

June 2009



# Parking at Kingston Hospital

## Health Overview Panel



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# Parking at Kingston Hospital

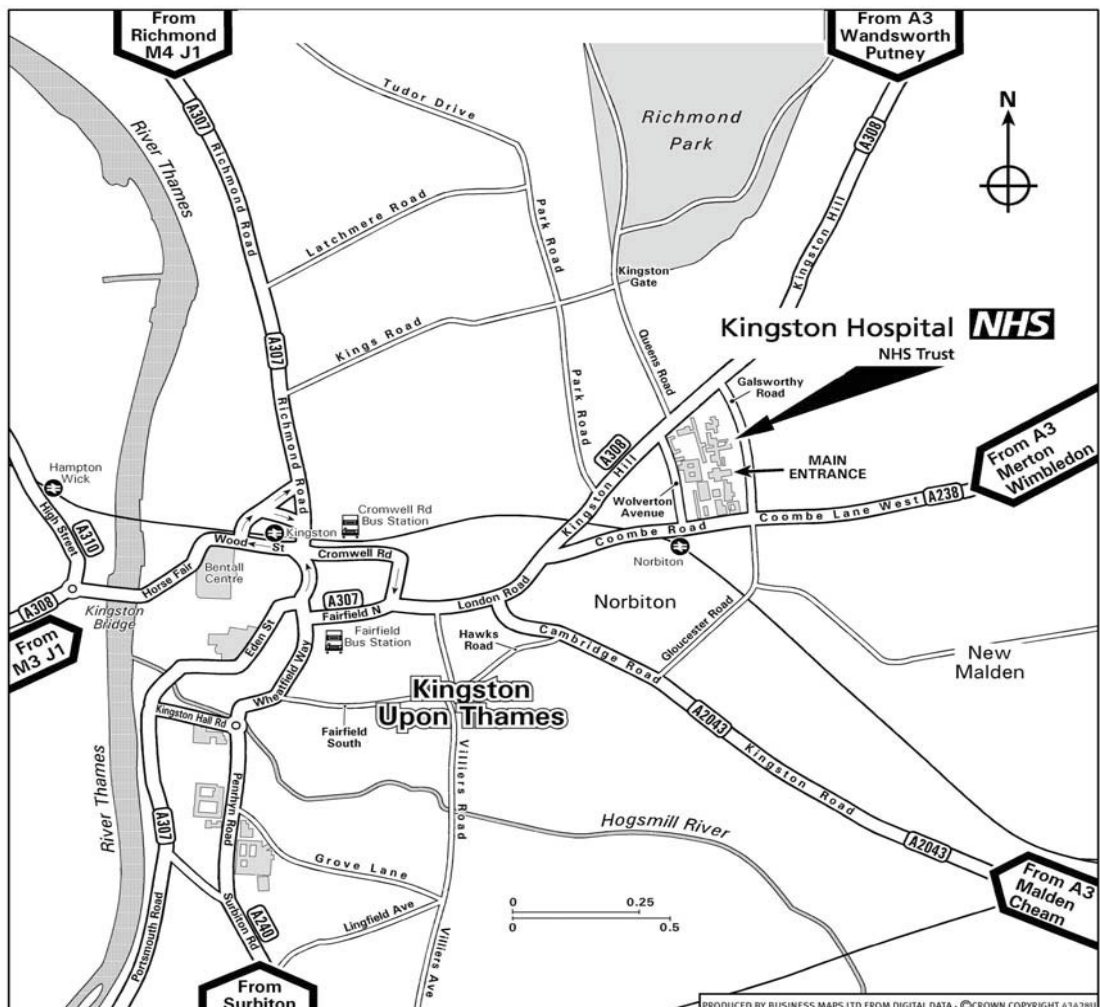
## Final Report

### Working Group Membership

Health Overview Panel: Geoff Austin, Don Jordan (Chair), Kevin O'Connor  
Ward Councillor: David Ryder-Mills

### Background

Kingston Hospital is located just outside of Kingston Town Centre close to Norbiton Station. The Hospital is one of the largest employers in the Borough, employing approximately 3,000 staff and attracts high numbers of patient and visitor trips from across South West London and Surrey.



## Reason for Review

The ability to access care services and visit friends and relatives at the Hospital is an issue of long-term concern to residents. Concerns about being unable to park and worries about accidentally overstaying on a pre-paid parking ticket can be a source of additional and unnecessary stress when visiting the Hospital. These concerns are reflected in the large number of letters and comments received about these matters by local councillors.

## Scope of the review

1. To gain a better understanding of the current position with regard to arrangements for visitor parking at Kingston Hospital as part of the overall travel plan for the site.
2. With the parties involved (Kingston Hospital Trust, Kingston Council, Transport for London, hospital visitors), to identify any issues, discuss options for resolution and make recommendations.

The stated aim of the working group was to help guide the overall direction and create momentum for future transport arrangements. The working group noted at the start of its review that the responsibility for the creation of any detailed parking and travel arrangements, their implementation and monitoring would be an issue to be agreed between Kingston Hospital Trust and the relevant planning and highways organisations.

## Current Parking Provision and Future Developments

The hospital currently has 805 parking spaces (the maximum number allowed under the current planning permission). Of these, a minimum of 205 are required to be patient spaces. There are 28 parking spaces dedicated for people with disabilities. Blue Badge holders may also use the Pay & Display bays free of charge. A temporary decked car park structure has planning permission until 2011.

Kingston Hospital Trust has long term plans to expand the Hospital site and services. However, severe parking pressures are already experienced on site. It has therefore been recognised that the Hospital will need to enable and encourage increased numbers of employees, patients and visitors to travel to the site by means other than the private car.

The Darzi report on Healthcare for London and the Local Healthcare Closer to Home agenda, including linked developments around the provision of Acute Stroke Care and Major Trauma, could have major implications on how and where health services are provided in future. It is possible that these developments could see Kingston Hospital used less for some services, such as acute stroke care, but expanding in others.

In this context it is more important than ever to have clear understanding of the current position and pressures, what works and what does not. A successful transport strategy is vital to the long term vision for the sustainable future development of Kingston Hospital.

### **Current parking situation and the difficulties experienced by visitors**

A common concern that residents raise with local councillors, and the underlying basis of this review, is the difficulty they experience as visitors and patients in finding a parking space at Kingston Hospital. Difficulties in attending the hospital for appointments or visiting patients is a cause of additional stress and worry which should obviously be removed wherever possible.

The working group started by identifying the key facts and underpinning policies behind the current level of provision of car parking at the Hospital.

### **Is the overall level of parking provision at Kingston Hospital sufficient?**

The working group received evidence relating to the number of parking spaces available on the hospital site and the changes that have taken place in recent years. The level of parking that can be provided on the Hospital site is the subject of planning control by Kingston Council under Londonwide development policies. A planning history relating to parking on the site, including past discussions relating to a possible multi-storey car park development, is attached as **Annex 1**.

The Hospital currently has a limit of 805 parking spaces on site, including a temporary decked car park structure which has planning permission until 2011.

### **The policy background**

The policy of setting a maximum parking limit for a site such as Kingston Hospital is determined under Transport for London guidelines. Current Londonwide policies (Greater London Authority, Mayor's Plan, Transport for London), which are reflected at a local level in Kingston's Local Development Framework, encourage and promote the use of non-car travel. Under these development control policies, maximum limits are set for the amount of car parking which is allowed on the hospital site. Kingston Council's local policies also support the use of sustainable modes of transport.

All NHS Hospitals are required to produce a Healthy Transport Strategy. Kingston Hospital has produced its own Health travel Plan in co-operation with Kingston Council. The Hospital Trust has also recently received local and national recognition for some of its travel initiatives (including Kingston Council's bike week, national NHS travel planning award).

### **Views from the Hospital Trust and Local Authority Planning and Highways**

The working group spoke to those directly involved in planning transport and parking issues on the Hospital site. All parties were open with the working group in admitting that initial discussions between RBK Planning and the Hospital Trust had highlighted very different starting objectives in terms of parking levels at the Hospital. However, through an extended period of negotiation and working together there has been an increasing recognition of what an overall transport strategy for the site, including parking levels, should look like.

Whilst the Hospital Trust maintains its commitment to the aims of its Travel Plan in reducing non-essential car visits, it also expressed the belief that, should additional onsite parking be added in the future, for example as part of future developments on the site, it could be managed in a way that would take pressure off surrounding streets. However, the Hospital Trust also noted that parking charges would need to remain at a level that maintained public transport as a cheaper option in order to prevent all day parking and discourage an increase in car journeys as parking becomes easier (which would otherwise quickly eliminate any potential gains from having additional spaces on site).

Kingston Council has expressed the view that, should future developments require the loss of any parking spaces (for example, should the Hospital Trust plan to expand or build a new building on the site), these should be at the expense of staff parking rather than patients and visitors.

### **Is the balance between staff and visitor parking right?**

One of the key issues identified by all parties involved in the review was the historically high levels of staff parking and the impact this has had on parking available for patients. It is clear from the current policy environment that, if a case is to be made for increasing the total amount of parking available at the Hospital, it must be clearly shown that the best use has been achieved from the current arrangements on the site.

Prior to 1999 all Hospital staff were offered a permit to enable them to access parking on site for a small charge. Large numbers of staff permits were issued and this had a detrimental impact upon the effectiveness of the efforts made under the Hospital Trust's previous healthy travel plan to encourage non-car use amongst staff. Evidence from RBK Highways officers indicated that this low cost provision contributed to more staff travelling to work by car than could be accommodated on site and therefore put pressure on surrounding roads (which in turn contributed to the introduction of controlled parking in the surrounding roads).

	<b>No of staff permits issued.</b>	<b>% of all staff &amp; contractors on site with parking permits</b>
<b>2002</b>	<b>2440</b>	
<b>2003</b>	<b>2380</b>	
<b>2004</b>	<b>2290</b>	<b>96%</b>
<b>2005</b>	<b>2050</b>	<b>85%</b>
<b>2006</b>	<b>1631</b>	<b>68%</b>
<b>2007</b>	<b>1391</b>	<b>60%</b>
<b>2008</b>	<b>1332</b>	<b>42%</b>

In 2007 the Hospital Trust agreed to introduce an increased charging scheme for staff based on a (capped) proportion of income. This has led to a large fall in the number of permits being issued. Staff passes have been reduced by around 50%, from well over 2,000 to around 1400 by 2009.

The Hospital Trust enforces restrictions on the use of patient and visitor pay & display bays by staff through Penalty Charge Notices. Whilst 50% of all appeals against penalty charges made by patients (for example, when treatment overruns) are upheld, the Hospital Trust takes a strict line with staff and does not allow them to appeal their tickets. The only exception made is for doctors who can show that they were in an emergency situation.

In addition, the income generated from staff parking permits has been used to fund the Hospital's new travel plan and associated measures. This parking income is used to facilitate projects which benefit staff such as improved security and secure bike parking facilities.

**RECOMMENDATIONS: Amount of car parking on the Hospital site**

1. The working group supports a continued increase in the ratio of the existing parking on the Hospital site available for patients and visitors.
2. The Hospital's Healthy Travel Plan shows the potential for further parking spaces to be freed up for the use of patients and visitors who need them. The working group supports rigorous monitoring of the effectiveness of the measures in the Healthy Travel Plan. It notes that at the present time, in the absence of this monitoring data, the conclusive evidence needed to support a significant increase in the total number of parking spaces on site is not available. However, whilst acknowledging that a change in the application of planning policy may first be required at a London level, the working group notes that this position should be revisited in future depending on the evidence gathered and developments in the health services provided from the Hospital site. It is proposed that a joint working party be set up with the Hospital to monitor their Healthy Travel Plan and specifically to examine the actions which would be required both from a town planning and financial position to provide a multi-storey car park on the Hospital site.

## **Travel Planning and Promotion of non-car use**

Kingston Hospital is one of the largest employers in the Borough and attracts high numbers of patient and visitor trips. Unfortunately, whilst the Hospital agreed and implemented a Healthy Transport Strategy in 1999 (becoming the first employer in the Borough to do so), it has acknowledged that its early progress with travel planning was not maintained. Kingston Hospital trust and Kingston Council have therefore been working in partnership to agree a new Healthy Transport Strategy with an emphasis on improved monitoring arrangements.

The Healthy Transport Strategy commits the Hospital Trust to reductions in staff car use and to encouraging increased numbers of patients and visitors to travel to the site by means other than the private car.

The Hospital's Travel Plan has recently received a national award. Measures already in place include interest free loans for travel passes and 'salary sacrifice' schemes whereby staff can purchase cycles on favourable terms. The Hospital Trust also promotes non-car travel through staff events – a very active bike week was held in the summer (receiving an award from Kingston Council) and a staff well-being day provided information on alternatives to car use.

### **Monitoring the effectiveness of the travel plan**

Monitoring arrangements are central to the success of the Hospital's travel strategy. The working group has heard concerns that the figures made available for planning purposes in the past, for example in relation to planning applications which could lead to an increase in journeys, have not been sufficiently robust to guarantee their accuracy.

The Travel Plan is of key importance. If the Plan is working, the pressure for additional parking is reduced. If not, increased pressure arising from new developments on site and greater demand leads to increased difficulties for patients in accessing health services and more pressure on neighbouring streets (including Controlled Parking Zones).

It is clear that the Hospital feel that they are doing what they can to make the new Travel Strategy work. The local authority view appears to be that this may be the case but that evidence must be provided in order to show that it is working. As an example, past responses to staff travel surveys have been disappointingly low and this has had an impact on the quality of the evidence provided.

Under the Healthy Transport Strategy, the Hospital intends to carry out surveys, including parking surveys in the roads surrounding the Hospital. However it has been noted that it is not always easy to identify those parking for the Hospital as only the direction of travel is recorded, which can also include station parking. The Hospital intends to carry out the first monitoring surveys of its new travel plan in Autumn 2010.

The working group expressed concern that there are some challenging targets that would be difficult to meet if the impact of the plan was not monitored regularly and closely. For example, it was questioned whether the 44% reduction target for 2012 was achievable and it was noted that the survey response levels were low. The limited sample of survey returns had shown that there had been no significant increase in green forms of transport (the reported percentage of car drivers with a passenger had also reduced).

### **RECOMMENDATIONS: Travel Plan and Monitoring arrangements**

3. The working group supports the principles and actions set out in the Healthy Transport Plan. It also believes that it would benefit from the inclusion of further information on who will be responsible for implementing the individual actions and the arrangements for ongoing monitoring. A 'Monitoring' action should be included as a section within the list of Travel Plan Actions, for example, setting out how car sharing will be monitored
4. The working group recommends that the first monitoring review of the impact of the Travel Plan is brought forward from September 2010. A first review at the end of 2009 is suggested.
5. The Travel Plan should be an evolving document that learns from what is successful and what is not. Therefore the Hospital is asked to consider more frequent monitoring (currently proposed as two-yearly from September 2010) and scheduled review points. It is suggested that the action plan includes the production of an annual statement on the success of measures in the plan with more detailed survey based updates taking place every two years.
6. Patient views, including gathering further information as to why people are travelling to the Hospital by car rather than by public transport, should be incorporated in the monitoring. Regular surveys should be held in the Hospital Wards and Outpatients asking visitors to indicate how they travelled to the Hospital and their reasons for that mode of transport. Hospital Radio could also assist with publicising these questionnaires.
7. The working group supports the introduction of an incentive scheme to encourage the take up of car sharing by staff (as proposed in the action plan). It is reasonable that the annual permit charge to staff is lower for those members of staff who are members of the Hospital's car sharing scheme than those who choose not sign up.

## Alternatives to the car – Promoting Sustainable Transport

Kingston and Kingston Hospital have good transport links with ready access to local buses, trains from Norbiton Station and access to the London Cycle Network and local routes.

The working group has discussed ways in which patients, visitors and staff who do not need to use a private car to attend the Hospital might be encouraged to use alternative means in order to free up spaces for those who need them. This has identified some apparent barriers to using public transport and improvements in the information provided.

### Buses

The Hospital has relatively good bus connections by virtue of its closeness to Kingston Town Centre, with many services passing or terminating at the Hospital. The Hospital is served by 7 bus services stopping either onsite, on Galsworthy Road or on Coombe Road. Details of the buses serving the Hospital are set out in **Annex 2**.

The working group received a number of suggestions from both the Hospital Trust and local Ward Councillors for improvements to bus routes to and around the Hospital.

#### Route 371 and bringing more buses onto the Hospital Site

There is a longstanding desire to bring more buses, including the 371 route, directly onto the Hospital site. The working group was informed that Transport for London had drawn up initial proposals to make this possible. However this plan would have taken up a large amount of space currently used for parking. It appears from discussions that one of the key sticking points was the desire of Transport for London to have a greater number of buses parked on the site, something which was not feasible from the Hospital's point of view given the limited space available.

#### Services from Richmond

The Hospital has identified the lack of a quick, reliable service from Richmond/Ham as an issue for its patients and an area where they would like to see an improvement. The possibility of running a limited direct route through Richmond Park during daylight hours (with the additional benefit of improving public access to the Park given the proposed introduction of parking charges by the Royal Parks Agency) was suggested although it was noted that this would raise a number of other issues.

#### Routes from the South/Chessington/Surrey

The withdrawal of the K9 and K10 routes due to funding cuts by Surrey County Council has been a great loss to transport links to and from areas to the south of the Hospital.

Improvement of services from estates

The redirection of the K2 (or K3) to take a route which would go through the three largest estates (e.g. Cambridge Road/Kingston Road/ Douglas Road) would greatly improve access to the Hospital for people in these areas (including 7,000 people on the Cambridge Road Estate).

Sundays

The reduced frequency of buses affects the ability of residents to visit friends and relatives and staff to get to work.

**RECOMMENDATIONS: Improvements to Bus services to the Hospital**

8. The working group agrees with the need to make improvements to the bus routes mentioned above to ensure equality of access to health services. The working group recommends that RBK officers, in partnership with Kingston Hospital and making use of their patient and staff travel data as supporting evidence, make contact with Transport for London and London Buses to explore options for improvements in the above areas.
9. The Hospital is asked to review the locations and availability of Oyster card top up facilities for both public and staff.
10. The working group recommends that the Hospital liaise with Kingston Council to explore the creation of a 'pool' car/ taxi system. The increasing use of pool vehicles is being pursued by other large employers in the borough (including Kingston Council and Surrey County Council) as a way of reducing the need for individual vehicles to be brought onto the site by staff.

**Trains**

The nearest National Rail station is Norbiton Station which is a short distance from the hospital. This station is served by South West Trains and receives services from London Waterloo.

One of the issues raised by Hospital staff for not using public transport is their concerns about safety when using Norbiton Station at night and a feeling that it is inaccessible at these times. The working group suggests a partnership approach to seek security improvements in view of incidents at night at the rear entrance to the Station (when the station is unstaffed and there are no barriers).

**RECOMMENDATIONS: Norbiton Station Safety Concerns**

11. The working group recommends that a partnership approach is taken to seek security improvements at Norbiton Station (including liaison between RBK, Kingston Hospital, Safer Neighbourhood Teams and Network Rail) and address any access difficulties for people with disabilities.
12. It is recommended that the Hospital liaise with all 4 Safer Neighbourhood Teams in the vicinity of the Hospital (Canbury, Norbiton, Coombe Hill and Coombe Vale) to discuss any safety concerns raised by staff.
13. The working group recommends that Kingston Council lend its support to the campaign for the use of Oyster card payment on this line in order to further promote ease of travel via the station.

**Cycling**

The Healthy Transport Strategy recognises that Kingston Hospital Trust has already made significant improvements in the provision of cycle parking with 10 cycle parking areas around the site, including 4 dedicated secure facilities for staff. However, it also recognises that to some extent the existing cycle parking has, by necessity, been added a bit at a time where it can be fitted in, rather than as part of a strategy of where it would be most convenient for staff and visitors. This is emphasised by observations that unofficial cycle parking still occurs around the site whilst some cycle stores are not fully utilised indicating that staff and visitors are either not aware of the stores or do not find them convenient. Kingston Hospital Trust will therefore produce a cycle parking strategy, which will look at cycle parking across the whole site rather than the existing piecemeal approach.

**RECOMMENDATIONS: Cycling Improvements**

14. The working group supports the production of cycle parking strategy and the re-organised arrangements for cycle parking on site, particularly the desire for additional secure visitor cycle stands close to patient entrances, proposed in the Travel Plan.
15. Kingston Council officers are requested to check local Neighbourhood Committee coordination on schemes to improve cycle routes which could serve the Hospital and to produce a dedicated map showing cycle routes to the Hospital. (One suggested route would be Hawks Road - Chatham Road - Coombe Lane.)

### **Other barriers discouraging non-car use**

The working group has expressed the view that the entitlement of all Hospital staff to a parking permit, irrespective of need, should be tested. As a first step, the Hospital should establish the principle of not supplying parking permits to staff who live within a reasonable distance of the Hospital (unless they work off site, unsociable hours or are otherwise an essential user).

The Hospital has tested the principle of not supplying permits to staff with 30mins walk (approx 2 miles) and believes that the number of those who would be included in this category is small and includes essential users who would need to be excluded. Due to the small numbers likely to be captured by such a scheme, the Hospital has doubts as to whether it would be worthwhile implementing.

However the working group has expressed the view that it is important to establish the principle that staff parking spaces are limited and, in such circumstances, should be allocated according to need. Kingston has good transport links and a certain amount of walking or travelling by public transport, particularly during the daytime, should not be considered unreasonable. The Hospital Trust is therefore requested to give serious consideration to the establishment of a minimum distance criteria for new staff to be entitled to apply for a parking permit.

#### **RECOMMENDATIONS: Staff Parking Permits**

16. The working group requests that the Hospital Trust consider establishing a minimum distance criteria based on need for new staff wishing to apply for on-site parking permits.

### **Journey Planning Information Provided to the Public**

The working group has reviewed the information provided to patients relating to getting to the Hospital. All appointment letters inform patients about the parking difficulties at the Hospital. A booklet produced by Transport for London 'Travelling to Kingston Hospital' setting out options for travel is also supplied with appointment letters. The Hospital also has information stands displaying travel information in the main entrances and a section on its website detailing how to get to the Hospital by public transport.

#### **RECOMMENDATIONS: Public Information**

17. Once produced, the new map of cycling routes serving Kingston Hospital (recommendation 15) should be made available through the Hospital's information points and on its website.

## Management of the Site

### Parking Charges

Visitor parking charging across the NHS in England is currently the subject of a national review. The principle and level of charges at Kingston Hospital was not included in the scope of the working group's review. However, it can be observed from the impact of introducing charges for staff parking that charging remains a major factor in encouraging non-car travel and any decision taken at national level will have a direct impact on Kingston. Parking charges, in addition to a 4 hour limit, are also currently used to deter all day and commuter parking at the Hospital.

In cases of hardship, patients can use the HC5 form to claim back charges. The scheme is operated by the Department of Work & Pensions and the money is refunded directly to the patient by the Hospital. There are currently no special arrangements for those visiting seriously ill relatives, potentially incurring large costs when spending a lot of time at the Hospital. This has been recognised as an issue across the country and all levels are looking at how a scheme could be operated that would be fair to all.

The working group believe that, in the absence of national guidance, charging relief should be made available for those in exceptional circumstances. Hospital staff should define what would be exceptional circumstances in consultation with patients and the Trust's membership and exercise discretion in those cases as they think appropriate.

### RECOMMENDATIONS: Parking Charges

18. The working group requests that the Hospital consider introducing a scheme of discretionary charging relief for those needing to attend the Hospital for extended periods in exceptional circumstances.

### Improvements to car parking for visitors

Residents have repeatedly expressed concerns to local councillors that the current system of charging causes additional stress and anxiety whilst accessing the health services at the Hospital. The system of pay & display charging means that residents visiting the hospital feel they are sometimes under time pressure to return to their cars whilst waiting for or receiving treatment.

The evidence provided to the working group indicates that the Hospital is aware of this anxiety and tries to operate a sympathetic system of enforcement avoiding upset wherever possible. For example, where clinics look like they are overrunning, nurses routinely ask whether patients have cars in the car park and this information is then passed to enforcement officers so that a Penalty Charge Notice is not issued.

The working group were very keen to explore the option of introducing a 'Pay on Exit' system with the Hospital as a solution to this issue. Unfortunately, difficulties in the layout of the Hospital site, including the need for buses to have easy access, complicate the parking options available. The Hospital has a system of separate long, thin car parks with multiple entrances/exits to the site. Whilst the Hospital has approached car park operators to produce plans for a pay on exit system, the present layout makes this unattractive to private operators. Only one company was prepared to provide an initial quote, which was a considerable amount and included a barrier system that would remove a lot of the existing parking.

The working group acknowledges that the Hospital has put a lot of effort into finding a pay on exit solution but, in the end, has had to recognise that it is not feasible. However, the working group was interested to hear that the Hospital has been investigating a 'Parking Eye' system as an alternative. This is a charging system that replaces the need for barriers and parking attendants with cameras (which read licence plates on entry/exit). The technology is similar to that used to monitor the congestion charge and is in use in some supermarkets (it has not previously been used in a hospital). Penalty Charge Notices would remain for non-payment.

The use of cameras to monitor parking rather than physical barriers could be used to introduce a charging system whereby patients could pay before exiting without the need for additional barriers and a reduction in the number of parking spaces available. The introduction of a camera system would also lead to better monitoring and improved security for all vehicles on the site. The working group notes that income from staff charges (currently approx £200,000 per annum) is reserved for the upkeep/improvement of facilities and some of this money could be made available for parking improvements.

The working group would strongly support the introduction of such a system to address visitors' anxiety subject to the hospital maintaining its current sympathetic management arrangements.

#### **RECOMMENDATIONS: Car Park Improvements**

19. The working group recommends that the Hospital introduce a 'Parking Eye' or similar parking management system to address visitors' anxiety with the following provisos:
  - There must be a large amount of information and high level of awareness created around the introduction of any new system
  - Any contract with a private operator to provide and operate such a system must be managed sympathetically and the Hospital should ensure that it retains discretion over the issuing of penalty charge notices
  - The system should be funded through budgets reserved for the maintenance and improvement of the facilities on the Hospital site, such as income from staff parking and so should not lead to an increase in visitor parking charges (funds from which are directed to services for patients).

20. The Hospital Trust is asked to consider nominating a 'Parking Champion' to ensure that transport and access issues are identified in proposals and raised with the Trust Board.

## Summary of Recommendations

### Amount of Car Parking on the Hospital Site

1. The working group supports a continued increase in the ratio of the existing parking on the Hospital site available for patients and visitors.
2. The Hospital's Healthy Travel Plan shows the potential for further parking spaces to be freed up for the use of patients and visitors who need them. The working group supports rigorous monitoring of the effectiveness of the measures in the Healthy Travel Plan. It notes that at the present time, in the absence of this monitoring data, the conclusive evidence needed to support a significant increase in the total number of parking spaces on site is not available. However, whilst acknowledging that a change in the application of planning policy may first be required at a London level, the working group notes that this position should be revisited in future depending on the evidence gathered and developments in the health services provided from the Hospital site.  
It is proposed that a joint working party be set up with the Hospital to monitor their Healthy Travel Plan and specifically to examine the actions which would be required both from a town planning and financial position to provide a multi-storey car park on the Hospital site.

### Travel Plan and Monitoring Arrangements

3. The working group supports the principles and actions set out in the Healthy Transport Plan. It also believes that it would benefit from the inclusion of further information on who will be responsible for implementing the individual actions and the arrangements for ongoing monitoring. A 'Monitoring' action should be included as a section within the list of Travel Plan Actions, for example, setting out how car sharing will be monitored
4. The working group recommends that the first monitoring review of the impact of the Travel Plan is brought forward from September 2010. A first review at the end of 2009 is suggested.
5. The Travel Plan should be an evolving document that learns from what is successful and what is not. Therefore the Hospital is asked to consider more frequent monitoring (currently proposed as two-yearly from September 2010) and scheduled review points. It is suggested that the action plan includes the production of an annual statement on the success of measures in the plan with more detailed survey based updates taking place every two years.
6. Patient views, including gathering further information as to why people are travelling to the Hospital by car rather than by public transport, should be incorporated in the monitoring. Regular surveys should be held in the Hospital Wards and Outpatients asking visitors to indicate how they travelled to the Hospital and their reasons for that mode of transport. Hospital Radio could also assist with publicising these questionnaires.

7. The working group supports the introduction of an incentive scheme to encourage the take up of car sharing by staff (as proposed in the action plan). It is reasonable that the annual permit charge to staff is lower for those members of staff who are members of the Hospital's car sharing scheme than those who choose not sign up.

### **Improvements to Bus Services to the Hospital**

8. The working group agrees with the need to make improvements to the bus routes mentioned above to ensure equality of access to health services. The working group recommends that RBK officers, in partnership with Kingston Hospital and making use of their patient and staff travel data as supporting evidence, make contact with Transport for London and London Buses to explore options for improvements in the above areas.
9. The Hospital is asked to review the locations and availability of Oyster card top up facilities for both public and staff.
10. The working group recommends that the Hospital liaise with Kingston Council to explore the creation of a 'pool' car/ taxi system. The increasing use of pool vehicles is being pursued by other large employers in the borough (including Kingston Council and Surrey County Council) as a way of reducing the need for individual vehicles to be brought onto the site by staff.

### **Norbiton Station Safety Concerns**

11. The working group recommends that a partnership approach is taken to seek security improvements at Norbiton Station (including liaison between RBK, Kingston Hospital, Safer Neighbourhood Teams and Network Rail) and address any access difficulties for people with disabilities.
12. It is recommended that the Hospital liaise with all 4 Safer Neighbourhood Teams in the vicinity of the Hospital (Canbury, Norbiton, Coombe Hill and Coombe Vale) to discuss any safety concerns raised by staff.
13. The working group recommends that Kingston Council lend its support to the campaign for the use of Oyster card payment on this line in order to further promote ease of travel via the station.

### **Cycling Improvements**

14. The working group supports the production of cycle parking strategy and the re-organised arrangements for cycle parking on site, particularly the desire for additional secure visitor cycle stands close to patient entrances, proposed in the Travel Plan.
15. Kingston Council officers are requested to check local Neighbourhood Committee coordination on schemes to improve cycle routes which could serve the Hospital and to produce a dedicated map showing cycle routes to

the Hospital. (One suggested route would be Hawks Road - Chatham Road - Coombe Lane.)

### **Staff Parking Permits**

16. The working group requests that the Hospital Trust consider establishing a minimum distance criteria based on need for new staff wishing to apply for on-site parking permits.

### **Public Information**

17. Once produced, the new map of cycling routes serving Kingston Hospital (recommendation 15) should be made available through the Hospital's information points and on its website.

### **Parking Charges**

18. The working group requests that the Hospital consider introducing a scheme of discretionary charging relief for those needing to attend the Hospital for extended periods in exceptional circumstances.

### **Car Park Improvements**

19. The working group recommends that the Hospital introduce a 'Parking Eye' or similar parking management system to address visitors' anxiety with the following provisos:
  - There must be a large amount of information and high level of awareness created around the introduction of any new system
  - Any contract with a private operator to provide and operate such a system must be managed sympathetically and the Hospital should ensure that it retains discretion over the issuing of penalty charge notices
  - The system should be funded through budgets reserved for the maintenance and improvement of the facilities on the Hospital site, such as income from staff parking and so should not lead to an increase in visitor parking charges (funds from which are directed to services for patients).
20. The Hospital Trust is asked to consider nominating a 'Parking Champion' to ensure that transport and access issues are identified in proposals and raised with the Trust Board.

## Kingston Hospital - Recent Planning History (Travel arrangements)

**1999/2000** – 5-year Travel Plan agreed by Development Control Committee (S106 legal agreement attached to a temporary planning permission for the Roehampton Wing). This was to include regular monitoring updates. A key objective of the Plan was to encourage alternatives to the car and to reduce daytime car use by one-third in the period up to 2005.

Follow up reports to Development Control Committee in **2002**, which noted encouraging progress following results of first 2 years of monitoring, and in **June 2005** concluded that efforts to achieve reductions in car use had been less successful and an updated Plan with new targets and strategy/action plan for achieving them was needed.

**2001-** Planning brief adopted. Included a figure of 797 parking spaces (202 visitor/595 staff spaces) as a base for future assessments involving proposed developments – this was a reduction from 912 spaces (220 visitor/692 staff) which existed on site before the new A&E Wing was built and a figure which the Hospital Trust agreed would meet their requirements. The brief made provision for this allocation to be reviewed if, through the monitoring of the Travel Plan, a reduction in daytime car usage was realised.

**April 2005** - Following several years of talks between the Hospital and the Council about submitting a planning application for a multi-storey car park, RBK wrote to the Hospital Trust formally setting out the need for an effective programme of pre-submission negotiations, a Traffic Impact Assessment (& possibly an Environmental Impact Assessment) and a comprehensive and robust statement of case to support the need for parking on the scale Kingston Hospital envisaged. It was made clear that:

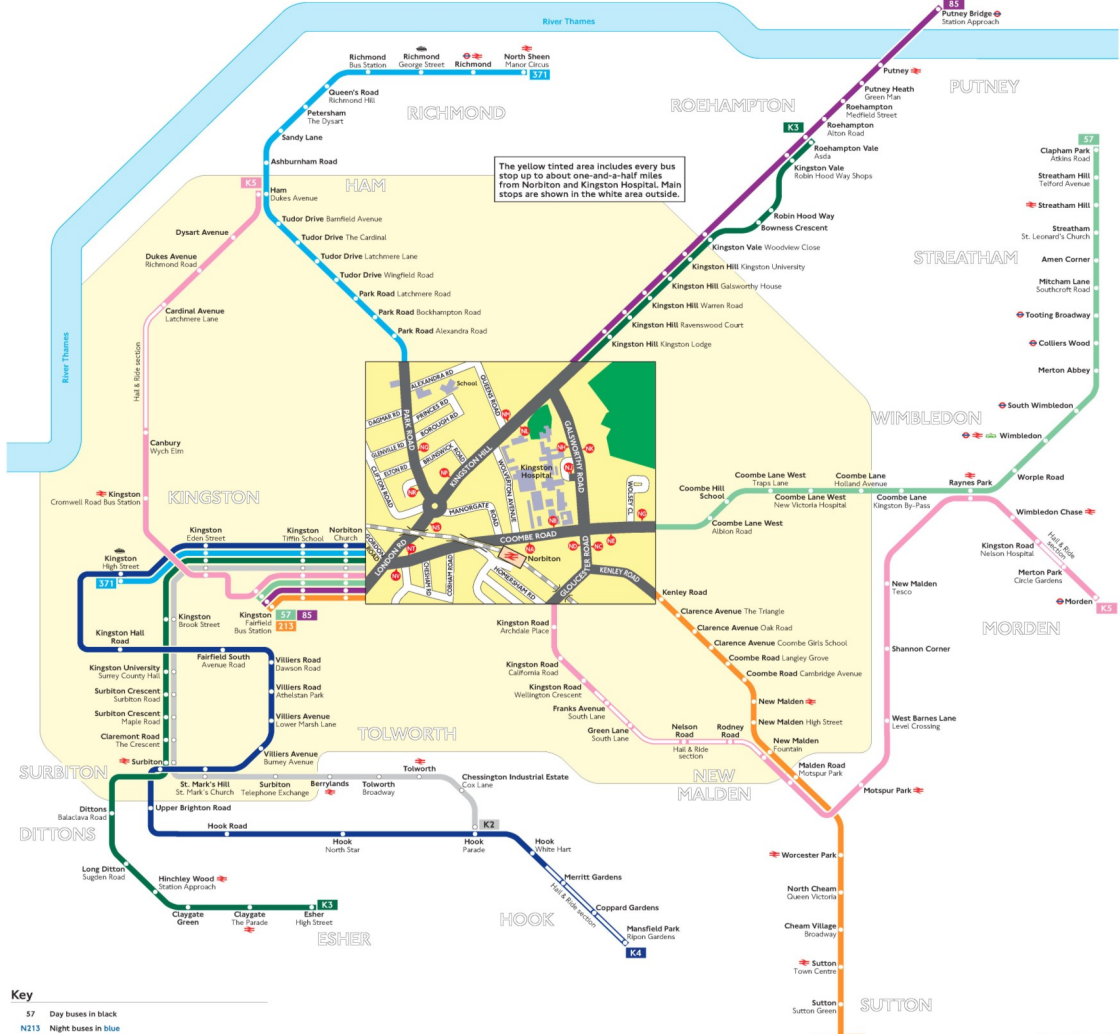
- the application would need to go to Mayor of London who had powers to refuse the application even if the Council had resolved to grant planning permission and it should not rely on the Mayor judging hospitals as a special case given that national and regional policies discouraged car use and promoted alternative more sustainable modes of transport
- It was not enough that KH had produced a Travel Plan; they had to demonstrate that it was working effectively and that it would be developed and improved upon as a result of the proposal.

A meeting was subsequently arranged for the Hospital Trust to talk to Transport for London who reinforced the position set out in Kingston Council's letter and the information that would need to be supplied.

Kingston Hospital did not pursue this further (it is possible that this decision related to financial issues).

**2006** - Planning permission granted for the William Rous Cancer Unit subject to conditions, including the submission of an updated Travel Plan by July 2007 to cover the next 5 year period. This permission also allowed an increase in on site parking from 797 spaces to 805 spaces

# Buses from Norbiton and Kingston Hospital



The yellow tinted area includes every bus stop up to about one-and-a-half miles from Norbiton and Kingston Hospital. Main stops are shown in the white area outside.

**Key**

- 57 Day buses in black
- N213 Night buses in blue
- Connections with Underground
- Connections with National Rail
- Connections with river boats
- Connections with Tramlink
- ★ Mondays to Saturdays only
- ▼ Mondays to Saturdays except evenings
- ▲ Mondays to Fridays during term time only

Red discs show the bus stop you need for your chosen bus service. The disc appears on the top of the bus stop in the street (see map of town centre in centre of diagram).

**Route finder**

Day buses including 24-hour routes

Bus route	Towards	Bus stops
57	Clapham Park	Kingston
85	Putney Bridge	Kingston
213	Kingston	Kingston
371	North Sheen	Kingston
K2	Hook	Hook
K3	Esher	Roehampton Vale
K4	Mansfield Park	Ham
K5	Morden	Ham

Night buses

Bus route	Towards	Bus stops
N213	Kingston	Kingston
	West Crofton	West Crofton

Other buses

Bus route	Towards	Bus stops
KU1	Roehampton Vale	Roehampton Vale
	Seething Wells	Seething Wells

**Destination finder**

Destination	Bus routes	Bus stops
<b>A</b> Amen Corner	57	371
<b>B</b> Ashburnham Road	371	371
<b>C</b> Berrylands	K2	K3
<b>D</b> Bowness Crescent	K3	K3
<b>E</b> Cardinal Avenue Latchmere Lane	K5+	K5+
<b>F</b> Canbury Wyck Elm	N213	N213
<b>G</b> Carshalton Beeches	N213	N213
<b>H</b> Cheam Village Broadway	213, N213	213, N213
<b>I</b> Chessington Industrial Estate	K2	K2
<b>J</b> Clapham Park Askins Road	57	57
<b>K</b> Clarendon Road	K2	K2
<b>L</b> Clarence Avenue	213, N213	213, N213
<b>M</b> Claygate	K3	K3
<b>N</b> Claygate Green	K3	K3
<b>O</b> Colliers Wood	57	57
<b>P</b> Coppard Gardens	K4*	K4*
<b>Q</b> Coombe Hill School	57	57
<b>R</b> Coombe Lane	57	57
<b>S</b> Coombe Lane West	57	57
<b>T</b> Coombe Road	213, N213	213, N213
<b>U</b> Crofton High Street	N213	N213
<b>V</b> Ditton Balacava Road	K3	K3
<b>W</b> Douglas Road	K5+	K5+
<b>X</b> Dukes Avenue Richmond Road	K5+	K5+
<b>Y</b> Dyant Avenue	K5+	K5+
<b>Z</b> Esher High Street	K3	K3
<b>AA</b> Fairfield South Avenue Road	K4*	K4*
<b>AB</b> Franks Avenue	K5+	K5+
<b>AC</b> Green Lane	K5+	K5+
<b>AD</b> Ham Dukes Avenue	371	371
<b>AE</b> Hinchley Wood	K3	K3
<b>AF</b> Hook North Star and White Hart	K4*	K4*
<b>AG</b> Hook Parade	K2, K4*	K2, K4*
<b>AH</b> Hook Road	K4*	K4*

Destination	Bus routes	Bus stops
<b>K</b> Kingston Brook Street	K3	K3
<b>L</b> Kingston	K2	K2
<b>M</b> Cromwell Road Bus Station	K5+	K5+
<b>N</b> Kingston Eden Street	371	371
<b>O</b> Kingston Hill	K2, K4*	K2, K4*
<b>P</b> Kingston Road Archdale Place, California Road and Wellington Crescent	85	85
<b>Q</b> Kingston Road Nelson Hospital	K2	K2
<b>R</b> Kingston University Sunny County Hall	K3	K3
<b>S</b> Kingston Vale Woodview Close	85	85
<b>T</b> Long Ditton Sugden Road	K3	K3
<b>U</b> Malden Road Mortspar Park	213, N213	213, N213
<b>V</b> Mansfield Park Elgon Gardens	K4*	K4*
<b>W</b> Merritt Gardens	K4*	K4*
<b>X</b> Merton Abbey	57	57
<b>Y</b> Merton Park Circle Gardens	K5+	K5+
<b>Z</b> Micham Lane	57	57
<b>AA</b> Morden	K5+	K5+
<b>AB</b> Mortspar Park	K5+	K5+
<b>AC</b> Nelson Road	K5+	K5+
<b>AD</b> New Malden	213, N213	213, N213
<b>AE</b> New Malden Fountain	213, N213	213, N213
<b>AF</b> New Malden Tesco	K5+	K5+
<b>AG</b> North Cheam Queen Victoria	213, N213	213, N213
<b>AH</b> North Sheen Manor Circus	371	371
<b>AI</b> Park Road	371	371

Information correct from March 2008

Destination	Bus routes	Bus stops
<b>P</b> Petersham The Dyant	371	371
<b>Q</b> Putney and Putney Bridge	85	85
<b>R</b> Putney Heath Green Man	85	85
<b>S</b> Queen's Hill Richmond Hill	371	371
<b>T</b> Raynes Park	57	57
<b>U</b> Richmond Bus Station and George Street	371	371
<b>V</b> Robin Hood Way	K3	K3
<b>W</b> Rodley Road	K5+	K5+
<b>X</b> Roehampton	85	85
<b>Y</b> Roehampton Vale Asda	K3	K3
<b>Z</b> Sandry Lane	371	371
<b>AA</b> Sharnon Corner	K5+	K5+
<b>AB</b> South Wimbledon	57	57
<b>AC</b> Streatham and Streatham Hill	57	57
<b>AD</b> Surbiton	K3, K4*	K3, K4*
<b>AE</b> Surbiton Telephone Exchange	K2	K2
<b>AF</b> Surbiton Crofton	K2	K2
<b>AG</b> Sutton Bus Garage	213	213
<b>AH</b> Sutton and Surton Green	213, N213	213, N213
<b>AI</b> Tolworth and Broadway	K3	K3
<b>AJ</b> Tooting Broadway	57	57
<b>AK</b> Tudor Drive	371	371
<b>AL</b> Upper Brighton Road	K4*	K4*
<b>AM</b> Villiers Road	K4*	K4*
<b>AN</b> Waddon	N213	N213
<b>AO</b> Wallington Shortfield	N213	N213
<b>AP</b> West Barnes Lane Level Crossing	K5+	K5+
<b>AQ</b> West Crofton	N213	N213
<b>AR</b> Wimbledon	57	57
<b>AS</b> Wimbledon Chase	K5+	K5+
<b>AT</b> Worcester Park	213, N213	213, N213
<b>AV</b> Worple Road	57	57

NORBITON AND KINGSTON HOSPITAL (R) DKR1 TFL 12834.03.08 (T)

MAYOR OF LONDON Website [tfl.gov.uk](http://tfl.gov.uk) 24 hour travel information 020 7222 1234 Transport for London

The frequency of the above buses vary from every 6 – 10 minutes to hourly. Some buses start at 6am, some cease at 8pm and not all run 7 days a week.



