

## **Representations to Greater Glasgow and Clyde Health Board**

### **THE CASE FOR DELAYING THE INTRODUCTION OF ANY MANAGED PARKING SCHEME AT THE RAH**

**This note has emerged from extensive representations from RAH staff including the Medical Staff Association.**

Some staff accept the case for parking management, others are opposed – but would like appropriate advance consultation on the best approach on this site. This note argues for a halt to current plans, far-reaching consultation and survey work before the introduction of any new scheme.

### **Why RAH merits a different approach to urban Glasgow hospital sites**

- (1) The RAH has a much poorer public transport network than big urban hospitals. The hospital is on relatively few direct public transport links at night even to Paisley Town Centre. There are no, or few, bus services from or to the RAH after 9pm. Staff without a permit will have to walk to Maxwellton or to Causeyside Street to get a bus. Nightshift workers in particular have concerns about their safety, given the comparative isolation of the site and memories of the nearby murder some years ago. Midwives are particularly concerned as a shift in the birthing suite can run from 2-10pm.
- (2) It is simply impossible for staff from North Ayrshire or North of the Clyde to get to RAH for late or early shifts by public transport.
- (3) The recent centralisation of services at RAH means the hospital has a particularly large travel to work area with a high proportion of staff coming from further a field. And consequently the RAH has an above average number of peripatetic staff trying to work across several locations.
- (4) The local authority, Renfrewshire has recently cancelled school buses for all secondary pupils travelling under 3 miles statutory limit. Hence a significant number of staff are also having to cope with driving their children to school for first time – starting in August - but now fear being unable to then drive to work.

### **Absence of consultation**

- (5) All these factors should have led to particular sensitivity in any parking plan design. Yet there has been no consultation with staff about how a managed parking regime might be adapted to suit the needs of their hospital. In consequence this decision has had hugely negative impact on staff morale.
- (6) Surprisingly, there has been a total absence of transparency by Board management to staff on:

- (a) Planned Visitor: staffing split in terms of future allocation of spaces
  - (b) Options to create more parking on site
  - (c) How many permits will be allocated per space?
  - (d) Criteria for assessing permit applications?
  - (e) Whether there will be free access in evenings and on weekends
  - (f) Ensuring alternative travel to work plans including better public transport
- (7) It has been divisive that only consultants have so far been offered permits in first round of allocations post application deadline of 30<sup>th</sup> April, and overall that management and senior staff applications will be viewed more favourably.

### **Constructive suggestions from staff**

- (8) Currently there is no entry or exit barrier or regular car park checks, so it is not clear if users are hospital staff and patients. Could this be addressed immediately coupled with a walk around attendant addressed to ensure car park users are hospital staff or patients - not third parties leaving vehicles for long stays?
- (9) Is there any additional land available on site for car parking? One suggestion is filling in the duck pond.
- (10) Immediately carry out a survey of staff demand for parking permits and times parking sought and publish the results. This would allow a proper split between visitor and staff parking.
- (11) The Medical Staff Association also had a number of constructive suggestions to ease congestion, for example the staggering of visiting hours at peak times in key wards.

Yet, there has been no opportunity to input to the design of the planned parking arrangements – hence the serious impact on staff morale.

### **Need to learn from experience elsewhere**

- (12) Learning from SGH experience: Does 4 hour limit charge for over parking generate any income for (a) the Board, and (b) for private company employed to police the car park?

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**May 10**