites with chargeable parking for at least 6 months. Patients should retain car parking receipts, e.g. letter or appointment card to reclaim parking charges. Only parking charges incurred at WHSCT hospital site are refundable on site	Reclaim with receipts and evidence of appointments at the Cash Office. Maximum amount up to £1.80 per visit.

Service User	Qualifying Criteria	How to Claim
Inpatient Visitor / Relative – Visiting Frequent/Length y	 Only the following visitors to the wards identified below will be entitled to free parking: Paediatrics – Accompanying adult NNICU – Parent Coronary Care Unit – Next of Kin NW Cancer Centre Wards Other General Wards with children of 14-17 years where Accompanying Adult required. 	Ward Sister/Senior Nurse/Manager in charge to complete Concessionary Parking Application Form to be taken to Main Hospital Reception for processing
Patients attending frequently for treatment: Physiotherapy Dermatology Treatments	 Patient who attends <u>at least twice per</u> <u>week for a minimum of 6 weeks</u> as part of a treatment plan. Main categories are: Physiotherapy – patients to retain car park receipts and appointment letter or card and reclaim parking charges retrospectively. Skin Treatments – patients with <u>an</u> <u>agreed treatment plan over a</u> <u>minimum of 6 weeks</u> will be issued with a free ticket 	Reclaim with receipts and evidence of appointments at the Cash Office. Maximum amount up to £1.80 per visit. Ward Sister/Senior Nurse/Manager in charge to complete Concessionary Parking Application Form to be taken to Main Hospital Reception for processing
Voluntary Drivers	Car parking charges incurred by Voluntary Driver whilst transporting a patient to the hospital for treatment / appointment.	Voluntary Driver to claim as part of their monthly claim process with necessary receipts, etc.
Blood Donors	Blood Transfusion Staff will provide evidence of attendance.	Main Hospital Reception will validate ticket free

Appendix 3

Frequently Asked Questions and Answers

Car Parking – Proposal to Increase Charge Rates

1. Are Patients entitled to free parking?

Yes, some patients are entitled to free parking on our hospital sites as follows:

- The regional car parking policy makes mandatory provision for free parking for patients attending for renal dialysis, and for cancer patients on a chemotherapy and/or radiotherapy treatment plan.
- The Trust operates the regional Hospital Travel Costs Scheme for people on specific benefits and/or low income.
- The Trust also has developed concessionary parking (Appendix 2) for some groups of patients and visitors who attend the hospital very frequently or for lengthy periods of time.

More details on all of the above are available on the Trust's website at <u>http://www.westerntrust.hscni.net/3381.htm</u> or by contacting the above named person.

2. What is the charge for Parking?

The proposed car park charge rate for Altnagelvin, Omagh and South West sites is detailed in the table below:

Charge Bands	Current Charge Rate (Temp In year increase from 1/11/17 – 31/3/18)
Up to 1 hour	£1.00
1-2 hours	£1.80
2-3 hours	£2.60
3-4 hours	£3.40
4-5 hours	£4.00
5-6 hours	£4.80
6-8 hours	£5.60
Over 8	£6.40
hours	

3. What can I do if I can't find a parking space

Traffic Management support will be available on this site and will be available to direct site users to an available parking space.

4. What do I do if my ticket doesn't work?

Press the help buzzer at the exit barrier and you will get speaking to a member of staff who can help you. If this is out of hours, the buzzer will be re-directed to the portering team who will be able to help you.

5. Where are the paystations?

The paystations are located at entrances/exits closest to the paid car parks.

6. Are there disabled parking spaces?

Yes, there are disabled parking spaces on all hospital sites. These are primarily located close to building entrances/exits.

7. Are disabled parking spaces chargeable?

Some of the disabled parking spaces are located within paid car parks and are chargeable but this is only a small number. The majority of disabled spaces are in free parking areas.

8. Do staff have to pay to park?

No staff do not have to pay for parking at Trust site. The paid for spaces are however accessible to any site user.

9. Who can help me with issues relating to car parking on any of the Trust hospital sites?

The Support Services Teams based at Hospital Receptions will be able to help you with any car parking queries. Traffic management staff will also be available to support site users experiencing any difficulties with car parking.