

**TRUST BOARD**  
**27<sup>th</sup> November 2014**

<b>TITLE</b>	<b>Car Parking Disability Access Review</b>
<b>EXECUTIVE SUMMARY</b>	<p>The purpose of this paper is to brief the Trust Board on the options considered and actions taken to improve disability access to Ashford and St Peters hospital public car parks.</p> <p>The disability access group met in October 2014 and discussed all the options to improve disabled access into Trust public car parks and reviewed the cost versus benefits of the proposed options.</p>
<b>BOARD ASSURANCE (RISK)/ IMPLICATIONS</b>	<p>Camera recognition systems are not always reliable and prone to failure in adverse weather conditions or the font and lettering on the number plate not conforming to legal standards.</p> <p>There is a risk of fraud as camera recognition systems will only identify the vehicle or electronic tag used in the vehicle and not the actual user of the vehicle.</p>
<b>LINK TO STRATEGIC OBJECTIVE</b>	<b>SO2:</b> Excellent Experience
<b>STAKEHOLDER/ PATIENT IMPACT AND VIEWS</b>	The disability access group representatives have met and been consulted with regarding the options to further improve disabled car park access. It has been agreed to strengthen and raise the profile of this group.
<b>EQUALITY AND DIVERSITY ISSUES</b>	There are no equality and diversity issues.
<b>LEGAL ISSUES</b>	No legal issues as the Equality Act 2010 allows for positive discrimination for disabled people if it enhances their access
<b>The Trust Board is asked to:</b>	Note the report and the proposed way forward with regards to disability access.
<b>Submitted by:</b>	Chris Bell, Associate Director of Estates and Facilities on behalf of Valerie Bartlett, Deputy Chief Executive.
<b>Date:</b>	20 <sup>th</sup> November 2014
<b>Decision:</b>	For Noting

## Car Parking Disability Access Review

### 1. Purpose of Paper

The purpose of this paper is to brief the Trust Board on the progress made to date in reviewing the options to improve disability access to Ashford and St Peters hospital public car parks.

### 2. Introduction

At the August Trust Board meeting it was outlined that we would review options to improve disability access into Ashford and St Peters car parks and to continue to communicate and engage with stakeholders on disability access issues.

One of the highlighted issues for consideration for the Disability Access Group members was to explore a hands free option to allow the opening of car park barriers for disabled drivers who are unable to take or insert a ticket into the entrance and exit barrier machines.

### 3. Present Situation

St Peters has four barrier car parks Hazel (38) spaces, A&E (52) spaces, Abbey deck (98) spaces and Outpatients Main Entrance (260) spaces. The main Outpatients car park at St Peters is the only barriered car park that has disabled spaces within it (18) as the other disabled spaces are located outside of the other car parks.

Blue badge holders are currently able to benefit from free parking within the Outpatients car park on presentation of their Blue Badge to main reception or to Portering department out of hours, where they receive a release ticket for the car park barrier.

Ashford hospital disability access was improved by the reconfiguration of the car park, which allowed for the 15 disabled spaces to be moved outside of the barriers. This work was carried out in September 2014 and funded through the Disability Access Group at a cost of £10k. As a result Blue Badge holders do not need to obtain tickets from a barrier at Ashford.

4 disabled parking spaces in front of the Walk in centre and OPD were converted to drop off bays as part of the enabling work associated with re-configuration of parking spaces at Ashford. Some members of the Disability Access Group voiced their concerns about the new arrangements and it was agreed that Estates and Facilities would review, and this has been actioned.

### 4. Options and Progress

St Peters out-patient disabled spaces are located within the barriered Outpatients car park and it is not possible to relocate disabled car park spaces to a convenient non barrier location close to the hospital without creating a new access road with the loss of 30 car park spaces. This would then have a severe impact on other users of a very busy car park which operates to capacity on most days.

There are presently two options being explored to create a hands free barrier opening solution to St Peters Outpatient car park as follows:

- a) Opening of the barriers via long range proximity readers that can read a tag located on the windscreen with direct line of site up to 4Mtrs
- b) Opening of the barriers through camera number plate recognition

These options were investigated with car parking specialists who provide a range of car parking technical solutions, and their advice and guidance was considered.

Both of the above options would require the drivers to register in person their car registration details and produce their blue badge for verification and to be entered onto a computer database.

The cost for both of these schemes is in the circa of £20k - £25k and the preferred technical option would be b) as this is provided by the current manufacturer and software provider of the barriers and could be more easily supported, plus the proximity tag system could be abused as it is not assigned to the disabled drivers vehicle and therefore there is little security of its use. The cost of both schemes is also very similar.

The specialist advice did further highlight that these systems can often be unreliable and prone to failure in adverse weather conditions or the font and lettering on the number plate not conforming to legal standards.

There would also be approximately £5k of associated recurring revenue costs including admin and maintenance which is currently unfunded.

## **5. Stakeholder Feedback**

The Disabled Access group meets quarterly and met in October 2014. The group includes some high profile and active disabled champions and there were two key areas of business that were discussed - The strengthening and raising the profile of the disability agenda through the group and prioritisation of allocated capital funding, which includes hands free barrier options.

The group agreed that the available capital allocation of £75k for 2015/16 would need to be fully considered by the group in conjunction with all investment opportunities in access issues and then prioritised accordingly. The capital in the present financial year had already been allocated and agreed by the group. The group felt that there were many other priorities that must be viewed within this financial context, including:

- Automatic doors
- Hearing loops
- Simultaneous translation and subtitles for all presentations and training
- Signage
- Footpaths in staff car parks which are uneven
- Reception desks
- Seating in waiting areas
- Pagers for deaf patients waiting in reception areas
- Handrails along corridors
- Clear colour differentials on stairs, kerbs and slopes
- Audio emergency instructions or Tannoy system.

One of the key issues that the group reflected on is whether the benefits of using a third of the annual £75k disabled access funding on a hands free car park barrier scheme represents good value, as the system will only benefit a few frequent disabled car drivers, however, the exact number is uncertain and would need to be annually re-newed.

As agreed with the group a review of the drop off bays at Ashford has been undertaken and the proposal is that two of the bays are converted back to disabled parking spaces. This still maintains two drop off bays for general access to the front of the Walk in centre and OPD, but also gives further disabled access in this area. The number of disabled bays the Trust provides at Ashford exceeds national parking guidance.

The Disability Access Group is undertaking a process of strengthening and reform, designed to generate a higher profile and establish more disabled representation. The group agreed that it was important that it had more influence on issues that affect access and the disabled, and some of the associated decision making.

## **6. Conclusion**

Ashford hospital car access was addressed through the reconfiguration of the car park enabling disabled drivers to park outside of the barriers, and will further re-introduce two blue badge parking bays.

St Peters Outpatients car park is located closest to the Outpatients clinics and the main entrance, and it is not practically possible to reconfigure the car park to allow disabled users access without going through the barriers. A number plate recognition scheme is being considered through the Disability Access Group as a possible way to improve disabled driver access, but the Disability Access Group felt that all access and disability issues should be considered as part of a priority process.

Most people visit the hospital infrequently either for treatment, consultation or as a visitor and the benefit of a hands free system would only be after their first visit to register in person. The hands free software database would also need to be updated regularly when motorists change their motor vehicle or if their circumstances had changed, therefore requiring the motorists to register in person at least annually.

The disabled access review group will further consider whether the cost versus benefit of a hands free barrier scheme is best use of disabled access funding.

## **7. Recommendation**

The Board is asked to note the report and the proposed way forward with regards to disability access.