

Date 01/07/2025  
Your Ref  
Our Ref 10217

Enquiries to Richard Mutch  
Extension 35687  
Direct Line 0131 465 5687  
[loth.freedomofinformation@nhs.scot](mailto:loth.freedomofinformation@nhs.scot)  
[richard.mutch@nhs.scot](mailto:richard.mutch@nhs.scot)

Dear

## FREEDOM OF INFORMATION – STAFF CAR PARKING

I write in response to your request for information in relation to staff car parking.

### Question:

- I would like to request any recorded information held by the western general hospital pertaining to the criteria, policies, and procedural documentation concerning the determination of car parking ineligibility. In particular, I am interested in:
  - Any internal documents, memos, or records that detail the criteria used to classify vehicles or individuals as ineligible for parking.
  - Records outlining any decisions, appeals, or discussions regarding parking eligibility.
  - Documentation covering the period between 01/04/24 and 09/06/25].

### Answer:

1.	This is available to all staff on the Intranet and applies across all sites. Enclosed.
2.	This level of detail is specific to individual members of staff and is therefore considered exempt under Section 38(1)(b) of the Freedom of Information (Scotland) Act 2002 – personal information.
3.	We are not clear what documentation you are requesting, however if this is as above the same exemption will apply.

I am sorry I cannot help further with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

Headquarters  
Mainpoint  
102 West Port  
Edinburgh EH3 9DN

Chair Professor John Connaghan CBE  
Chief Executive Professor Caroline Hiscox  
*Lothian NHS Board is the common  
name of Lothian Health Board*

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

### **Staff Car Parking Permit Application Criteria:**

<b>Business Need:</b>	Travel between sites or into the community on a daily basis not covered by or using dedicated NHS transport.
	Travel between sites, 3 days or more a week, not covered by dedicated NHS transport, or use of a departmental pool car.
	Regularly works across multi sites/other organisations more than two times per week.
	On-Call duties.
<b>Distance:</b>	Travel time to or from work takes over 90 minutes, on a normal day
<b>Personal Need:</b>	Registered disabled with Blue Badge.
	Those staff whose carer obligations are regularly directly dependant on vehicle access or where the applicants' vehicle is directly required/provided for caring purposes and those who have other regular exceptional caring commitments.
<b>Service Need:</b>	Urgent business need requested in writing from Director of Operations / CHP / CHCP General Manager / Executive Directors.
<b>Evidence:</b>	Please provide a copy of your driving licence, a copy of a current utility bill (within 3 months) and any other evidence to support your application.

# **NHS Lothian CAR PARKING PERMIT APPLICATION**

**Approved:**      **No Approved:**

**App No:**

**Score:**

**Date Issued:**

APPLICATIONS WILL NOT BE CONSIDERED UNTIL FULLY AND CORRECTLY COMPLETED PLEASE COMPLETE ALL SECTIONS AND RETURN TO LOGISTICS, see **Terms and Conditions for local addresses**.

PLEASE ENSURE YOU HAVE READ THE CRITERIA BEFORE COMPLETING THIS FORM

Indicate which sites you wish to apply for a permit (excluding RIE, see intranet Corporate / A-Z / Facilities / Logistics / Traffic Management for application)

Do you hold a permit for any other site? If so, Indicate here

REH

SJH

LB

WGH

RIE

REH

SJH

LB

WGH

RHSC

RIE

## **PERSONAL DETAILS**

Title

(eg Mr, Mrs Ms, Dr etc) \_\_\_\_\_

Date of Application: \_\_\_\_\_

Forename: \_\_\_\_\_

Job Title: \_\_\_\_\_

Surname: \_\_\_\_\_

Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

Hospital Base \_\_\_\_\_

Division: \_\_\_\_\_

Ext: \_\_\_\_\_

Bleep No: \_\_\_\_\_

Post Code: \_\_\_\_\_

Other: \_\_\_\_\_

Employer (e.g. NHS , HSCP, BTS, UoE) \_\_\_\_\_ E Mail Address: \_\_\_\_\_

**COMPLETE THIS SECTION ONLY IF YOU REQUIRE YOUR CAR FOR BUSINESS JOURNEYS OUTWITH YOUR DAILY COMMUTE**

Where do you travel on Business? (usual locations):

What are the purposes of these trips?

**Duration off site time ?**

How often do you make business trips? (average frequency)

**OFFICE USE**

BT

D

PN

UH

ON

SN

CS

Proof of address confirmation: \_\_\_\_\_ Checked : \_\_\_\_\_ Date: \_\_\_\_\_

Driving Licence No. : \_\_\_\_\_ Checked: \_\_\_\_\_ Date: \_\_\_\_\_

1. **Date Permit To Commence?**

2. **Is it an individual or car share permit?**

**Individual**

☐

**Car Share**

☐

**Frequency of car sharing? Days per month**

*N.B. By car share we mean travelling to/from work in the same vehicle for the same shift*

3. **Do you work full or part time?**

**Full Time**

**Part Time**

4. **Number of hours worked each week?**

5. **Work Patterns: (please tick all boxes appropriate to your shift pattern)**

Week Days

☐

Nights (any)

☐

Weekend Days

☐

Evenings (any)

☐

*(please enter start and finish times and tick the days of the week applicable)*

	From	To	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<i>Example</i>	08:00 22:00	20:00 08:00		X	X	X	X	X	X
Office Hours									
Early shift									
Late shift									
Nights (any)									

6. **Are your shifts worked on a rotational basis? Yes / No (please circle)**

7. **Vehicle Details (Applicant's only):**

Make & Model 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Registration Number 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*If car sharing, please complete Appendix 1.*

ADDITIONAL INFORMATION IN SUPPORT OF APPLICATION

Disabled Badge ?

Yes / No

To be evidenced

Any Health Issues?  
by Service Manager.

Yes / No

If so, Appendix 2 is attached for completion

Carer Commitments?

Yes / No

If so, Appendix 3 is attached for completion

**Child Care Information:**

Ages of children: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

School, Nursery & Crèche details required:

**\*\*All car parking applications should be supported by the following mandatory elements, before being considered within the scoring process\*\***

- 1. Copy of Driving Licence with current address**
- 2. Utility Bill from previous month or other proof of current address**
- 3. Disabled Badge or other supportive medical documentation, where required**

If awarded a permit, I have read and agree to abide by the terms and conditions and as shown overleaf.

SIGNATURE:

DATE:

PRINT NAME:

APPLICATION  
REF NUMBER:

**The following section must be completed by your line manager / operational manager and forwarded to the relevant Logistics office.**

**TO BE COMPLETED BY LINE MANAGER & OPERATIONAL MANAGER.**

I CONFIRM THE APPLICATION DETAILS TO BE CORRECT

LINE MANAGER:

OPERATIONAL MANAGER:

TEL No:

TEL No:

SIGNATURE:

SIGNATURE:

PRINT NAME:

PRINT NAME:

DATE:

DATE:

ADDITIONAL COMMENTS:

EMAIL ADDRESS:

EMAIL ADDRESS:

***If car share, please insert details of other personnel / vehicles***

Name(s) \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Departments(s) \_\_\_\_\_

Payroll No(s) **(RIE Only)** \_\_\_\_\_

Other car share registrations \_\_\_\_\_

Staff Members

Line Manager's \_\_\_\_\_

***If car share, please insert details of other personnel / vehicles***

Name(s) \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Departments(s) \_\_\_\_\_

Payroll No(s) **(RIE Only)** \_\_\_\_\_

Other car share registrations \_\_\_\_\_

Staff Members

Line Manager's \_\_\_\_\_

***If car share, please insert details of other personnel / vehicles***

Name(s) \_\_\_\_\_

Job Title(s) \_\_\_\_\_

Departments(s) \_\_\_\_\_

Payroll No(s) **(RIE Only)** \_\_\_\_\_

Other car share registrations \_\_\_\_\_

Staff Members

Line Manager's \_\_\_\_\_



## **APPENDIX 2**

**In order to consider a car parking application on health ground the following questions are required to be answered.**

Does the individual have a condition which would:

1. Stop them from using off-site parking and walking to the site    Yes / No  
    - if yes, what would be the maximum walking distance?    \_\_\_\_\_
2. Stop them from using Off Site Parking and using the shuttle service?
3. Stop them using public transport to the site?

Please add below any further information which should be considered as part of the application.

I confirm that the above details supplied by ..... are factually correct.

Service Managers Signature: .....

Date: .....



**Staff Car Parking Permit Application – Supporting Information**  
**Carer Commitments**

1. Please give details of your carer responsibilities:
  
  
  
  
  
  
  
  
  
  
2. Does this impact on you current working hours (e.g., do you have a flexible working arrangement)?
  
  
  
  
  
  
  
  
  
  
3. Do you ever have to leave work at short notice because of the carer commitments, and if so how often does this happen, approximately?
  
  
  
  
  
  
  
  
  
  
4. Are you the sole carer?

I confirm that the above details supplied by ..... are factually correct.

Service Managers Signature: .....

Date: .....

## Terms & Conditions:

- The allocation of a parking permit for any NHS site confers no special rights other than access to designated controlled car parks. It does not guarantee a vacant parking place.
- The policy for a car parking permit will apply to all staff who are in receipt of a NHS car parking permit.
- Permits will be issued on receipt of an approved application, and not transferrable.
- It is the responsibility of the permit holder to notify the issuing Logistics department of any change in personal circumstances. Notification may be made either in writing or by email, confirmed by your line manager to the issuing Logistics Office.
- Should the permit holder leave the employ of NHS Lothian during the period, he/she must return the permit to the issuing Logistics Office.
- Permit holders must park in marked staff designated parking bays and abide by road markings and emergency access requirements.
- Electric vehicle parking bays should be used by authorised electric vehicles only.
- Cars are parked at owner's risk. NHS Lothian do not accept any liability for damage to, or theft of a member of staff's vehicle or its contents whilst it is parked on the grounds.
- A replacement for a lost or stolen permit may be purchased from the issuing Logistics Office.
- Adherence to these rules is mandatory. Any local site parking regulations made known either on distribution of the permit, or through on-site signage / road markings must also be adhered to.
- Parking Permits are required to be displayed in the front windscreen area.
- Disciplinary action may be taken against staff breaching these terms and conditions.
- Successful applicants will be under annual review to ensure that new applications are considered in a fair and equitable way as part of the process.

**NHS Lothian reserves the right to withdraw a permit at any time, giving a minimum of 1 week's notice in writing to the last known home address.**

## DATA PROTECTION / PRIVACY NOTICE

NHS Lothian will only use the information collected on this form for the purpose of staff parking management including the use of your postcode to help us provide information on alternative ways to travel to and from work. Please find link to NHS Lothian full Privacy Notice to see how we process your data; <https://www.nhsllothian.scot/YourRights/DataProtection/Pages/default.aspx>

## RETURN ADDRESSES

**Please return completed application to the logistics office to which you are applying. If you are applying for multi sites please return completed application to your base location.**

WGH Logistics Department - WGH

SJH - PO Box 30, Logistics Department, SJH

REH / Lauriston Building / PAEP - Logistics Department , REH

RIE - Albany Ward, 2<sup>nd</sup> Floor MacKinnon House REH

REMOVE COMPLETELY

PERMIT ISSUE - Office use			
Received (Block Capitals) By:		Signature:	
Date Received:		Start Date:	

## CRITERIA - Staff Car Parking Permit Application Scoring & Weighting Sheet

Following are the proposed criteria for awarding parking permits. Each application will score points against these criteria and permits will be awarded on the basis of the total of this scoring.

When completing your application please bear these criteria in mind, ensuring you include sufficient supporting details on your application.

Criteria	Detail	
Business Need	Travel between sites or in to the community on a daily basis not covered by or using dedicated NHS transport or use of a departmental car.	
	Less than 3 times a week	
Car Sharing	ID number of all staff sharing must be given and verified. Staff car sharing cannot apply for a separate individual permit.  (Lift Share Scheme is a separate Application Process)	
Distance (Applicant should reside out with a 1.5 mile radius)	No public transport at all or travel takes 3 or more journey legs	
	Travel time to or from work takes over 90 minutes on a normal day	
	Travel time to or from work takes over 45 minutes on a normal day	
	Outer Circle added points for applicants who reside out with EH postcode or 10 Miles from SJH (as the crow fly's)	
Personal Needs	Registered disabled	
	ill health or disability supported and verified in writing by Departmental Lead sign off.	
	Staff who have carer obligations and responsibilities where a vehicle is required as part of carer duties (e.g. Motability)	
	Parental carers needs doing all school runs and childcare duties	
Unsocial Hours	Regularly rostered to work 12 hours or longer per shift	
Other Need	Organisational or service change	
Service Need *	Urgent business need for own service requested in writing from Director of Operations / CHP / CHCP General Manager / Executive Directors	

\*This criteria may only be used by the following

### Director of Operations:

Morag Campbell  
Allister Short  
Tracey McKigen  
David Hood

### Integrated Joint Board:

Judith Proctor  
Alison White  
Alison MacDonald

### Executive Directors:

Calum Campbell  
Gillian McCawley  
Janis Butler  
Jim Crombie  
Tracey Gillies  
Craig Marriot  
Dona Milne

### Site Directors:

Aris Tyrothoulakis  
Chris Stirling  
Andrew Mackay