

HEALTH SCRUTINY COMMITTEE

MONDAY 15 MARCH 2021

7.00 PM

Venue: [Peterborough City Council's YouTube Page](#)

Contact: Paulina Ford, Senior Democratic Services Officer at paulina.ford@peterborough.gov.uk, or 01733 452508

AGENDA

Page No

1. **Apologies for Absence**
2. **Declarations of Interest and Whipping Declarations**

At this point Members must declare whether they have a disclosable pecuniary interest, or other interest, in any of the items on the agenda, unless it is already entered in the register of members' interests or is a "pending notification" that has been disclosed to the Solicitor to the Council. Members must also declare if they are subject to their party group whip in relation to any items under consideration.
3. **Minutes of the Health Scrutiny Committee Meeting Held on 12 January 2021** 3 - 12
4. **Call In of any Cabinet, Cabinet Member or Key Officer Decisions**

The decision notice for each decision will bear the date on which it is published and will specify that the decision may then be implemented on the expiry of 3 working days after the publication of the decision (not including the date of publication), unless a request for call-in of the decision is received from any three Members of a Scrutiny Committee. If a request for call-in of a decision is received, implementation of the decision remains suspended for consideration by the relevant Scrutiny Committee.
5. **Urgent Treatment Centre Relocation Programme Update Report** 13 - 170
6. **Cabinet Member For Adult Social Care, Health And Public Health Portfolio Progress Report Including Managing Covid-19 Public Health Update** 171 - 178
7. **Monitoring Scrutiny Recommendations** 179 - 184

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Committee Members:

Councillors: K Aitken (Chair), A Ali, S Barkham, C Burbage, S Hemraj, S Qayyum,
B Rush (Vice Chair), N Sandford, N Simons and S Warren

Substitutes: Councillors: G Casey, D Fower, T Haynes and A Iqbal

Co-opted Member (Non-Voting): Parish Councillor June Bull

Further information about this meeting can be obtained from Paulina Ford on telephone 01733
452508 or by email – paulina.ford@peterborough.gov.uk

**MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING
HELD AT 7.00PM, ON
TUESDAY, 12 JANUARY 2021
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE**

Committee Members Present: Councillors K Aitken (Chair), A Ali, C Burbage, Amjad Iqbal, S Qayyum, B Rush (Vice Chair), N Sandford, N Simons, S Warren and Co-opted Member Parish Councillor June Bull.

Officers Present: Dr Liz Robin, Director of Public Health
Fiona McMillan, Monitoring Officer
Paulina Ford, Senior Democratic Services Officer

Also Present: Luke Squibb, Head of Operations, Cambridgeshire and Peterborough
Marcus Bailey, Chief Operating Officer
Caroline Walker, Chief Executive, North West Anglia NHS
Foundation Trust.
Jessica Bawden, Director of Primary Care, Medicines Optimisation &
Out of Hospital Urgent & Emergency Care Collaborative,
Cambridgeshire & Peterborough Clinical Commissioning Group
Ian Weller, Head of Urgent & Emergency Care, C&P CCG
Susan Mahmood, Representing Healthwatch

The Chair opened the meeting by expressing sincere thanks to all officers in attendance for their hard work and support that they and their staff were providing to the people of Peterborough during these challenging times. The Chair requested that thanks be passed on to all staff working within the NHS and Primary Care services supporting the people of Peterborough.

29 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Hemraj. Councillor Amjad Iqbal was in attendance as substitute.

30 DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

No declarations of interest were received.

31 MINUTES OF THE HEALTH SCRUTINY COMMITTEE MEETING HELD ON 3 NOVEMBER 2020

The minutes of the meeting held on 3 November were agreed as a true and accurate record.

32 CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

33. EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST (EEAST) RESPONSE TO CQC INSPECTION REPORT AND OVERVIEW OF PERFORMANCE IN THE PETERBOROUGH AREA

The Chief Operating Officer introduced the report which provided the Committee with an update on the work of East of England Ambulance Service NHS Trust, and action taken in response to the recent Care Quality Commission (CQC) Inspection report published on 30 September 2020.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members noted the common challenges faced by the Ambulance Service including dealing with more patients, patients with more complex and long term conditions, an aging population and new technology. Members wanted to know what had been put in place regarding resilience planning. Members were informed that one of the benefits of the pandemic had been driving technology forward such as video consultations in the ambulance control room. More patients were being dealt with by telephone as a result of having full access to patient records by clinicians in the control room. Patient presentation had changed over time, the age of the population and deprivation were drivers of health inequalities. Discussions had taken place with the Peterborough and Cambridgeshire CCG to see how partners could work closer together regarding managing patients better, including the 111 provider. Ambulance clinicians were generalist clinicians and were very good at dealing with life threatening conditions but in reality, this was only 5% of calls that were received every day and the rest were people who were generally unwell but not necessarily life threatening. Work was being done on the technology side and areas of focus within treatment pathways was a priority with system partners.
- It was noted that an anonymous harassment survey to gather more in-depth feedback from permanent staff, volunteers and students on their current and historical experiences had been launched and that just under half of those eligible had responded. Members asked if it had been identified why there had been such a low response. Members were informed that the survey was anonymous and therefore were unable to identify why people had not taken part in the survey. People who had identified themselves in the survey and had concerns had been contacted by non EEAST staff to follow up on their concerns. There had been a broad range of information gathered from various sources including the CQC report, National NHS staff survey, the EEAST staff survey and the Harassment survey. All of the information pulled together had provided a good source of information and clarity around the issues. There had also been a promotion of the 'freedom to speak up' campaign which had shown that more people were reporting concerns confidentially.
- The decision to put EEAST into Special Measures was something that the Trust had welcomed, as it had brought with it additional expertise, personnel and resources, designed to help the EEAST improve. It also meant that there would be openness and transparency which would increase staff confidence.
- Members noted that the CQC report had severely criticised the leadership of the Trust and sought clarification on how the Trust had addressed these concerns and whether the senior leadership team were still in place. The Chief Operating Officer responded that he had been in the organisation in various roles for over 20 years and was very proud to work for the EEAST and therefore had found it very difficult to read the CQC report. There had been a time of reflection and having recently taken on a director's role had come to realise that stability at senior leadership level would make an enormous difference as constant change was disruptive. There had been a change of some of the senior leadership team with some interim appointments. The first task was to understand the problem and have the right expertise in place to support and help change behaviour. The Chief Operating Officer assured the Committee that his

commitment to a change in behaviour and making the organisation a good one was unwavering. The Trust would be held to account by the regulatory process through the CQC, NHS Improvement and NHS England.

- Members referred to the Hospital Arrival Liaison Officers (HALOs) who were deployed at Peterborough City Hospital 12 hours per day 7 days a week. They helped provide a smoother transition of flow for patients and support at times of delay and increased demand and acted as the conduit between the Trusts to identify barriers to timely patient handovers. Members wanted to know if having the HALO's in place was working and if the funding which was in place until the end of the financial year would continue. Members were informed that the HALO's had been in place for a number of years and they had assisted with collaborative working with the CCG and acute colleagues to improve communication and staff welfare and support. It was hoped that with the positive feedback received from all partners that the funding would continue next year.
- The Trust were continuing to increase the workforce levels where possible and looking at new initiatives to work with partners like the Cambridgeshire Fire and Rescue Service who had provided Blue Light drivers, this meant that the number of ambulances had increased. Private ambulances had also been used to backfill when there had been an increase in demand. One of the benefits of being a regional provider meant that resources could be flexed across the region. There was a mix of paramedics, Emergency Medical Technicians and Emergency Care Support Workers working on the front line. The advanced paramedics worked on rapid response vehicles as they had wider access to a wider range of medical treatments and could offer a wider range of care. The intention was to have paramedics working alongside GP's in Primary Care to increase their knowledge and then take what they had learnt back out into the ambulance service through a rotational model which is currently being trialled throughout other areas within EEAST. There had also been an increase in recruitment of qualified clinicians from other ambulance services which remains ongoing.
- Specialist Culture Support Teams had been brought in to work with managers across EEAST. There was a Culture Director with a shop floor team of people who were working across different areas of the Trust. This team will provide knowledge and expertise and transfer their skills to ensure sustainability of change when they have gone.
- Members noted that the report stated that hospital delays were seen as a system issue and wanted to know how the use of "Power BI" data and "Informatics" could assist with resolving this issue. Members were informed that informatics provided visibility both locally and across the region, which was shared with partners so that there was an increased understanding and shared ownership of what the issues were, so that partners could work together to try and unblock the issues that were causing the delays.
- Members acknowledged and gave heartfelt thanks for the incredible service that the EEAST had continued to provide during these unprecedented and challenging times.

AGREED ACTION

The Health Scrutiny Committee considered the report and **RESOLVED** to note the contents of the East of England Ambulance Service NHS Trust report.

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REPORT ON THE CONSULTATION PROCESS AND CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP GOVERNING BODY DECISION TO RELOCATE THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE PETERBOROUGH

The Director of Primary Care introduced the report. The report provided the Committee with information with regard to the consultation process undertaken for the proposals to

relocate the Urgent Treatment Centre (UTC) and Out of Hours GP service to the hospital site. The report was requested by some members of the Committee to address questions regarding the public consultation, the results of the consultation and the subsequent decision of the Governing Body to relocate the UTC and Out of Hours GP service to the hospital. The Director of Primary Care explained the rationale behind the Governing Body's decision to relocate the services to the hospital site and how the public concerns would be addressed.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members sought assurance that the City Care Centre in Thorpe Road would not close down and be used for redevelopment once the UTC and Out of Hours GP service had moved to the hospital site. The Director of Primary Care assured Members that there were no plans to sell off the site or to redevelop the site for residential housing. The site was reserved entirely for health services and would continue to be used for health services to serve the local population.
- Members sought clarification with regard to virtual appointments and how these would be used. The Chief Executive, North West Anglia NHS Foundation Trust advised that digital outpatients or non-face to face appointments were in line with the NHS long term plan and that face to face appointments were still happening where necessary. The aim was that the first consultation for diagnostic appointments where a face to face appointment was not needed and follow up appointments would be a digital appointment to avoid patients having to come to the hospital. Members were assured that a combination of face to face and digital appointments would continue dependent on the clinical specialty and whether they were follow up appointments.
- Members commented that in principle a fully integrated service was not an issue however the main issue was that two thirds of the public who responded to the consultation had opposed the move to the hospital site. The reasons for opposing the move had included travel, transport and car parking. People had also said that they were nervous of attending a hospital setting at the current time due to perceived risks posed by the COVID-19 virus. Other concerns raised were the need for a pharmacy at the hospital, the capacity of waiting areas and constraints on the hospital buildings with regard to capacity of waiting areas, staff shortages, poor IT functionality, co-ordination of finances, care pathways and those issues raised by the Community Values Panel, facilitated by Healthwatch. Members asked what mitigating actions were being taken to address these additional concerns. The Director of Primary Care acknowledged that 70% of respondents were against the move to the hospital site and had been surprised of the reversal of views which had been positive towards the move post pandemic. The strength of feeling around the concerns stated would not be forgotten and the Governing Body when making their decision sought assurance from the C&PCCG and the North West Anglian Foundation Trust (NWAFT) that these concerns would be addressed and that they would continue to be monitored as the changes were made. The Oversight Board who were monitoring the move would ensure that those issues raised would be addressed and that patient experience would be monitored as the changes were made. The IT systems in the NHS do not always talk to each other but co-locating the services would improve this. Pathways would be co-ordinated together at the front door and this was being worked on at the moment to see what this would look like. There had been no pharmacy at the City Care Centre, but consideration was being given to the 100 Pharmacies available through the supermarkets.
- The Chief Executive, North West Anglia NHS Foundation Trust confirmed that there was a group set up to work on all of the issues raised during the consultation and some of which would be addressed over time and some immediately. There was currently £4.9m of building work currently in progress at the hospital site to expand the space and this would address some of the concerns raised.

- Members commented that they had felt the consultation had been comprehensive and clear, however the main issue had been about the way the C&PCCG had responded to the consultation. It was noted that the statistics from the Big Conversation that had happened in 2019 had shown that two thirds of the respondents had supported the relocation of services, but the recent consultation had shown that two thirds of the respondents now did not support the relocation of services. Why was the specific question asked regarding the moving the GP out of hours service and the UTC in an integrated model if the intention was to go ahead with the proposed relocation anyway, and under what circumstances would the CCG have considered not moving the service. Members were informed that it was difficult to answer a hypothetical scenario but that all responses and technical data had been considered and it was felt that there was general support in principle to the relocation. It was also felt that concerns raised could be addressed by mitigating actions.
- Members had received feedback from constituents who had felt that their feedback through the consultation process had been ignored and that they had felt it had not been a genuine consultation and that the decision to relocate had been made prior to the consultation. Members were advised that by conducting the consultation issues had been raised that the CCG had not previously been aware of an example of which was the level of concern with regard to infection prevention and control measures. The consultation containing direct questions was therefore a worthwhile exercise.
- 100 extra car parking spaces had been put in place at the hospital site and additional staff parking was planned. Car parking was not currently an issue at the hospital due to the pandemic and it was anticipated that the level of footfall at the hospital would not return to pre pandemic levels going forward and therefore car parking would not be an issue.
- Members felt that it should be made clearer when consultations were undertaken as to how the responses would be viewed and responded to so that people's expectations were managed, and they did not become apathetic in responding to consultations. The Director of Primary Care acknowledged the importance of people responding to consultations and was grateful that so many people had responded. It was the job of the CCG to communicate the outcome of the consultation and what changes would be made and why and when they were being made.
- Members were informed that the building work to accommodate the relocated service at the hospital was on schedule. The relocation had been delayed after listening to the Committees views on not moving during the height of the pandemic and it was anticipated that it would now take place during April if circumstances regarding the pandemic had stabilised and it was safe to do so.
- Councillor Sandford, Councillor Barkham and Co-opted Member Parish Councillor June Bull did not agree to note the contents of the report as they felt that a number of concerns within the report had not been addressed.
- Members requested that a further report be brought back to the Committee in March 2021 detailing actions being taken to mitigate the issues raised by the two thirds of the respondents, who opposed the relocation of the services to the hospital site. Specific concerns that would need to be addressed in the report were highlighted as follows:
 - People feeling unsafe attending the City Hospital due to the current COVID-19 pandemic.
 - Lack of parking at the hospital site.
 - Pharmacy provision at the hospital
 - Lack of direct accessibility by public transport
 - Capacity and emergency waiting times

The Director of Primary Care responded that whilst a report could be provided at the March meeting progress on some of the actions which would have addressed the issues raised may be delayed due to the current pandemic.

The Committee acknowledged the short time frame for the production of a report for the March meeting and agreed that if required the report may need to be listed as 'to follow' when the agenda was published, in order to allow additional time for the C&PCCG to provide some of the information requested.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to request that a further monitoring report be provided at the next meeting of the Committee in March 2021. This report to provide further explanation as to the actions being taken to mitigate concerns raised during the consultation, which included the following:

- People feeling unsafe attending the City Hospital due to the current COVID-19 pandemic.
- Lack of parking at the hospital site.
- Pharmacy provision at the hospital
- Lack of direct accessibility by public transport
- Capacity and emergency waiting times

35 Managing COVID-19: Public Health Update

The Director of Public Health introduced the report which provided the Committee with updated information on the Covid-19 pandemic in Peterborough and its management. The report also included an update on flu vaccination from the Clinical Commissioning Group.

The Director of Public Health highlighted that the epidemiology figures stated in the report had changed since writing the report and informed Members of the latest figures as follows:

The Covid-19 case rate for week ending 7 January for Peterborough had moved from 486 cases per 100,000 to 520 cases per 100,000. This was a week on week rate of change of 14%, which had been a gradual rise. In comparison there had been 492 cases in Cambridgeshire which had been a weekly rate of change of 10%. The East of England was at 741 cases per 100,000 with a rate of change of 7%. England as a whole was 630 cases per 100,000 with a rate of change of 13%. Peterborough had a high case rate which was of concern. Peterborough also had a higher number of cases in hospital than in the first wave of Covid.

The Director of Public Health reiterated the message of the Chief Medical Officer to stay at home and reduce any non-essential contact with people outside of our own households.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members noted the rising numbers of Covid cases in Peterborough and questioned why the local enhanced contact tracing scheme had had to prioritise its activities. Members sought further information as to what had been prioritised as this had affected the overall success rate of the scheme. The Director of Public Health acknowledged that there had been a rapid rise in confirmed Covid cases due to the Kent variant. Advice from SAGE had been taken into consideration around interventions that were effective against the new variant which had meant taking the same actions as had been taken for the old variant but more rigorously. Having looked at the current epidemiology and capacity across the system work had been prioritised

as to what actions needed to be taken. The issue for the local enhanced contact tracing was that when it started there were only 20 to 30 cases per 100,000 per population. Having moved quite rapidly to around 500 cases per 100,000 per population had meant that there was a far higher workload and the intensity of effort into each case to get a 90% success rate had no longer been possible as the level of staffing had not increased in line with the number of increased cases. Recruitment of staff was however ongoing. Key priorities were firstly vaccinations, secondly supporting the local NHS who were under intense pressure due to the rise in hospital admissions, and thirdly keeping the case numbers down. The key to keeping case numbers down was through residents not mixing households. Contact tracing had been concentrating on those people who had tested positive but had not yet been contacted.

- Members referred to the British Society for Immunology statement on COVID-19 vaccine dosing schedules and sought clarification on who bore the responsibility when administering the vaccines i.e. the clinicians administering the vaccine or the Bodies who had made the decision on when the vaccines should be administered. The Director of Public Health advised Members that there was a significant benefit from people having their vaccination. The first dose of vaccine did give significant protection and because the rates of Covid were currently so high within the community it was essential that people who were vulnerable to Covid received their first dose of the vaccination. The Director for Public Health supported the Joint Committee on Vaccination and Immunisation (JCVI) on the groups that should be prioritised for vaccination and the delay in giving the second dose. This would give more benefit to the population and result in fewer deaths.
- Heart disease was one of the most common causes of deaths in England. Covid related deaths were rising to significant levels and whilst not being at the same level as heart disease they were a significant tributer to deaths in England.
- The Director for Public Health advised that there were a number of theories relating to the causes of Covid and new strains of viruses causing pandemics and how they originated and could provide a report to the committee at a future meeting if required.
- Members asked what the cause was regarding the limitations on the supply of the vaccine. Members were informed that the vaccination programme was organised nationally by the NHS and as Director of Public Health was not involved in the details of the vaccination supply and distribution so was unable to comment.
- The vaccination programme was being rolled out through Primary Care Networks and further information on the vaccination programme could be found on the Cambridgeshire and Peterborough Clinical Commissioning website which was updated daily.
- Members were concerned about a small minority of people who had been flouting the lockdown rules and were encouraged to see that the police were now issuing fines. Members gave a heartfelt plea to have a zero-tolerance policy on the small minority of people flouting the rules particularly in the Millfield area. The Director of Public Health agreed that it was only a small minority of people who were not following the lockdown rules in the Millfield area and would take the message back to the Police and the Community Safety Director that Members were requesting that stronger enforcement be put in place in the Millfield area.

The Committee thanked Dr Robin and the Public Health Team for their tireless and dedicated work during these challenging and unprecedented times.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED** to note and comment on the Managing Covid-19: Public Health update, and the flu vaccination update from the Clinical Commissioning Group.

36 Monitoring Scrutiny Recommendations

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at previous meetings and the outcome of those recommendations to consider if further monitoring was required.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

Dr Robin provided a verbal update to the following recommendations:

- 18 Sept 2020. The Health Scrutiny Committee **RECOMMENDED** that a letter be sent to the Local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough. Update: Discussions had taken place and the focus now was on lobbying for the overall funding for Peterborough part of which was the Public Health Grant rather than writing a separate letter to MP's to lobby for Public Health Grant. This recommendation had therefore been completed.
- 20 May 2020, Joint Scrutiny Meeting. It is **RECOMMENDED** that the Director of Public Health explore the option of Peterborough joining the Department of Health's pilot study of mass testing for COVID 19. Update: This had moved forward with the use of lateral flow tests now being developed. There had been no further communication from the University of East Anglia inviting Peterborough to take part in the study.
- 7 January 2021. It is **RECOMMENDED** that the Committee write to the Health Secretary and the local MP's outlining concerns that the national contract for GP surgeries was not specific enough. The letter to include specific examples of inconsistencies within the system, including the 8 o'clock appointment system. Update: A letter had been sent but a response had not yet been received.

Members requested that the Director of Public Health provide a further update on the Public Health Grant funding at the March meeting if the information was available.

Members referred to the recommendation made on the 5 November 2018 - "*The Health Scrutiny Committee **RESOLVED** to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee*" and were disappointed to see that there had been a lack of detailed response since making the recommendation in November 2018. Members acknowledged that during the pandemic other priorities had taken over. There was however still a requirement for the CCG to respond to the recommendation and this could be discussed at the next Group Representatives meeting where a representative from the CCG would be in attendance.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and requested that:

- The Director of Public Health provide a further update on the Public Health Grant funding at the March meeting if information was available at that time.

37 **Forward Plan of Executive Decisions**

The Senior Democratic Services Officer introduced the report which included the latest version of the Council's Forward Plan of Executive Decisions containing decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

The Health Scrutiny Committee considered the current Forward Plan of Executive Decisions and **RESOLVED** to note the report.

38 **Work Programme 2020/2021**

Members considered the Committee's Work Programme for 2020/21 and agreed to note the items as included and requested that the following item be added to the work programme for the March meeting:

- The C& P CCG to report back to the Committee in March to provide further explanation as to the actions being taken to mitigate concerns raised during the consultation.

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2020/21.

39 **DATE OF NEXT MEETING**

- 10 February 2021 – Joint Scrutiny of the Budget
- 15 March 2021 – Health Scrutiny Committee

7.00PM - 9.12PM
CHAIRMAN

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
15 MARCH 2021	PUBLIC REPORT

Report of: Jessica Bawden , Director of Primary Care, Medicines Optimisation & Out of Hospital Urgent Care Collaborative and Caroline Walker , Chief Executive Officer	Cambridgeshire and Peterborough Clinical Commissioning Group North West Anglia NHS Foundation Trust	
Contact Officer(s):	Jane Coulson, Senior Engagement Manager	07535974931

URGENT TREATMENT CENTRE RELOCATION PROGRAMME UPDATE REPORT

RECOMMENDATIONS
It is recommended that Peterborough Health Scrutiny Committee note the progress made by the Urgent Treatment Centre (UTC) relocation programme team.

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health Scrutiny Committee following a request by the Committee on 12 January 2021.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to update the committee on the progress made by the UTC relocation programme steering group.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

3. Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

3.1 The National Direction for Urgent Care Services in the NHS

The NHS Long Term Plan published 7th Jan 2019 describes five major changes to the NHS service model. Chapter 2 is related to the following:

“The NHS will **redesign and reduce pressure on emergency hospital services.**”

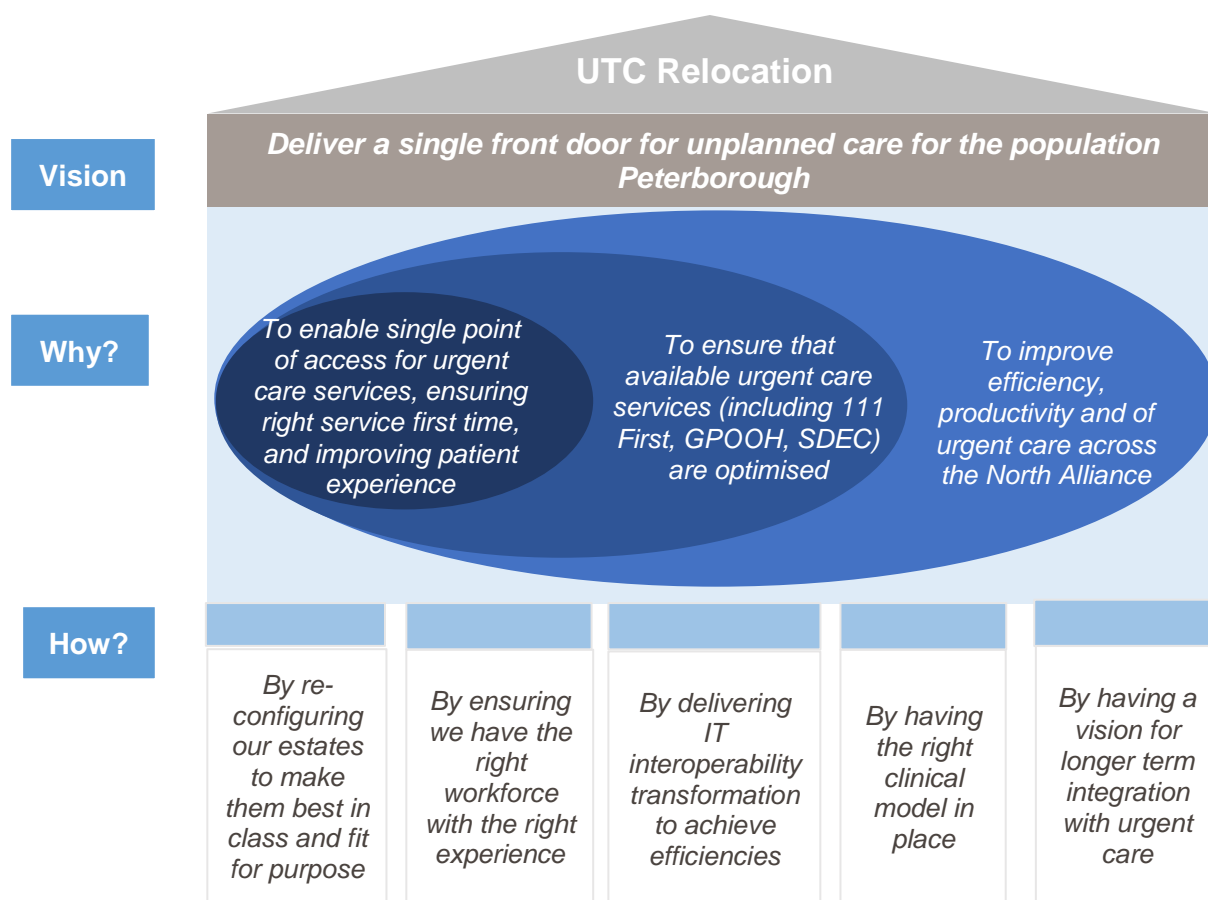
In addition, the national principles and standards associated with Urgent Treatment Centres (UTCs) state that to improve patient flow through the system UTCs will operate as part of a networked model of urgent care, with referral pathways into emergency departments (ED) and specialist services as required. All facilities must have the offer of booked urgent appointments, accessed through NHS111, General Practice and the ambulance service. To meet both objectives effectively, which in practice will mean that access to the ED is via UTC referral only or via ambulance.

In order to meet these national standards, the CCG Governing Body agreed to proposals to relocate the UTC and the GP Out of Hours services from the City Care Centre on Thorpe Road to the Peterborough City Hospital site in Bretton, Peterborough to create a single point of access for urgent and emergency care service for the people of Peterborough.

3.2 The Proposed Service Model

There will be a single urgent and emergency care system in Peterborough, accessed through a single 'front door' based at the Peterborough City Hospital site in Bretton. The co-location of services will help us to support patients in no longer having to make decisions for themselves about how serious their illness or injury is, there will be a single point of access for all services on one site.

A vision statement has been developed to provide alignment on what partners are seeking to achieve from the UTC relocation.

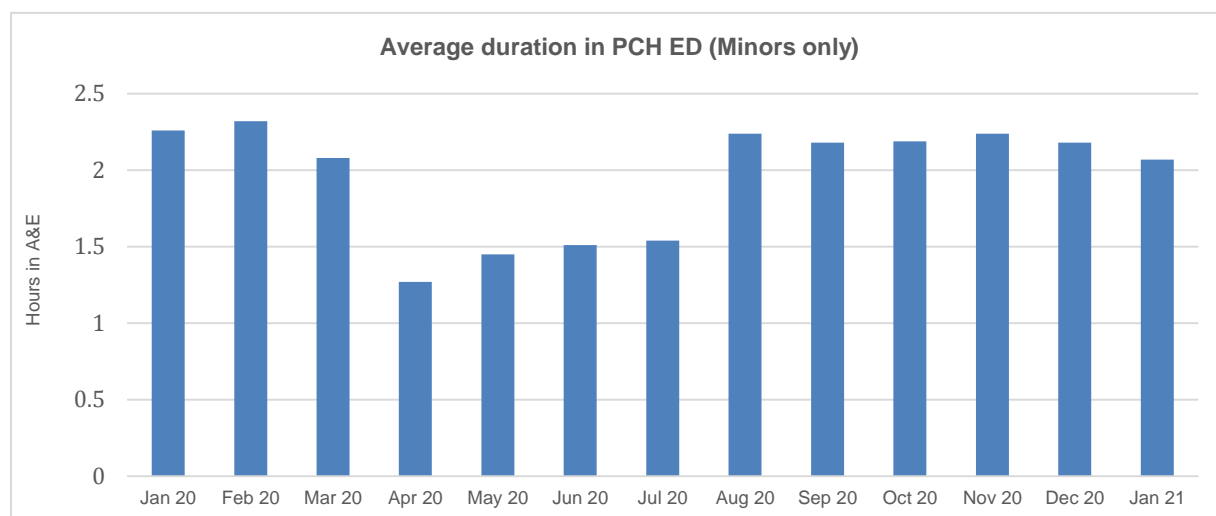


The UTC service will be co-located and where appropriate, integrated with the existing Emergency Department (ED) minor illness and injury service, creating streamlined pathways, improved access and improving patient experience should patients need to access support across services. Timeliness of access and treatment is incredibly important, and we will continue to monitor our performance against the national standards for UTC and EDs, including the expectation that 95% of patients are seen and discharged within four hours of presentation.

North West Anglia NHS FT has routinely seen patients well within this timeframe. Average length of time in the department for minor's patients has been 1 hour and 56 minutes across the last 12 months, with patients triaged, seen, treated and discharged during this time. Performance improved during the first COVID pandemic wave as we saw a significant reduction in the number of patients with minor illness and injury presented at the PCH ED. Since a return to normal levels of activity since then, average duration in the department has been broadly maintained at around 2 hours 10 minutes, as shown in the table below. With the co-location of the services and

expansion of the workforce to deliver UTC services, we expect to maintain this strong performance.

Table one – Average duration in PCH ED (Minors only)



The UTC pathway is separate to existing major ED pathways and as such, the wait times differ across services and the pressures and demand for major services do not impact on our staffing, physical space or timeliness of care for those people presenting with UTC or minor illness and injury needs.

GP Out of Hours Service

The UTC will be co-located with the GP Out of Hours service. An effective working relationship is essential in order to create a seamless service ensuring patients access the appropriate service in a timely manner and that the services work together to ensure that there is no duplication of service.

The initial proposal was to make the changes for Winter 2020. Following public consultation this timeframe was extended to allow proper time for relocation planning and reassure the public during the COVID-19 pandemic.

The agreed start date for the relocated services is now 30 June 2021.

Patient Pathways

The services to be relocated are:

- The Urgent treatment Centre (UTC) currently run by Lincs Community Health Services (LCHS)
- The GP Out of Hours Service (GP OOHs) run by Herts Urgent Care (HUC)

This will allow for the full integration of emergency department minor presentations, the UTC and the GP OOHs to create a single urgent care pathway for patients. NHS 111 will also be integrated as they will be able to book appointments for people into the service due to the transformation of the IT systems.

This collection of services will operate 24 hours a day, 7 days a week for 365 days a year.

The service will be co-led by GPs and ED Consultants which will support integrated care. The scope of the service will cover a range of presentations, including minor injury and illness, diagnostic testing, and be available to both adults and children of any age. There will be a combination of pre-booked appointments and walk-in access. GP OOHs visits will be retained.

Access to the service will be through:

- Direct booking through NHS 111
- Walk-in bookable appointments, this means that people who walk-in are given an appointment slot time, so they do not have to sit and wait for their appointment.

Streaming of patients will be undertaken at the 'front door' by trained clinicians, they will take a brief history and perform basic observations before directing the patient to the most appropriate service.

There will be a range of streams available for walk-in presentations, which may include:

1. NHS 111, for onward booking for a Primary Care appointment, direction to another service, or for health advice.
2. Integrated UTC, with either a pre-booked appointment slot, or immediate care.
3. Acute 'same day emergency care' (SDEC) this refers to the care and treatment of patients for whom admission to hospital would have been the default option in the absence of an SDEC service. Some presentations that may be suitable for SDEC service could be:
 - i. Low risk chest pain
 - ii. Cellulitis - an infection caused by bacteria getting into the deeper layers of your skin.
 - iii. Suspected deep vein thrombosis (DVT) - a blood clot that develops within a deep vein in the body, usually in the leg.
 - iv. Suspected Pyelonephritis - a type of urinary tract infection that affects the kidneys.
 - v. Suspected pulmonary embolism - a blockage of an artery in the lungs by a substance that has moved from elsewhere in the body through the bloodstream.
4. Emergency Department for the most serious illnesses and injuries.

3.3 **Estates update**

Work has continued to reconfigure the site at Peterborough City Hospital to ensure that the UTC can be accommodated on site. The units are going to be installed in current courtyard 15 space at the site. The new modular unit, as well as reconfiguration of our existing ED estate including clinic rooms and waiting areas will create a new bespoke space for UTC which comprises:

38 waiting spaces (15 social distanced)

9 streaming / triage bays

21 consultation and treatment rooms in total

The groundworks for the new unit are now completed with the concrete poured for the base on Monday 22 February. The modular units will be lifted into place over the existing buildings in pieces via a crane. A careful pathway over the building will be flowed and there will be marshals at designated points in the building and on the roof. The UTC modular unit lift into the courtyard is due to take place on 15 April.

See Appendix one images 1,2 and 3.

The estates work is currently on time to deliver the UTC to NWAFT in time for the service to commence on **30 June 2021**.

Within this timeframe we have a minimum of a month before the service transfers which enables time to familiarise staff with the new environment, completing training and orientation and to ensure that the pathways and processes that have been put in place to support the service in its new location are fit for purpose with any residual changes required made in time for the service transfer date.

3.4 **Parking and Transport**

We know from the previous analysis that the primary mode of transport to the UTC is by car, only an extremely small number of patients walked or used public transport including taxis. We intend to continue to do surveys of patients attending the UTC and ED at both sites to further understand transport and parking needs.

Parking

Pre-pandemic there were 684 car parking spaces at PCH. An additional 112 car parking spaces were created at PCH during early 2020 providing a total of 796 parking spaces and 101 disabled parking spaces allocated for patient and visitor parking. This represents a 16% uplift on pre-pandemic levels.

It is worth noting that since the COVID pandemic, the Trust (North West Anglia NHS Foundation Trust) is now operating a significant proportion of outpatient appointments virtually and intends to retain this new way of working. The % of virtual outpatient appointments using telephone or video has increased from 8% (19/20) prior to the pandemic, to 48% in 20/21 to date) which equates to around 7,000 fewer patient visits to the PCH site per month, or 330 fewer visits per day.

This reduction in utilisation equates to 40 car parking spaces which represents around 5% of pre-pandemic capacity.

There is a drop-off bay adjacent to the main entrance for visitors and patients to use with a 20-minute stay limit.

Peak car parking times at PCH are from 9am to approx. 1pm and 1.45pm – 6pm Monday to Friday. The peak usage times as shown in table 1 show that the busiest times for the UTC are mostly outside of these times. The GP Out of Hours service operates only outside of these peak times for the Peterborough City Hospital car park.

The current occupancy levels at the Peterborough City Hospitals remain low as demonstrated in the images in the appendix. This occupancy level has been consistent for several months now and is expected to remain low post COVID-19 as most of the outpatient services that are still operating in a remote way will continue to do so.

See appendix one images 5 and 6.

See appendix two – NWAFT parking management report.

Buses

A number of Stagecoach buses run between Peterborough City Centre bus station and the Peterborough City Hospital site.

On Monday 1 March 2021, a new orbital bus route began operating. This route runs from Serpentine Green shopping centre in Hampton to Peterborough City Hospital with stops in Hampton and the Ortons. This route operates from Monday to Saturday between 9am and 3pm with hourly services. This is a trial route for 12 months, if successful more orbital routes could be considered.

The Green Travel Plan

North West Anglia NHS Foundation Trust is responsible for the Peterborough City Hospital site. The Trust is in the final approval stages for their Green Travel Plan that has been developed in consultation with patients and staff to make sure that users can get to the site as safely and conveniently as possible.

The Green Travel Plan will contribute to an enhanced transport network that supports an increasing proportion of journeys being undertaken by sustainable travel modes and support a package of Smarter Choices that encourage and promote sustainable travel to all people travelling in and around Peterborough.

See appendix three – NWAFT Green Travel Plan

Travel Survey

On 29 January 2021 between 9:00 and 12:30 staff asked people how they had arrived at the ED at PCH. The results are given in the table at appendix 4 below. Out of the 49 people who arrived

during this time, 13 people, or 27%, arrived by ambulance. The remaining 36 people, or 73%, arrived using their own transport. No-one arrived by public transport, taxi, walked or cycled.

See appendix four – table 2 How people travelled to the ED at PCH on 29 January 2021.

3.5 **Infection Prevention and Control (IPC) Update**

The designs for the new UTC elements at the Peterborough City Hospital site have all been designed with IPC in mind, particularly the reception and waiting areas.

NWAFT has been working hard since the start of the COVID-19 pandemic to ensure that all areas of the Peterborough City Hospital site are safe for patients who are visiting for reasons other than COVID-19.

The site has been developed to have red and green zones to ensure that infection from COVID-19 is reduced as much as possible and as with national guidelines, everyone attending site is required to wear a face covering, sanitise their hands and comply with social distancing. Flow through the departments is one way with separate routes through ED on entry and exit, this same approach will be applied to the additional UTC modular space created as part of the estate reconfiguration work.

People are encouraged to book a test online if they have symptoms of COVID-19 or use the NHS 111 telephone or online services if they need advice on how to manage their symptoms. People who present with symptoms of COVID-19 are immediately directed to particular areas (red zones) to ensure they are able to be treated appropriately but kept away from people presenting without symptoms.

The Trust wants people to have confidence to attend the site to receive care, whether for planned treatment or clinics or the proposed Urgent Treatment Centre.

In January 2021, when the impact of the COVID-19 second wave was experienced extra space was created across the Emergency Department at Peterborough City Hospital to create extra red capacity to manage the COVID-19 workload while still maintaining safe IPC compliant 'green' capacity. Doing this within the existing footprint is a challenge and as such, some people have had longer waits due to both physical space constraints to see patients and also because of the wider staffing pressures. Unlike in wave one, NWAFT did not see ED attendances drop off in wave two and these remained much closer to normal levels of activity creating additional overall demand on the services. As the numbers have started to reduce a little in February, performance has improved.

3.6 **Pharmacy Provision**

There is not currently pharmacy provision at the existing City Care Centre site where the UTC is located. When people are given a prescription in the existing UTC, they need to take this to their local community pharmacy to have it issued.

North West Anglia are looking at what options could be facilitated in terms of on-site pharmacy provision at Peterborough City Hospital to provide uplift to the pharmacy provision from that which was provided at the CCC and to find a more patient-centric solution. Further work is required on the options available, with a preferred model to be recommended and agreed with the CCG prior to service transfer.

GPs in the GP Out of Hours Services can also issue prescriptions and give emergency medication if it is required.

If a patient requires emergency medication at the time of treatment this will be issued, but any further medication will be given by prescription to be issued at a community pharmacy.

4. CONSULTATION

- 4.1 A public consultation ran from 4 August to 30 September 2020. Full outcomes and report can be found here:

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/governing-body-meetings/governing-body-papers-2020-21/>

- 4.2 **Consultation with Peterborough Health Scrutiny Committee took place at the following meetings:**

7 July 2020

<https://democracy.peterborough.gov.uk/documents/s42336/3.%20Draft%20HSC%20Minutes%2007072020.pdf>

21 September 2020

https://democracy.peterborough.gov.uk/documents/s42689/3.%20Draft%20Minutes%20-%20HSC%20-%202021092020.doc_.pdf

The Green Travel Plan was presented to the Peterborough health Scrutiny Committee for discussion at its meeting on 3 November 2020.

<https://democracy.peterborough.gov.uk/documents/s43141/3.%20201103%20Draft%20Minutes%20-%20Final.pdf>

12 January 2021

<https://democracy.peterborough.gov.uk/documents/s43143/6.%20UTC%20and%20GP%20OOHs%20relocation%20programme%20report%20-%20HSC%20-%202012012021.pdf>

5. REASON FOR THE RECOMMENDATION

- 5.1 The Health Scrutiny Committee is asked to note the progress made regarding the relocation of the UTC and GP Out of Hours Services to be collocated with the ED at Peterborough City Hospital.

6. APPENDICES

- 6.1 *Appendix one – images relating to the UTC relocation programme.*
Appendix two – NWAFT Green Travel Pan
Appendix three – NWAFT Parking Management Plan.
Appendix four – table 1 How people travel to the UTC on 29 January 2021.
Appendix five – service specification for UTC. Attached

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URGENT TREATMENT CENTRE RELOCATION PROGRAMME UPDATE REPORT

Appendix One



Image 1 – Artist impression of the Ariel view of the UTC modular unit which is to go into courtyard 15



Image 2 – Courtyard 15 where the UTC modular unit will be placed.



Image 3 – Groundworks for modular units in progress in courtyard 15.



Images 4 and 5 – front central visitor carpark October 2020



North West Anglia
NHS Foundation Trust

Green Travel Plan

Presented for:	Discussion Information Approval
Presented by:	Eric Fehily Director of Estates;
Scrutinised by:	North West Anglia Green Travel Plan Steering Committee – 21 August 2019
Strategic goal:	All Strategic Objectives
Date:	24th Sept 2019
Regulatory relevance:	National Guidance
Equality and Diversity	This report reflects equality and diversity requirements and issues
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

1.0 Summary

The P&S NHS FT considered and approved a Green Travel Plan in 2016, however as a consequence of the impending merger it was not followed through. The HHCT approved a Travel Plan in 2010. As a consequence the new Trust did not have an up to date Green Travel Plan and Car Park Management Plan. Travel Plans and Car Parking have a number of associated emotive issues and the cost of car parking is often a national debate. Some 10 years ago the NHS Confed produced a paper called 'Fair for All, not free for all' to support Trusts and share good practice.

By not implementing the Travel Plans and as a consequence of the increased patient activity and staff numbers to support the service needs, both acute Hospital sites have had particular problems with car parking and access to and in particular from the site. Stamford and Rutland Hospital has less of an issue but with the plan to sell some of the site a clear car parking plan is required.

Therefore the Trust, following a competitive process appointed W S Atkins to update the Green Travel Plans and the Car Parking Plans and provide a series of recommendations for the Trust to consider to both align itself to the latest policy requirements, but also to meet the current and future car parking challenges.

This document provides a brief summary for the Board of the reports, the detailed Plans are attached. It also summarises the options that the Board needs to consider and in due course approve.

2.0 Background

The Trust commissioned WS Atkins to prepare an updated Travel Plan (Appendix 1) for the Trusts three sites, the previous Travel Plan for the Peterborough City Hospital and Stamford and Rutland Hospital sites was prepared in 2016. This was prior to merging with Hinchingsbrooke Hospital and given the merger the Travel Plan requires a review to incorporate all three sites and to update the baseline data.

In addition Atkins were commissioned to produce a Parking Management Plan (Appendix 2) which reviews existing parking and the current and future challenges and provides a series of recommendations that along with the Travel Plan would reduce the congestion and flow issues on the sites.

Some of the key reasons for doing this work were:

- Increasing demand on parking spaces – particularly at PCH & HH.
- Impact of pressure to secure a parking space on staff, patients and visitors.
- PCH & HH work to different charging formats and SRH has no charging at present for both patients and staff.
- One entrance – one exit creates major traffic flow issues at PCH & HH.
- Low uptake of public transport, walking and cycling with limited incentive to change.
- Operational hours or other challenges make alternatives to driving unattractive or impractical for some staff groups
- Different car park management arrangements on each site

First the WS Atkins report sets out the National and Local policy context and guidance for the Travel Plan.

2.1 National Policy

Department of Health (2015) Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability

This guidance helps NHS organisations to identify best practice in car park management and sustainable transport. It sets out how NHS patient, visitor and staff parking principles can be implemented within an organisation's car parking provision.

The following principles are relevant to this Travel Plan:

- NHS organisations should work with their patients and staff to make sure that users can get to the site as safely and conveniently as possible. Solutions should also be economically viable;

- Charges should be reasonable for the area;
- Concessions should be available for certain groups of users (e.g. frequent outpatient attenders, staff working shifts that mean public transport cannot be used);
- Other concessions, for example for volunteers or staff who car share should be considered locally;
- Priority for staff parking should be based on need; and
- Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used.

The proposed Travel Plan (and Parking Management Plan) is in line with this policy because the measures suggested in Chapter 6 will seek to prioritise staff parking on a needs basis. In addition, measures that are set out in the Parking Management Plan will consider how staff parking operates on all three Hospital sites.

NHS Carbon Reduction Strategy (2009 – updated 2010) & further updated as the Sustainable Development Strategy in 2014

The NHS Carbon Reduction Strategy sets out the organisation's carbon reduction goals. Low carbon travel, transport and access is one of the areas of focus for carbon reduction, with the following relevant key actions set out:

- All Trusts should have a Board approved active Travel Plan as part of their Sustainable Development Management Plan;
- The NHS should consider introducing a flat rate for business mileage, regardless of engine size or modal option; and
- Mechanisms to routinely and systemically review the need for staff, patients and visitors to travel need to be established in all NHS organisations.

The 2010 update states that low carbon Travel Plans should be adopted across the entire NHS to meet the goal to reduce mileage and corresponding CO₂ emissions by 20%. There is also a goal to increase vehicle efficiency to reduce business travel emission by a further 30%.

The proposed Travel Plan is in line with this policy and mechanisms.

2.2 Local Policy

Cambridgeshire and Peterborough Interim Local Transport Plan (2017) and Long-Term Transport Strategy (2011)

The Cambridgeshire and Peterborough Interim Local Transport Plan, formerly the Peterborough City Local Transport Plan has a transport vision with the following relevant aims:

- To provide a package of Smarter Choices measures that encourage and promote sustainable travel to all people travelling in and around Peterborough;
- To increase the number of walking trips through well developed and safe pedestrian connections throughout the city;
- To increase the number of cycling trips throughout the authority area;
- To ensure that all residents can access employment, health care, education, leisure facilities and healthy food by improving access to key services and facilities through the integration of different modes of travel and supporting growth with sustainable travel solutions;
- To have a high quality, reliable, easy to access and simple to understand public transport system, operating a fleet of lower emission vehicles that serve the whole authority; and
- Residents, school and employees in Peterborough should be able to make informed decisions and choose to travel by sustainable modes.'

The objectives set out within the proposed Travel Plan are in line with this policy as it seeks to promote sustainable travel to, from and around the three Hospital sites.

Huntingdonshire's Emerging Local Plan to 2036: Proposed Submission (March 2018)

The Emerging Local Plan is proposed to replace the existing development plan document which includes the Core Strategy (2009), the Huntingdon West Area Action Plan (2011) and the saved policies of the Local Plan (1995) and the Local Plan Alteration (2002). The proposed submission has been submitted to the Secretary of State on 29 March 2018 with a view of being adopted by July 2019.

The Emerging Local Plan sets out a number of policies that relates to the three Hospital sites:

- LP 17 Sustainable Travel: 'New development will be expected to contribute to an enhanced transport network that supports an increasing proportion of journeys being undertaken by sustainable travel modes.'

Although the sites within the proposed Travel Plan are existing developments, it is considered that this Travel Plan will encourage journeys to be taken by sustainable travel modes to and from the existing Hospital sites.

3.0 Strategic Aims of a Green Travel and Car Park Management Plan

As a consequence of the National and Local Strategies and Plans and the local challenges the key aims of the work commissioned was as follows:

- A plan that delivers on goals and targets and supports the Sustainable Development and Health and Wellbeing Plans.
- A plan that supports other modes of access to the sites - cycling, walking and public transport – and actively encourages car sharing.

- A Plan that uses data to identify the benefits of different options for implementing exclusion zones for staff, eg 3km/5km, 4 day rights to park rather than 5 and identifies localities where car sharing or their travel options should be considered or promoted
- A plan that delivers a Car Park Management Strategy, considers a single company managing all three sites in a consistent manner with consistent associated tariffs.
- A plan that acknowledges and addresses pressures facing staff, eg working shift patterns, carer responsibilities, travelling between sites and off site clinics.
- A plan that safeguards patient parking and applies a common and consistent charging and discretionary charging mechanism across all sites.

The following section sets out what WS Atkins did to gain the information to help them develop the Plans and recommendations.

3.1 What Did Atkins Do

Atkins were briefed to develop a Travel Plan that would act as a lever to co-ordinate the parking strategy across the Trust and identify opportunities to influence modal shift. Core data and staff input were gathered through undertaking a series of workstreams, for example:

- Postcode Mapping of all staff- home/work location
- On line Staff Survey
- Staff Engagement sessions
- Traffic Surveys – traffic flow & car park occupancy levels.

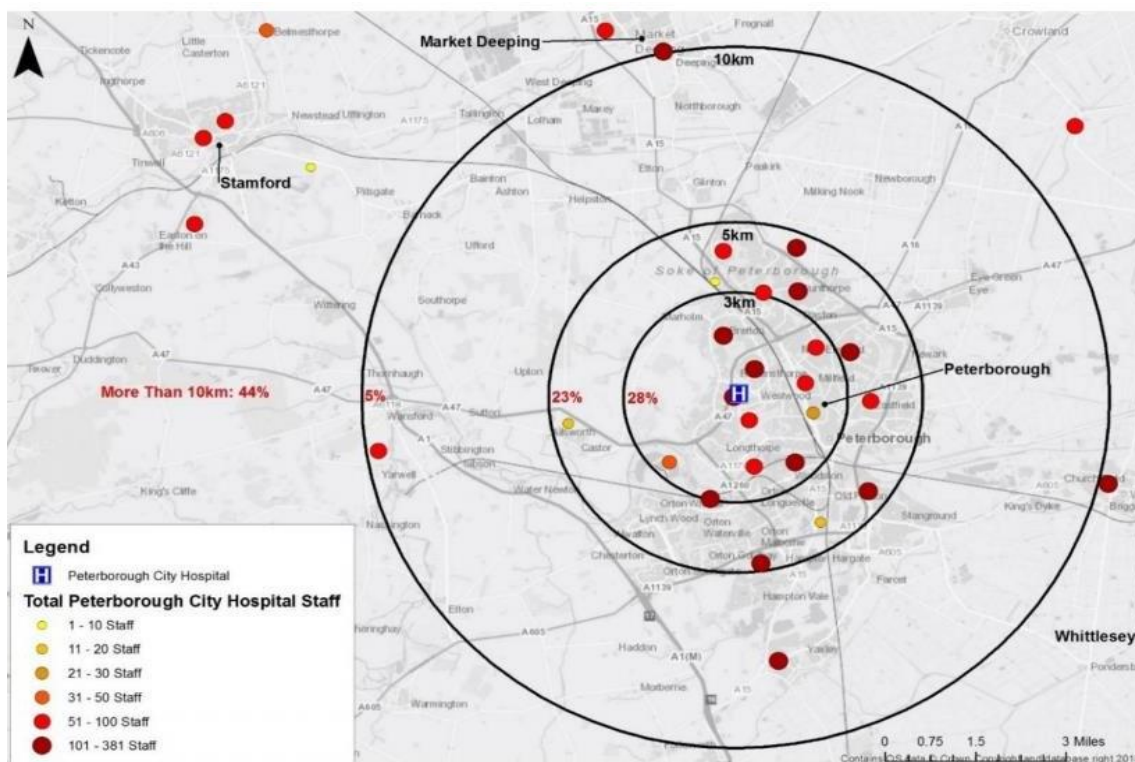
This provided the background information to enable them to produce:

- A Travel Plan – centred on promotion of sustainable travel options
- A Parking Management Plan - centred on options to rationalise criteria for entitlement to car park access and a basis for charging across all 3 sites

3.2 What Did Atkins Find

From the work that Atkins did on post-code mapping and the staff survey they found the following, details for each site are in the supporting documents, for example:

Peterborough City Hospital Staff Home Postcode Districts within 10km



In summary across the whole Trust:

- The majority of staff live within 3K or over 10 Km from normal place of work.
- HH - Up to 40% of staff live within 3km - % remains same at 5km – 80% of total staff come by car
- PCH – Up to 28% of staff live within 3km (interestingly another 23% live between 3-5km – eg total 51%) - 84% of total staff come by car up from 70% in 2016
- S&RH – Up to 29% of staff live within 3km - 85% of total staff come by car up from 81% in 2016

So the increased use of cars along with the increased number of staff and hence total number of cars is a key problem.

3.2.1 Staff Travel Survey

A staff travel survey was distributed to all staff working within NWAFT, covering the three Hospital sites to identify current travel patterns and forms the basis of the targets set to measure progress of the Travel Plan.

The survey was conducted from 29th April 2019 to 17th May 2019. The survey was hosted on Microsoft Forms, a secure site which can only be accessed if the user has the correct permissions, in order to adhere to GDPR regulations. The survey was distributed to all staff via email from the Communications Team at NWAFT and was included in a number of emails/newsletters to staff during the survey period. The survey covered a variety of questions to understand existing travel habits and working patterns in addition to seeking to identify ways to encourage staff to travel sustainably.

In order to be able to compare the 2019 travel survey results with the original 2016 travel survey results, the questions posed to staff remained consistent where possible.

The survey results are summarised below with the full set of questions and results summary are provided in Appendix D of the Travel Plan.

3.2.2 Staff Engagement Events

Staff engagement events were undertaken at all three sites and sought to engage with staff on travel issues and provide additional travel information where required. The events were undertaken to have more in-depth discussions with staff to understand their opinions regarding travel to/from their place of work and to increase the amount of survey responses.

The on-line staff survey – Table 1

	Responses	Staff	Response Rate
Peterborough City Hospital	1,239	4,417	28%
Hinchingbrooke Hospital	455	1,759	26%
Stamford and Rutland Hospital	54	95	57%
Answered 'Other' Location	96	-	-
Total	1,844	6,271	29%

The overall response rate for the surveys was 29% which is considered to be a good response rate for the nature of the sites. A total of 1,844 staff responded of which the majority came from Peterborough City Hospital (1,239 responses). Stamford and Rutland Hospital recorded the largest response rate of 57%. Staff who stated an 'Other' location typically reported being split between sites, community nursing, or other Hospitals, including Ely, Cambridge and Doddington.

The staff survey gave a good indication of the time it takes staff to get to work and the travel mode they use to access the sites.

Summary Table of Staff Responses to Travel Mode and Distance to work – Table 2

	HH %	PCH %	S&RH %
Journey Times			
Under 10 mins	5	5	12
11-29 mins	46	45	51
30-50	44	44	34
>1 hour	5	6	2
Walking			
Too far to walk	80	80	Not Known
Currently walk	6	3	5
Cycling			
Too far to Cycle	59	59	63
Currently Cycle	7	4	5
Car Sharing			
Would consider car sharing	49	48	No response
What would Encourage You			
Help finding a Match	29	29	32
Savings	23	22	24
Reserved Car parking	22	20	13
Support if an Emergency	12	15	13

3.2.3 Summary of the Staff Survey and Location Modelling

The key findings are as follows:

Peterborough City Hospital

- Since 2016, there has been a 13.8% increase in car mode share and a large reduction in sustainable mode shares;
- Staff travel to work time is in line with the national average;
- Up to 72% of respondents would consider using public transport and therefore, measures should focus on bus and rail travel;
- Up to 48% of respondents would consider car sharing as a viable alternative to travelling alone;
- The TRACC modelling shows that 51% of staff live within a walkable (3km) or cyclable (5km) distance from Peterborough City Hospital although only 9.9% do so now; and
- Staff who reside in surrounding villages are able to access the site via public transport in 90 minutes, as the railway station is located 3.2km (approximately 40 minutes by foot) to the east of the Hospital.

Hinchingbrooke Hospital

- The Hospital has a high car mode share (79.4%) but a low rail mode share (0.5%), despite being located close (1.3km) to Huntingdon railway station;
- Up to 78% of respondents would consider using public transport and therefore, measures should focus on bus and rail travel;
- Up to 51% of respondents would consider car sharing as a viable alternative to travelling alone; and
- The TRACC modelling shows that 40% of staff live within a walkable (3km) or cyclable (5km) distance from Hinchingbrooke Hospital although only 13.1% do so now.

Stamford and Rutland Hospital

- Stamford and Rutland Hospital has a high car mode share (85.4%) and it is reported that no staff who responded to the survey car share;
- There is little public transport infrastructure in the local area that also serves the Hospital. This means that measures should focus on car sharing; and
- The majority (57%) of staff live further than 10km from the Hospital and therefore walking and cycling is not possible for this group.

Key points from mapping and surveys –

- The majority of staff across the 3 sites live within 3 Km or over 10 Km from normal place of work – which presents different opportunities and challenges
- There is scope for certain groups of staff to make a modal shift away from travel by car
- Staff have indicated they would consider a modal shift, but needs to be supported by the trust - incentives and financial investment

3.2.4 Car Parking

The Trust has a differential number of spaces across the Trust per member of staff as set out in Table 3. From the data available it appears that there is an even greater pressure on parking at PCH than HH due to the relative number of spaces and staffing and patient activity.

Car Parking Spaces – Table 3

	Hinchingbrooke	Peterborough City Hospital	Stamford and Rutland Hospital
Staff	1006	1374	80
Public	337	897	75
Disabled – within Public numbers	63	101	6
Total	1343	2271	155
Total Staff (Trust substantive only)	1759	4417	95
Simple staff/space ratio	2	3.2	1.2

Plus at PCH 100 plus spaces at Sports Club – not controlled by Trust

3.2.5 Staff Car Parking and Charges

For staff there are three different charging systems being operated. At Stamford and Rutland Hospital the parking for staff is free, at Hinchingbrooke Hospital it is graduated based on banding and PCH it is a flat rate. In discussion with staff and the Steering Committee the majority felt that the graduated scheme was fairer. There were, however, people who felt that a space is a space and everyone should pay the same amount. In addition, the charges for staff are not out of line with those across a range of other hospitals.

The old P&SNHSFT had an approved Travel Plan that included an agreed position regarding a 3km exclusion zone (with agreed exception criteria). At busy times of the year there are too many people wanting access to parking than the spaces allow and indeed staff are using the public spaces too. Many Hospitals have introduced an exclusion zone based on distance. West Suffolk has introduced a 4 day a week system, such that staff have to find an alternative arrangement including the use of their park and ride system.

Both have attractions, however, as the Trust does not have any park and ride alternatives, it does not seem credible to ask a member of staff who is travelling a notable distance every day to find an alternative on one day a week.

3.2.6 Public Car Parking Charges

A high-level assessment into public car parking charges at other Trusts has been undertaken to understand whether charging is consistent with local Trusts to adhere to the 'Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability' document. The table below provides a summary of the information

Comparative Car Parking Charges – Table 4

Duration	Peterborough City Hospital	Hinchingbrooke Hospital	Stamford and Rutland Hospital	Average Cost for Public Parking (10 Hospitals)	Average Cost and Peterborough City Hospital Difference	Average Cost and Hinchingbrooke Hospital Difference
Up to 30 minutes	Free	Free		-	-	-
Up to 1 hour	£2.60	£2.90	No Charge	£2.20	£0.40	£0.70
Up to 2 hours				£3.29	-£0.69	-£0.39
Up to 3 hours				£4.07	-£1.47	-£1.17
Up to 3.5 hours				-	-	-
Up to 4 hours	£4.20			£5.59	-£1.39	-£2.69
Up to 4.5 hours				-	-	-
Up to 5 hours	£5.20			£6.43	-£1.23	-£2.43
Up to 5.5 hours				-	-	-
Up to 6 hours	£6.30	£4.00		£7.63	-£1.33	-£3.63
Up to 6.5 hours				-	-	-
Up to 8 hours	£10.40	£6.00	£7.07	£3.33	-£3.07	
Up to 12 hours			£11.10	-£0.70	-£5.10	
Up to 24 hours			£9.88	£0.52	-£3.88	
Weekly	-	-		£20.60	-	-

Table 4 shows that, on average, Hinchingbrooke Hospital and Peterborough City Hospital charge the public less for parking than other Trusts considered within the high-level assessment.

For example,

- the average cost for parking up to four hours is £5.59,
- Hinchingbrooke Hospital charges £2.90 for the same time,

- Peterborough City Hospital charge £2.60 for 30 minutes less or £4.20 for 30 minutes more.

Therefore it is considered that NWAFT are following NHS guidance relating to parking charges in that they are reasonable for the local area of the Hospitals, however the charges are low.

3.3 What Did Atkins Propose

From the information that Atkins have sourced and by aligning to good practice it is suggested that there are a number of themes and objectives that the Trust Board and organisation should consider, approve and deliver.

- Ensure that staff can adequately access the Trusts sites by non-car modes,
- Manage the car parking supply in a fair and equitable manner including restricting car access and formalise the enforcement of car parking rules
- Reduce the Trust's transport carbon footprint in line with NHS Carbon reduction targets, in part by a modal shift in travel options
- Provide safe and efficient management of traffic and travel within and around the Hospital site
- Review the car parking charges
- Ensure that there is clear, ongoing communication to staff with a dedicated Travel Plan Coordinator to deliver the above through a broad spectrum of schemes. The TPC would need to have a transparent, to staff, budget to invest in agreed developments and should provide an annual update of the income and expenditure position of the car parks as set out in the good practice guidance.

To ensure that the plans can be delivered it is proposed that the Trust should procure a Car Park Management Company to:

- Manage the Car Parks on all three sites
- Introduce modern technology for staff and patients eg ANPR
- Manage the collection of income – Trust to agree what type of contract to have eg. Trust outsources and receives an agreed income or the Trust outsources the collection of income and pays an agreed fee to the car park company
- Manage, in an agreed way, the enforcement of car parking on –site, for staff and patients
- Have the capability to invest in car parking as agreed with the Trust
- Work with Trust on improving the on-site management of traffic and flow and support the Trust in discussions with the local authority regarding the management of flow at the site entrances and lobbying for a second entrance and exit on each acute site.

In addition a Travel Plan Coordinator is appointed to implement measures, secure stakeholder buy-in and monitor the mode shift achievements of the Travel Plan:

- Provide a co-ordinating role for the Travel Steering Group and act as point of contact for staff on all aspects of travel
- Identify measures to incentivise modal change - preparing business case/ financial assessment as required
- Prepare reports as required for internal or national level reporting

- Establish and support car sharing , bike and walking groups
- Liaise with Public Transport providers to improve services and discounts for staff and visitors
- Work with the Comms team to market and promote awareness and initiatives
- Run regular awareness/promotional events across all sites
- Liaise with Local Authority and key business stakeholders on matters impacting the wider transport network.
- Interface with the Car Park provider, as relevant.

4.0 Recommendation

The Trust Board are asked to formally receive the Atkins Green Travel Plan and Parking Management Plan.

5.0 Next Steps:

The following next steps have been agreed following discussions at the Trust Board meeting in August. These actions are to be brought back to the Board at the October meeting.

- i. In consultation with the procurement team, outsource the car park management function as this is fundamental to the future direction and day to day management of the car parks.
- ii. In consultation with the car parking management group review and propose car park restrictions for staff based on either a 3km exclusion zone or 4 day access rights as suggested in the Atkins reports.
- iii. Appoint a Travel Plan Co-ordinator to support and proactively promote, the Green Travel Plan and modal change which is central to implementing the wider travel aspects.
- iv. In consultation with the car parking management group propose a fair and reasonable tariff for Trust staff across all three sites.
- v. Propose a common tariff system for patients for consideration at the October Trust Board meeting.
- vi. To proceed with active discussions with the Local Authorities about the second accesses to the acute sites, a second emergency access at Peterborough City Hospital and other opportunities such as park and ride.

Appendices:

Appendix 1 – Travel Plan

Appendix 2 – Car Park Management Plan

North West Anglia NHS Foundation Trust

Parking Management Plan

North West Anglia NHS Foundation Trust

29 July 2019

Notice

This document and its contents have been prepared and are intended solely as information for North West Anglia NHS Foundation Trust and use in relation to the North West Anglia NHS Foundation Trust Parking Management Strategy.

Atkins Limited assumes no responsibility to any other party in respect of or arising out of or in connection with this document and/or its contents.

This document has 54 pages including the cover.

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1. Introduction

Atkins has been commissioned by the North West Anglia NHS Foundation Trust, hereafter referred to as 'NWAFT' or 'the Trust', to prepare a Parking Management Plan (PMP) for the Trust's Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford and Rutland Hospital sites.

1.1. Context of Parking Management Plan

Atkins previously produced a PMP for the Trust which was included in the 2016 Travel Plan¹. The 2016 PMP was written to provide a consistent parking policy for Peterborough City Hospital and Stamford and Rutland Hospital and also set out key recommendations to improve the efficiency of parking and access operations on the sites. The 2016 PMP has been provided in Appendix A.

As the 2016 Travel Plan (that included the PMP) was written prior to the merging of Hinchingsbrooke Health Care NHS Trust and Peterborough and Stamford NHS Foundation Trust (to form NWAFT in 2017), the PMP requires a review and update to incorporate the additional site and to update baseline data.

This PMP should be read in conjunction with the updated 2019 Travel Plan².

1.2. Scope of Parking Management Plan

This PMP is targeted at the overall parking operation of all three Hospital sites and includes staff, visitor and patient parking. The measures are more focussed on staff as it is recognised that patients and visitors are more likely to use a private vehicle to access the site.

1.3. Parking Management Plan Methodology

In order to improve the efficiency of the car parking operations at the three Hospital sites, measures are proposed within this PMP. The measures are informed and supported by the following sources of information:

- **Existing Policy and Baseline Information** is used to understand how the three Hospital sites are currently operating. Information on existing traffic and transport conditions are also gleaned from the 2019 Travel Plan;
- **A Car Park Arrival, Departure and Occupancy Survey** has been conducted at Peterborough City Hospital and Stamford and Rutland Hospital on Tuesday 4th June 2019 and Hinchingsbrooke Hospital on Tuesday 11th June 2019. The survey informs this PMP by highlighting when users are arriving and leaving the site, and the occupancy of the car parks compared to capacity. The survey methodology and results are detailed in Chapter 4;
- **A Staff Travel Survey** was distributed to all staff working within NWAFT, covering the three Hospital sites and was conducted from 29th April 2019 to 17th May 2019. The staff travel survey has informed the measures set out in this PMP, with details of the survey being provided in the 2019 Travel Plan; and
- **Staff Engagement Events** were undertaken at all three sites and sought to engage with staff on travel issues and provide additional travel information where required. The events were undertaken to have more in-depth discussions with staff to understand their opinions regarding travel to/from their place of work. The staff engagement events have informed the measures set out in this PMP with details of the staff engagement feedback provided in the 2019 Travel Plan.

1.4. Management of Parking Management Plan

The management, coordination, monitoring and review, of this PMP will be the responsibility of the Travel Plan Coordinator (TPC). Like the Travel Plan, it is important that the PMP remains a live document which is continually reviewed and updated to take into account any relevant changes, for example, availability of parking spaces.

The TPC should adopt the same approach to managing, monitoring and reviewing the PMP as they will with the Travel Plan. A summary of these tasks include:

¹ Atkins (2016) *Peterborough and Stamford Hospitals NHS Foundation Trust Travel Plan*.

² Atkins (2019) *North West Anglia NHS Foundation Trust Travel Plan*.

- An update on progress within the Travel Plan agenda item within the Transport Steering Group meetings (see Section 8.2 of 2019 Travel Plan);
- A robust monitoring strategy (see Section 9.1 of 2019 Travel Plan) which includes:
 - Annual review of PMP with key stakeholders (Transport Steering Group);
 - Annual staff travel surveys (which includes questions on parking); and
 - Annual traffic surveys including parking surveys that are similar to that outlined in this PMP; and
- Review success of PMP along with the Travel Plan (see Section 9.2 of 2019 Travel Plan).

In addition to the above the PMP should be supported by regular monitoring, on a daily or weekly basis, to ensure that measures put in place are adhered to. This should involve car park patrols, ticketing of vehicles parked without permits or outside dedicated parking areas. This will help enforce the measures implemented as part of the PMP and lead to a change in behaviour around parking.

These tasks are detailed within the 2019 Travel Plan in Chapters 7, 8 and 9.

1.5. Structure of Parking Management Plan

The remainder of this PMP is set out as follows:

- Chapter 2 outlines the Trust's existing car parking policies and charging procedures;
- Chapter 3 sets out the baseline information for all three Hospital sites;
- Chapter 4 summarises the car park arrival, departure and occupancy survey that has been commissioned to inform this PMP;
- Chapter 5 identifies measures that could improve the operation of parking and access at the three Hospital sites; and
- Chapter 6 summarises the PMP, sets out key recommendations and next steps.

2. Car Parking Policy and Charging

This Chapter outlines the Trust's car parking policy and charging procedures over the three Hospital sites.

2.1. Staff Parking Policy

2.1.1. Car Parking Operational Procedures (2016, Reviewed 2019)

Staff parking policy at both Peterborough City Hospital and Stamford and Rutland Hospital is contained within in the 'Car Parking Operational Procedures³' document, dated 26th May 2016 and included within Appendix B. The policy outlines details of how staff should apply for a car parking permit and the responsibilities of the car park users. With regards to staff parking, the policy includes the following:

“staff that require access to parking at Peterborough City Hospital (PCH) will require a valid staff parking permit and means of entry to the barrier-controlled car park either via their proximity access card, a top up card or take a blue ticket from the barrier for validation to receive the staff rate.... Completed application forms will be assessed in line with the Trust Needs based parking criteria” (Page 8).

Although the Car Parking Operational Procedures policy only applies to Peterborough City Hospital and Stamford and Rutland Hospital, staff at Hinchingsbrooke Hospital also need to apply for a parking permit in a similar way.

As a result of the 2016 Travel Plan a 3km restriction for issue of car parking permits on the Peterborough City site was introduced. This was coupled with the following exemption criteria which deemed an employee eligible for parking:

- *“disabled or temporarily disabled as agreed by occupational health;*
- *a shift worker where one of the shifts has an official start, or finish, time before 07:30 and after 21:00;*
- *an essential user that undertakes one or more journeys per day outside of current travel between site SRH PCH, as substantiated by three travel claim forms;*
- *a registered car sharer and live more than 7kms from PCH;*
- *you are a carer for children 11 years and under, disabled children up to the age of 19 or vulnerable adults;*
- *you are a registered volunteer driver, volunteer, public or partner governor; or*
- *a consultant who has off-site clinical commitments and requires a car to provide a clinical service.” (page 16).*

Those staff who are a resident on site are issued with a residents' permit.

Following meetings with the Trust, it is considered that although the 3km restriction on car parking permits is an existing policy, it has not been successfully enforced at Peterborough City Hospital.

A 3km exclusion zone is not in force for Hinchingsbrooke Hospital or Stamford and Rutland Hospital.

2.1.2. Department of Health (2015) Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability⁴

The NHS car parking management guidance note helps NHS organisations to identify best practice in car park management and sustainable transport. It sets out how NHS patient, visitor and staff parking principles can be implemented within an organisation's car parking provision. The following principles are relevant to this PMP:

- NHS organisations should work with their patients and staff to make sure that users can get to the site as safely and conveniently as possible. Solutions should also be economically viable;

³ Peterborough and Stamford Hospitals NHS Foundation Trust (2019) *Car Parking Operational Procedures*.

⁴ Department of Health (2015) *Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability*.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/481556/HTM_0703NovemberUpdated.pdf [Accessed 14.06.2019]

- Charges should be reasonable for the area;
- Concessions should be available for certain groups of users (e.g. frequent outpatient attenders, staff working shifts that mean public transport cannot be used);
- Other concession, for example for volunteers or staff who car share should be considered locally;
- Priority for staff parking should be based on need; and
- Trusts should consider installing 'pay on exit' or similar schemes so that drivers pay only for the time that they have used.

It is considered that the Trust adheres to the guidance as it provides concessions to certain users (see Section 2.3) and charges are reasonable for the local area (see Section 2.3.1).

2.2. Staff Parking Charges

Staff parking charges vary across the three Hospital sites. It is the desire of the Trust to implement a consistent parking charge policy over the three sites.

Peterborough City Hospital

Staff parking charges are based on a flat rate that is applied to all staff and does not distinguish between role or pay grade. The charges are based on salary deductions and are currently £495 per annum or £2.20 per day.

Hinchingbrooke Hospital

Staff parking charges for Hinchingbrooke Hospital are based on salary deductions across 12 salary bands. Staff pay between £16.90 and £52.00 a month depending on their salary. If a member of staff is not subscribed to the salary deduction scheme, then the daily rate is £3.00.

Stamford and Rutland Hospital

Staff are currently not subject to car parking charges at Stamford and Rutland Hospital.

2.3. Public Parking Policy

Similar to staff parking, it is the desire of the Trust to implement a consistent parking charge policy for patients and visitors over the three Hospital sites where appropriate⁵.

Public parking policy is consistent across the Peterborough City Hospital and Hinchingbrooke Hospital site in that charges do not apply in the following situations:

- A patient with a long-term illness or serious condition needing regular treatment, such as chemotherapy, blood transfusions, acupuncture and some other specialised treatments;
- A patient receiving emergency or daily medical treatments, such as nuclear medicine and some other specialised treatments;
- A patient attending the Renal Unit for treatment;
- A visitor to the bereavement or chaplaincy services;
- The main person or main carer visiting a critically ill or terminally ill patient every day (one vehicle only);
- Supporting someone having a baby here overnight; and
- A patient whose appointment has been cancelled on the day.

Public car parks are not subject to charging at Stamford and Rutland Hospital.

2.3.1. Public Car Park Charging Comparison

A high-level assessment into public car parking charges at other Trusts has been undertaken to understand whether charging is consistent with local Trusts to adhere to the 'Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability' document (See Section 2.1.2)

The high-level assessment of 14 UK Trusts includes the three NWAFT Hospital sites and local hospitals such as West Suffolk Hospital NHS Foundation Trust, Mid-Essex Hospital Services NHS Trust and The Queen Elizabeth Hospital (King's Lynn).

⁵ In some instances, it may be difficult to charge consistently. For example, if charges were implemented at Stamford and Rutland Hospital, the majority of patients and visitors would likely park in the adjacent Morrisons supermarket.

It was found that Cambridge University Hospitals (Addenbrookes Hospital and Royal Papworth Hospital) charged significantly more than other Trusts. These Hospitals are based on a multi-purpose site that is currently experiencing significant growth and therefore the charges at this site have not been included within this assessment.

A summary of findings is provided in Table 2-1 with a full set of findings provided in Appendix C.

Table 2-1 – Average Public Car Park Charges in Comparison to NWAFT Hospitals.

Duration	Peterborough City Hospital	Hinchingbrooke Hospital	Stamford and Rutland Hospital	Average Cost for Public Parking (10 Hospitals)	Average Cost and Peterborough City Hospital Difference	Average Cost and Hinchingbrooke Hospital Difference
Up to 30 minutes	Free	Free	No Charge	-	-	-
Up to 1 hour	£2.60	£2.90		£2.20	£0.40	£0.70
Up to 2 hours				£3.29	-£0.69	-£0.39
Up to 3 hours				£4.07	-£1.47	-£1.17
Up to 3.5 hours				-	-	-
Up to 4 hours				£4.20	-£1.39	-£2.69
Up to 4.5 hours	£5.20	£4.00		-	-	-
Up to 5 hours				£6.43	-£1.23	-£2.43
Up to 5.5 hours				-	-	-
Up to 6 hours				£7.63	-£1.33	-£3.63
Up to 6.5 hours	£6.30	£4.00		-	-	-
Up to 8 hours				£7.07	£3.33	-£3.07
Up to 12 hours				£11.10	-£0.70	-£5.10
Up to 24 hours	£10.40	£6.00		£9.88	£0.52	-£3.88
Weekly	-	-		£20.60	-	-

Table 2-1 shows that, on average, Hospitals within NWAFT charge the public less for parking than other Trusts considered within the high-level assessment. For example, the average cost for parking up to four hours is £5.59, but Hinchingbrooke Hospital charges £2.90 for the same time, whilst Peterborough City Hospital charge £2.60 for 30 minutes less or £4.20 for 30 minutes more. It is therefore considered that NWAFT are following NHS guidance⁶ relating to parking charges in that they are reasonable for the local area of the Hospitals.

⁶ Department of Health (2015) *Health Technical Memorandum 07-03 NHS Car-Parking Management: Environment and Sustainability*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/481556/HTM_0703NovemberUpdated.pdf [Accessed 14.06.2019]

3. Baseline Information

This Chapter provides an overview of the existing parking conditions at Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford and Rutland Hospital. More detail regarding existing traffic and transport conditions have been provided in Chapter 3 of the 2019 Travel Plan.

3.1. Peterborough City Hospital

Peterborough City Hospital is located to the west of Peterborough City Centre in the Westwood Parish. The site is located adjacent to the A47 and approximately 10.5km north east of A1 Junction 17. The site has one vehicular access via Bretton Gate.

3.1.1. Parking Availability

A total of 2,007 car parking spaces are available at Peterborough City Hospital, of which 1,469 are allocated for staff use, 442 for patients and visitors usage and 96 Blue Badge parking bays.

A car parking plan is provided in Appendix D.

There is a drop-off bay adjacent to the main entrance for staff, visitors and patients to use with a 20-minute stay limit. All vehicles must be moved once the staff/patient/visitor has been dropped off to the reception area.

Staff

Staff parking is split between five on-site car parks with a total provision of 1,469 spaces, as follows:

- Car Park B – Staff Multi-Storey;
- Car Park E – Car Share, Staff and Patient;
- Car Park H – Staff Only; and
- Westwood Farm Overflow (Westwood Farm 1 and 2).

Staff parking is allocated based on a permit policy (see Section 2.1.1).

Patient and Visitor

A total of 442 spaces are allocated for patient and visitor parking across the Peterborough City Hospital site. These spaces are distributed between car parks A, C, D, E and F.

On-street and Informal Parking

Cavell Close, the route that traverses Peterborough City Hospital has yellow lines to prevent users parking informally around the site. There are some grass areas to the south east of the site that used regularly as informal overflow parking. The Trust has reported issues with informal parking on kerbs and verges, including the helicopter pad which has since been fenced off. Similar instances of informal/illegal parking were also observed on the site visits and reported by staff at the engagement events. Similarly, street furniture and fences have been installed along the kerblines in places to stop informal parking on-site.

3.2. Hinchingsbrooke Hospital

Hinchingsbrooke Hospital is located to the west of Huntingdon Town Centre and to the east of Brampton Village. The site is located adjacent to the A14 although staff are required to travel into Huntingdon via the A141 or Godmanchester to access the site via Hinchingsbrooke Park Road. There is one access to the west of the site on Hinchingsbrooke Park Road. Vehicles approaching the site from the west cannot turn right on Hinchingsbrooke Park Road and must U-turn at the roundabout junction with Parkway in order to turn left into the site from Hinchingsbrooke Park Road. Ambulances can also access to the site from the north via A14 Junction 23.

3.2.1. Parking Availability

A total of 1,343 spaces are available across the Hinchingsbrooke Hospital site, of which 633 are for staff, 337 are for the public, 57 are for residents and 191 are department-based spaces. There are no car sharing spaces on-site.

A car parking plan is provided in Appendix E.

Staff

Hinchingsbrooke Hospital staff parking is split between ten dedicated staff car parks which are as follows:

- Staff Car Park 1 – Main Entrance;
- Staff Car Park 4 – MARS;
- Staff Car Park 5 – MARS;
- Staff Car Park 6 – Boundary;
- Staff Car Park 7 – DTC;
- Staff Car Park 8 – Pathology;
- Community Staff Car Park– Rehab;
- Administration;
- Ambulance Station; and
- Facilities.

In addition to the dedicated staff spaces, 57 spaces are located adjacent to residences on site and are therefore assumed to cater for staff parking. Staff parking is allocated based on a permit policy (see Section 2.1.1).

Patient and Visitor

The remaining parking on site (337 spaces) is available to the public, whether in dedicated public car parks, on-street, or adjacent to specific units. These are located as follows:

- Public Car Park 2 – Main Entrance;
- Public Car Park 3 – Acer;
- Woodlands;
- Children’s Unit;
- Renal Dialysis Unit;
- Main Entrance; and
- Children’s Unit Short Stay.

On-street and Informal Parking

Staff at Hinchingsbrooke Hospital predominantly park around the back of the site (eastern side) where there are a number of unmarked parking spaces. Whilst the majority of unmarked areas have been allocated a car park number for permit purposes, due to the informal nature of the parking area, the capacity can fluctuate dependant on how staff park their car.

3.3. Stamford and Rutland Hospital

Stamford and Rutland Hospital is located in Stamford to the east of the High Street on Ryhall Road (A6121). The A1 can be accessed via the town and is located approximately 2.7km to the west.

3.3.1. Parking Availability

A total of 150 spaces are available to staff, patients and visitors at Stamford and Rutland Hospital of which 75 spaces, which are located at the front of the site (by the main reception on Ryhall Road), are allocated to patient and visitors including four blue badge bays. The remaining 75 spaces are located at the back of the Hospital (on Uffington Road) and are allocated for staff.

A car parking plan is provided in Appendix F.

On-street and Informal Parking

It was reported that a number of staff, patients and visitors park in the local Morrisons supermarket car park which is free for up to two-hours. This car park is often used by staff travelling to/from other Hospitals in the Trust, or community nurses that come onto site for short intervals. Staff reported that parking at Morrisons supermarket is often easier than trying to find a space on-site.

On-street parking is not considered to be an issue and was not raised on the site visit, at the staff engagement event or mentioned in survey responses.

3.4. Stakeholder Engagement and Staff Travel Survey

This Section summarises the staff engagement events and travel survey questions that directly relate to the parking at the three Hospital sites.

3.4.1. Overview

Staff Engagement Surveys

Staff engagement events were undertaken at all three sites and sought to engage with staff on travel issues and provide additional travel information where required. The events were undertaken to have more in-depth discussions with staff to understand their opinions regarding travel to/from their place of work.

Staff Travel Survey

A staff travel survey was distributed to all staff working within NWAFT, covering the three Hospital sites to identify current travel patterns and forms the basis of the targets set to measure progress of the Travel Plan. The survey was conducted from 29th April 2019 to 17th May 2019.

3.4.2. Findings

The answers from the surveys and discussions at staff engagement events have informed the measures set out in the PMP and the 2019 Travel Plan. A summary of findings are provided below:

Peterborough City Hospital

- 79% of staff pay for parking by Salary Deduction schemes, 20% Pay on the Day and 1% have a Volunteer or Contractor Permit;
- 71% of staff park in Car Park B (Multi-Storey), 11% park in Westwood Farm 1, and 9% park in Westwood Farm 2. The remaining 9% of staff are split between Car Park D (Community Midwives), Car Park E and H; and
- The majority of staff (56%) park four to five times a week. Therefore, a large number of staff park one to three days a week.

Respondents were given the opportunity to provide a qualitative response on their views on parking at Peterborough City Hospital. These responses have been analysed using open coding, with respondent's comments being grouped under a number of themes to enable analysis and comparison.

The most common issues raised by staff working at Peterborough City Hospital are availability of parking (34.4%), and access and congestion around the site (34.0%). The results show that staff are concerned about the access to/from the site which is limited to one route (Bretton Gate/Cavell Close junction), as it can lead to congestion and delays during peak periods. In addition, respondents also noted that parking can be difficult at certain times of day, as parking spaces are often all utilised following the AM Peak Period. Shift workers arriving around midday are therefore often unable to park.

Furthermore, 18.2% of comments mentioned parking charges at Peterborough City Hospital. Staff are reportedly concerned that parking is charged at a flat rate, which is unlike Hinchingsbrooke Hospital, where charges are based upon the pay grade of the staff member.

A number of comments were made about parking at the staff engagement events. These have been summarised below:

- During the PM Peak Period (16:00-18:00) staff are reportedly unable to leave the site and get to other appointments/commitments on time due to congestion on-site and particularly exiting Car Park B. Individuals stated that this is caused by staff leaving at the same time and several lanes of traffic from car parks around the site converging into one;
- It was found that staff are parking away from the site and walking in to avoid queuing;
- Users who pay on the day, need to pay for a ticket when they leave. This is often during the PM Peak Period which causes queues at the pay stations;
- Staff noted the existing 3km exclusion zone but did not know whether it was enforced;
- It is reported that when an individual has an issue with the barriers in some car parks it can cause major delays whilst the issue is being solved; and
- Employees stated that staff can get stuck on the top floor of the multi-storey as other people are joining the queue from lower levels.

Hinchingbrooke Hospital

- 92% of staff pay for parking by the Salary Deduction scheme whilst 8% Pay on the Day;
- 74% of staff park at the back of the Hospital, whilst the remaining 26% of staff park in Car Park 1 (front of the Hospital); and
- The majority of staff (58%) park four to five times a week. A large number of staff also park one to three days a week.

Respondents were given the opportunity to provide a qualitative response on their views on parking at Hinchingbrooke Hospital. These responses have been analysed using open coding, with respondent's comments being grouped under a number of themes to enable analysis and comparison.

Amongst staff working at Hinchingbrooke Hospital, the most common concern was related to the availability of parking, with 31% of responses mentioning this. Some staff also mentioned issues with parking when arriving outside of the AM and PM Peak Periods, with all spaces being taken when they arrive. Most respondents suggested that additional provision of spaces may alleviate existing pressure around the site.

Access and congestion to the Hospital was mentioned by 22% of staff. Respondents mainly mentioned issues relating to the access from the site being via local roads, with no formal access directly off the A14. This can be exacerbated by the access road to the Hospital also serving a housing estate and school.

Finally, 19% of respondents who work at Hinchingbrooke Hospital mentioned traffic control and enforcement within their comments. Respondents noted the condition of some car parks and the lack of marked bays. Staff also felt that enforcement could be improved as people park inappropriately and/or illegally.

A number of comments were made about parking at the staff engagement events. These have been summarised below:

- It was suggested that the Trust could stagger shifts where possible to allow for better flow in/out of the site;
- It was reported that staff would be willing to car share if there were reduced charges for car sharing; and
- It was suggested that opening the back of Hinchingbrooke Business Park could reduce congestion on Hinchingbrooke Park Road in the PM Peak Periods.

Stamford and Rutland Hospital

Due to the size of Stamford and Rutland Hospital, the sample of responses from employees is small. Amongst the responses received to the survey, employees expressed concern about the multi-purpose nature of the main visitor Hospital car park, which is shared with visitors and staff of the nearby GP Surgery and Pharmacy.

A number of comments were made about parking at the staff engagement events. These have been summarised below:

- It was noted on a number of occasions that if the Trust was to start charging staff at Stamford and Rutland Hospital for parking, staff would prefer the Hinchingbrooke Hospital method, where staff are charged by their pay grade;
- The majority of staff do not want to be charged for parking;
- Staff noted that public transport is not a viable option from surrounding villages so need to drive;
- There were concerns that charging staff for parking would impact the existing, unofficial arrangement between the Hospital, GP Surgery and Pharmacy and that if users would be charged for parking, the two other facilities will be full as they would remain free of charge. This could also lead to a number of short stay users to parking on surrounding roads and car parks such as Morrisons.

General Findings from Travel Survey and Staff Engagement Events.

More generally, staff commented that the parking situation could be improved by implementing a shuttle bus between the three sites, allowing staff who work across the three sites to travel to work by sustainable modes. This would reduce congestion and contribute to improving local air quality. Respondents were also keen that the Hospital parking facilities remain abreast of technological developments, citing the provision of Electric Vehicle charging points as a future necessity.

Furthermore, a number of respondents stated the car was their only means of travel to and from work due to their residential location being away from public transport facilities, and therefore suitable car parking provision was essential.

4. Car Park Surveys

Car Park arrival, departure and occupancy surveys were conducted at Stamford and Rutland Hospital and Peterborough City Hospital on Tuesday 4th June and Hinchingsbrooke Hospital on Tuesday 11th June 2019. Results are presented for each hospital in the following Sections.

Car park arrival, departure and occupancy surveys were conducted at Peterborough City Hospital and Stamford and Rutland Hospital on Tuesday 4th June and Hinchingsbrooke Hospital on Tuesday 11th June 2019. Results are presented for each Hospital in the following Sections.

Results are shown as a percentage of maximum capacity (100%) and operational capacity (85%). Other UK studies⁷ have applied an industry standard operational capacity threshold of 85%⁸. Above 85% occupancy it is considered that users are required to search or queue for a space to be able to park and therefore may decide to park elsewhere. This has been considered in the context of the NWAFT car parks as it is known that parking occurs on verges and kerbsides around the Hospital even when there are spaces available within dedicated car parks.

Total car park space figures that are presented in this Chapter are derived from the car park survey data and therefore may differ to the total car park figures presented in the rest of the PMP and Travel Plan⁹ The car park surveys covered the main formal and informal parking locations across all three sites however it is recognised some smaller pockets of parking could occur elsewhere across the sites.

4.1. Peterborough City Hospital

Car park arrival, departure and occupancy surveys were undertaken across the Peterborough City Hospital Site between 05:00 and 21:00, with location plans are included within Appendix G. Table 4-1 summarises the survey data and shows the length of time that each car park operated over 100% and over 85%.

Table 4-1 - Peterborough City Hospital Car Park Survey: Results Summary

	Car Park Capacity	Maximum Number of Vehicles Parked	Maximum Occupancy	Duration of Occupancy over 100%	Duration of Occupancy over 85%
Car Park A	224	220	98%	-	6 hours (09:00 – 15:00)
Car Park B	918	853	93%	-	6 hours 15 mins (08:15-14:30)
Car Park C	273	270	99%	-	5 hours (09:15-12:00 and 13:30-15:45)
Car Park D1	148	141	95%	-	2 hours (09:30-11:30)
Car Park D2	52	51	98%	-	2 hours (08:45-10:45)
Car Park E	71	70	99%	-	3 hours (12:00, 12:45, 13:30- 15:45)
Car Park F	79	78	99%	-	3 hours 45 mins

⁷ 'Car Parking Study for the Central Area of Southend (November 2016, SDG) (accessed 05/07/2019), 'Loughborough Town Centre Parking Strategy (WYG, 2007) (accessed 05/07/2019), District of Harborough Parking Strategy (2016) (accessed 05/07/2019)

⁸ IHT Parking Strategies and Management (July 2005)

⁹ Total parking capacity figures presented in the PMP and Travel Plan have been obtained from the Trust.

	Car Park Capacity	Maximum Number of Vehicles Parked	Maximum Occupancy	Duration of Occupancy over 100%	Duration of Occupancy over 85%
					(09:45-11:45 and 13:45)
Car Park G	20	18	90%	-	15 mins (10:15)
Car Park H	50	45	90%	-	6 hours 30 mins (07:15-12:15, 13:45-14:30 and 15:00)
Car Park I	15	22	147% ¹⁰	8 hours 15 mins (07:45-16:00)	12 hours 45 mins (07:45-20:30)
MacMillan	64	73	114%	6 hours (09:30-12:30 and 12:45-15:15)	8 hours 30 mins (07:15-15:45)
Westwood Farm 1	160	159	99%	-	8 hours (08:00-16:00)
Westwood Farm 2	152	136	89%	-	3 hours 30 mins (10:00-13:30)

Table 4-1 shows that the car parks at Peterborough City Hospital all operated at a maximum occupancy of 89% or above on the day of the survey, with nine out of 13 car parks operating with a maximum occupancy of 95% or above and two car parks (I and MacMillan) operating with a maximum capacity of over 100%. This presents a significant challenge for the Trust as the overall site is considered to be at capacity in terms of parking for a significant proportion of the day. These findings reflect feedback obtained as part of the Travel Plan data collection where it was reported at the Staff Engagement Event that there are instances where staff are late for work and patients are late or miss appointments because they are unable to find a suitable place to park.

Graphs showing the occupancy profile for each car park are included within Appendix H. For Car Park B, Westwood Farm 1 and Westwood Farm 2, the occupancy profile is a regular bell curve which represents peak arrivals during the morning and peak departures during the afternoon and evening. This is as expected as these car parks are for use by staff only, and therefore represent the vehicle movements associated with a regular working day.

The remaining car parks on-site show a more variable occupancy profile, reflecting the core visiting hours for the Hospital (14:00-16:00 and 18:00-20:00). Visitor car parks, particularly car park C, D1, and D2 also show a sudden increase in occupancy between 08:30 and 11:00. This could be as a result of outpatient appointments during the morning and other visiting outside of core hours.

The baseline data collection undertaken to inform the Travel Plan showed that there is significant congestion entering and exiting the Hospital site during the morning Peak Periods and evening Peak Period. Although a significant proportion of this demand is likely to be staff, the visitor hours, particularly in the evening peak are likely to contribute to congestion from 17:30. Reviewing or extending visitor hours could help to alleviate some congestion on site, particularly if visiting hours were during the Inter-Peak Period e.g. 10:00-15:00.

Kerbside activity was also monitored during the survey period at a number of locations where on-street parking or drop-off areas are provided. This data collection also captured instances of illegal parking on double yellow lines in front of the Cavell Centre. Between 05:00 and 21:00 there were 49 vehicles parked illegally on double yellow lines at the Cavell Centre for an average duration of 4 mins 15 seconds. The majority of these vehicles were considered to be picking up or dropping off staff or visitors to the Cavell Centre. There were also seven

incidences of goods vehicles loading and unloading in this area. A summary of the purpose of on-street parking, in dedicated bays is shown in Table 4-2.

Table 4-2 - Peterborough City Hospital Kerbside Activity Summary (excluding those illegally parked)

Purpose	Total Number of Vehicles (05:00 – 21:00)
Parking	365
Waiting	80
Drop-off / Pick-up	248
Unloading / Servicing	5
Total	698

Table 4-2 shows that over half of those vehicles within the kerbside spaces were considered to be parked with the majority of the remaining vehicles dropping off or picking up passengers. The number of vehicles parked on double yellow lines outside the Cavell Centre and known to park informally on verges around the sites suggested that on-street parking is also at capacity.

4.2. Hinchingsbrooke Hospital

Car park arrival, departure and occupancy surveys were undertaken across the Hinchingsbrooke Hospital Site between 05:00 and 19:00, with location plans included in Appendix I. Table 4-3 summarises the survey data and shows the length of time that each car park operated over 100% and over 85%.

Table 4-3 – Hinchingsbrooke Hospital Car Park Survey: Results Summary

Location	Car Park Capacity	Maximum Number of Vehicles Parked	Maximum Occupancy	Duration of Occupancy over 100%	Duration of Occupancy over 85%
Main Entrance	9	14	156%	3 hours (10:15-10:45, 11:00-12:15, 12:45-13:15, 14:00-14:45)	5 hours 15 mins (05:30, 09:15, 09:45, 10:15-12:15, 12:45-13:15, 14:00-15:15, 15:30, 16:30)
Ambulance Station	18	18	100%	-	3 hours 45 mins (09:00-11:30, 12:30-13:45)
Car Park 1	302	260	86%	-	1 hour 30 mins (10:45-11:15, 12:45, 13:15-14:00)
Car Park 2	295	285	97%	-	3 hours 30 mins (10:30-12:00, 13:30-15:00)
Car Park 3	42	42	100%	-	4 hours 45 mins (09:15-11:45, 12:45, 13:45-15:30)
Car Park 4	68	66	97%	-	7 hours 30 mins (07:15-14:45)
Car Park 5	30	30	100%	-	7 hours 45 mins (08:00-14:45)
Car Park 6	94	94	100%	-	7 hours 30 mins (08:00-15:30)

Location	Car Park Capacity	Maximum Number of Vehicles Parked	Maximum Occupancy	Duration of Occupancy over 100%	Duration of Occupancy over 85%
Car Park 7	106	137	129%	8 hours 15 mins (07:45-16:00)	9 hours 15 mins (07:30 - 16:45)
Car Park 8	37	25	68%	-	-
Car Park 9	29	29	100	-	3 hours 30 mins (10:00-12:00, 13:30-15:00)
Car Park 10	175	153	87%	-	4 hours 30 mins (09:00-11:15, 11:45-14:00)
Car Park 11	32	27	84%	-	
Renal Dialysis Unit	9	9	100%	-	1 hours 30 mins (11:30-12:00, 12:45,14:15)
Woodlands	23	21	91%	-	30 mins (10:15-10:30, 11:15-11:30)

Table 4-3 shows that 12 of 14 car parks at Hinchingsbrooke Hospital operated at a maximum capacity of 85% or above during the survey period with eight car parks operating at a maximum occupancy of 100% or above. This presents a significant challenge for the Trust as the overall site is considered to be at capacity in terms of parking for a significant proportion of the day. These findings reflect feedback obtained from staff as part of the Travel Plan data collection in that staff arriving on-site after the AM Peak Period often find it challenging to find a space. Staff Car Park 1 operated at a maximum occupancy of 86%. Although this is still over the 85% theoretical capacity threshold there is still available capacity for staff to park in this car park across the day. Installation of parking availability information boards at the entrance to Car Park 1 in particular could assist staff with choosing where to park after the peak hours and reduce informal parking across the site.

Graphs showing the occupancy profile for each car park are included within Appendix J. The main entrance car park sees a great deal of fluctuation through-out the day however all other car parks show a two peak or one peak profile. Car Park 1, 4, 5, 6, 7, 8 and 11 all show a one peak profile. All of these car parks, with the exception of Car Park 4 are allocated to staff and therefore reflect the staff working patterns. Visiting hours at Hinchingsbrooke vary for each ward however the occupancy profile of Car Parks 2 and 3, which are allocated to the public, show a two peak profile, either side of lunchtime which suggests that suggests a mid-morning and mid-afternoon peak in visiting and/or outpatient appointments.

Kerbside activity was also monitored during the survey period at a number of locations where on-street parking or drop-off areas are provided. Hinchingsbrooke Hospital has significant levels of on-street parking and informal parking areas, therefore the kerbside activity data has been analysed further to understand the occupancy of each area. Table 4-4 shows a summary of on-street parking within the Hinchingsbrooke Hospital site. Percentage occupancy and vehicle occupancy are shown in Table 4-4 due to the low capacity of the parking areas. Location plans are shown in Appendix K.

Table 4-4 - Hinchingsbrooke Hospital Kerbside Activity Summary

Zone / Parking Bay Area	Location Description	Approximate Capacity ¹¹	Maximum Occupancy
Zone 1	The Elms SARC	Informal parking – no marked bays	7 vehicles
Zone 2	The Elms SARC	No data received – camera failure reported	
Zone 3	The Elms SARC	No data received – camera failure reported	
Zone 4	Left of main entrance - Ambulances	Informal parking – no marked bays	5 vehicles
PB1	Victoria House	10	8 (80%)
PB2	Kerbside in front of facilities	3	5 (167%)
PB3	Kerbside in front of facilities	2	5 (250%)
PB4	In front of facilities	11	12 (109%)
PB5	Pathology Spaces	9	1 (11%)
PB6	Road spaces adjacent to car park 8	6	4 (67%)
PB7	Facilities Spaces	5	7 (140%)
PB8	Short stay spaces on roundabout	3	3 (100%)
PB9	Short stay spaces on exit road	4	5 (125%)
PB10	Road spaces on exit from car park 3	3	3 (100%)
PB11	Road spaces on exit from car park 3	1	1 (100%)
PB12	Drop off parking spaces in front of MARS gardens	10	7 (70%)
PB13	Informal road spaces in front of drop-off spaces	Informal parking – no marked bays	11 vehicles
PB14	Opposite Ambulance Station	14	15 (107%)
PB15	Between car park 5 and 6	5	6 (120%)
PB16	In front of car park 6	5	6 (120%)
PB17	In front of residences	9	10 (111%)
PB18	In front of Flats 11,12,14	15	7 (47%)
PB19	Opposite overflow car park	8	11 (138%)
PB20	Hatched area adjacent to car park 5	No parking observed during study period	

¹¹ This has been estimated using Google Maps for areas of informal parking. The capacity of parking bay areas has been taken from the Hinchingsbrooke Parking Map provided by The Trust.

Zone / Parking Bay Area	Location Description	Approximate Capacity ¹¹	Maximum Occupancy
PB21	Deliveries and Stores	Informal parking – no marked bays	7 vehicles

Table 4-4 shows that there is significant on-street parking at Hinchingsbrooke Hospital, both in dedicated parking areas and informally with the majority of parking areas operating at a maximum occupancy of over 100%. The majority of the car parks operating over capacity are located to the rear of the Hospital and are allocated to staff and residents. Formalisation of informal parking areas and monitoring and enforcement of marked bays should be undertaken to ensure that roads are accessible, and vehicles are able to manoeuvre around the site efficiently.

4.3. Stamford and Rutland Hospital

Car park arrival, departure and occupancy surveys were undertaken across the Stamford and Rutland Hospital Site between 07:00 and 18:00, with location plans included within Appendix L. Table 4-5 summarises the survey data and shows the length of time that each car park operated over 100% and over 85%.

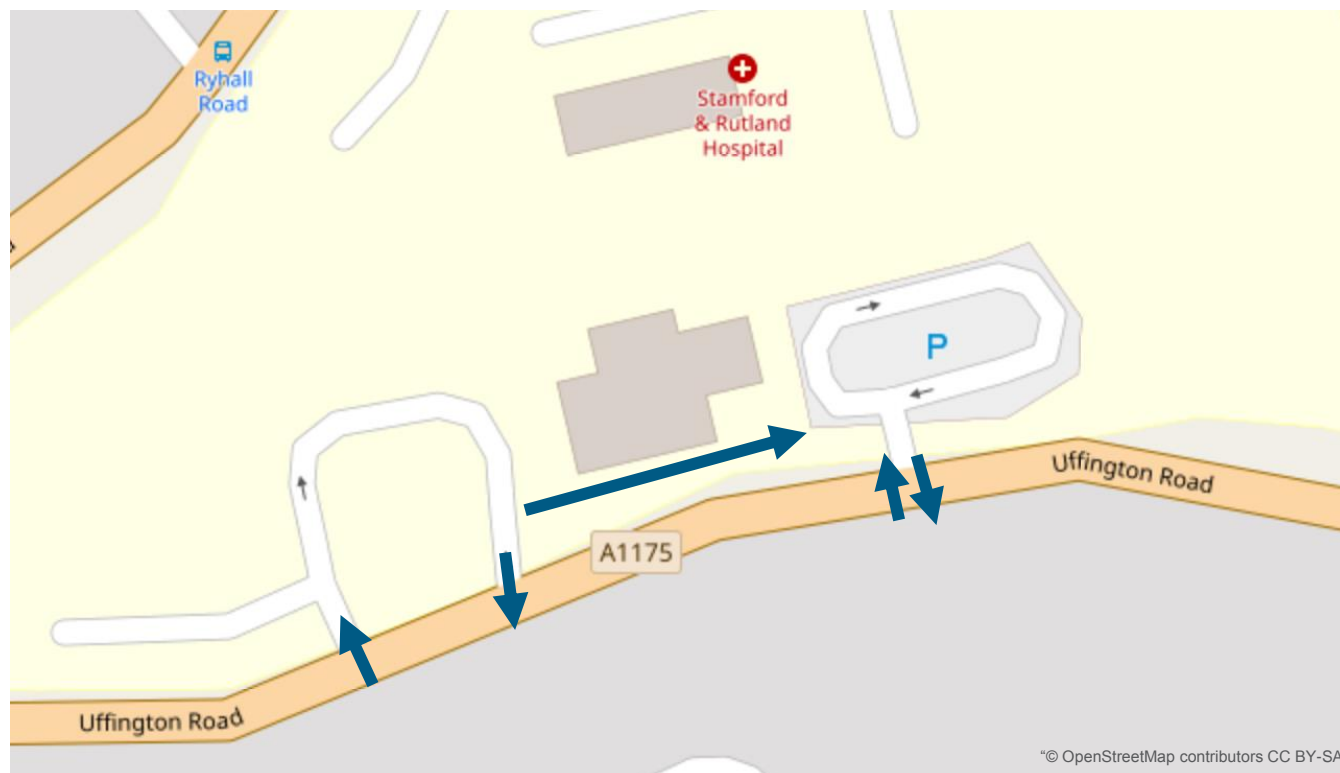
Table 4-5 - Stamford and Rutland Hospital Car Park Survey: Results Summary

Location	Car Park Capacity	Maximum Number of Vehicles Parked	Maximum Occupancy	Duration of Occupancy over 100%	Duration of Occupancy over 85%
Health Centre	64	59	92%	-	3 hours (various short periods throughout the day)
Main Visitor Car Park	80	78	98%	-	1 hour 45 mins (09:30-10:15 and 10:45-11:45)
Rear of Hospital	5	2	40%	-	-
Front of Hospital (west)	37	28	76%	-	-
Front of Hospital (central)	18	17	94%	-	15 mins (14:15-14:30)
Front of Hospital (east)	47	50	106%	1 hour 45 mins (13:15-13:45 and 14:15-15:30)	8 hours 15 mins (08:00-16:15)

Table 4-5 shows that the car parks at Stamford and Rutland Hospital vary in their maximum occupancy from between 40% and 106%. The car park to the rear of the Hospital does not have direct access to any of the Hospital buildings which reflects the low occupancy. This is also not signed as a car park for the Hospital but is used informally.

The car parks to the front of the Hospital, which are allocated for staff uses, operated between 76% and 106% capacity. Although these car parks are linked, informal parking was recorded in the eastern section of the car park, even though there was shown to be spare capacity in the other areas of the car park. This could be as a result of the one-way routing through the car park (permitted movements shown in Figure 4-1) and the need to re-join Uffington Road to access the car park to the west of the site. Informal and illegal parking in this area should be monitored and enforced to ensure that parking does not occur on hatched areas, particularly when there are spaces available in other areas of the car park.

Figure 4-1 - Stamford and Rutland Car Park Routing



The car parks to the rear of the Hospital are allocated for patients and visitors. Both the Hospital car park and Health Centre car parks operated at over 90% on the day of the survey. Although this is representative of the demand for the car parks on a typical day, it is important to recognise the proximity of the Supermarket car park to the east of the Hospital site, which is accessible within a 3-minute walk. Discussions and survey feedback obtained to inform the Travel Plan recognised that the Supermarket car park is likely to be used by patients and visitors.

Graphs showing the occupancy profile for each car park are shown in Appendix M. The Health Centre car park shows a varying profile across the day reflecting the nature of appointments at a health centre. The Main Visitor car park for the Hospital shows a two peak profile with a decrease in occupancy between 11:30 and 13:30. This is likely to be as a result of the outpatient’s appointment schedule at the Hospital.

The staff car parks show a more regular occupancy profile with peak arrivals in the morning and peak departures in the afternoon and evening. This is as expected due to staff working patterns.

The Bupa Dental Care Centre was surveyed separately to the other car parks due to the nature of informal parking in the area. The car park consists of 6 formal spaces and a number of areas that are used for informal parking. A total of 116 vehicles parked, dropped off, or picked up in the Bupa Car Park between 08:00 and 18:00 for an average duration of 43 minutes 56 seconds. Table 4-2 shows the nature of the parking within the Bupa Car Park.

Table 4-6 - Stamford and Rutland Hospital Bupa Car Park Summary

Purpose	Total Number of Vehicles (07:00 – 18:00)
Parking	99
Waiting	7
Drop-off / Pick-up	9
Unloading / Servicing	1
Total	116

Table 4-6 shows that the vast majority of vehicles using the Bupa Car Park are parking. These are likely to be staff and patients associated with the dental surgery. Parking in this area should be formalised and enforced to ensure that no hatched areas are blocked, and servicing areas are left clear.

4.4. Summary

This Chapter has presented the Car Park data collection undertaken at the Peterborough City Hospital, Hinchingbrooke Hospital and Stamford and Rutland Hospital. Overall it is considered that parking is a significant challenge for the Trust as large proportions of the car parking across the sites is considered to be at or over capacity for a significant proportion of the day. The measures identified in this Chapter are combined with measures from the remainder of the Parking Management Plan in Chapter 5 to form a holistic approach to reducing and managing car parking across the Sites.

5. Measures and Implementation

This Chapter identifies measures that are recommended to improve the operational efficiency of car parks at Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford and Rutland Hospital. The measures identified in this Chapter should be guided by the TPC who is responsible for the implementation of the PMP and Travel Plan. The TPC's responsibilities are summarised in Section 1.4 in this PMP and detailed in Chapter 8 in the Travel Plan.

The following Sections are split into six themes that have been derived from the travel survey and staff engagement events:

- Restricting Car Access;
- Formalisation/Enforcement of Parking;
- Improving Traffic Flow On-Site;
- Car Park Charging;
- Encouragement of Car Sharing; and
- Communications.

Each theme has a number of associated measures that could improve traffic and transport conditions on site. The measures presented in the PMP should be considered alongside Travel Plan measures to provide a holistic approach which ensures that staff, visitors and patients are encouraged to use sustainable modes rather than car.

The measures for this PMP are presented in Table 5-1. The key recommendations are set out in Chapter 6.

Table 5-1 - Car Park Management Measures

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
Restricting Car Access	All	<p>Implementation of a 3km exclusion zone at Hinchingsbrooke Hospital and Stamford and Rutland Hospital.</p> <p>Review of existing exclusion zone at Peterborough City Hospital and explore need to extend to 5km.</p> <p>Enforcement at all three sites.</p>	Short Term	<ol style="list-style-type: none"> 1. Introduce a 3km car exclusion zone at Hinchingsbrooke Hospital and Stamford and Rutland Hospital; 2. Review current enforcement procedures of exclusion zone at Peterborough City Hospital. Should an exclusion zone remain a feasible measure, the Trust should gradually implement this in stages to ensure that the policy is correctly enforced. For example, introduce a 3km exclusion zone for two months and then extend to 5km; 3. Consider exemption policy. Staff should only be exempt in certain, strict circumstances. The Trust could consider different types of exemptions, for example, exemption for two days a week or five days a week; 4. Refresh exclusion zone enforcement policy and make consistent over all Trust sites; and 5. Spot checks on some cars to make sure 3km zone is being adhered to. 	<p>A number of staff live within the local area of the three Hospital sites¹²:</p> <ul style="list-style-type: none"> • Up to 51% of staff live within 5km of Peterborough City Hospital; • Up to 40% of staff live within 3km of Hinchingsbrooke Hospital; and • Up to 29% of staff live within 3km of Stamford and Rutland Hospital. <p>An exclusion zone could cause a significant reduction in car trips to/from the Hospital sites as it would ban staff living within 3km or 5km from travelling by car. Therefore, car mode share should not exceed:</p> <ul style="list-style-type: none"> • 49% at Peterborough City Hospital; • 60% at Hinchingsbrooke Hospital; and • 71% at Stamford and Rutland Hospital. <p>A 3km exclusion zone at Hinchingsbrooke Hospital and Stamford and Rutland Hospital is considered to be appropriate for the following reasons:</p> <ul style="list-style-type: none"> • A 3km exclusion zone covers the whole of Stamford town and the majority of Huntingdon and Brampton; • A 5km exclusion zone is not considered appropriate for Hinchingsbrooke Hospital staff as there are currently no staff living within 3km to 5km of the Hospital site; and

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¹² It is noted that the figures presented are for all modes, and therefore a number of staff could be walking, cycling or taking public transport to site already.

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
					<ul style="list-style-type: none"> A 5km exclusion zone is not considered appropriate for Stamford and Rutland Hospital staff as a 3km exclusion zone covers the town and staff living in peripheral villages may struggle to get to work as there is not a comprehensive public transport network around Stamford unlike Peterborough.
	All	'Car Free Days'	Medium Term – once alternative access options outlined in the Travel Plan are in place.	<ol style="list-style-type: none"> Consideration of 'car free days'; Investigate the feasibility of restricting car travel to sites to four days a week; and Investigate the feasibility of using car park charges to fund alternative travel measures on car free days. 	<p>Home working completely removes the associated trip from the transport network so reduces congestion and is environmentally friendly.</p> <p>Other Trusts such as West Suffolk NHS Foundation Trust only allow staff to travel by car four times a week and on the fifth day, they must arrive by other means. Home working has also proven to alleviate congestion at Hospital sites such as Bury St Edmunds.</p> <p>It is considered that a proportion of the Administration and Clerical staff, who made up 35% of survey respondents, could feasibly work from home occasionally. Making this possible through technology and flexible working could have a significant impact on vehicle travel to the sites.</p>
	All	Management/ restriction of informal/ illegal parking	Short Term	<ol style="list-style-type: none"> Review all informal/illegal parking on site; Paint double yellow lines on highways within the Hospital sites that are usually subject to informal parking; Block verges that are usually subject to informal/illegal parking with fences and rocks; and 	<p>Banning informal/illegal parking within the Hospital sites would:</p> <ul style="list-style-type: none"> Allow the Trust to accurately monitor car parking levels in formal car parks; Improve traffic-flow on internal highways as cars will not be parked on kerbs; and Potentially reduce traffic on-site as users will be less likely to drive to site during peak times if a space cannot be guaranteed.

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
				4. Monitor and enforce parking restrictions outside of dedicated parking areas and inappropriate parking within formal car parks.	
	All	Guaranteed Ride Home	Short Term	<ol style="list-style-type: none"> 1. Further promote the Trust's Guaranteed Ride Home scheme through staff intranet and transport newsletter; and. 2. Review and implement policy that stipulates when a ride home can be claimed. The Trust should implement such a policy to support car sharing at the site. 	<p>The Trust currently offer a 'Guaranteed Ride Home' policy¹³ to staff in which the organisation agrees to meet the cost of any taxi or public transport fare. This is a tax-free benefit that the Trust offers to those staff who are part of a car share scheme. The Trust should further promote the Guaranteed Ride Home policy.</p> <p>This scheme would support the above measures as the travel survey found that one potential barrier is that if an individual takes public transport and car shares, they are unable to get home quickly in an emergency. The Guaranteed Ride Home provides this service if and when it is needed.</p>
	Peterborough City Hospital / Hinchingsbrooke Hospital	Park and Ride	Long Term	<ol style="list-style-type: none"> 1. Assess feasibility of Park and Ride service for staff; 2. Identify suitable Park and Ride areas based on cost, distance, land capacity (to accommodate associated parking spaces) and availability, existing land use, and the expected impact of a Park and Ride site on the local highway network. 	<p>The survey results have shown that there would be a propensity to use a 'Park and Ride' system instead of driving to the site which could result in less congestion around the Hospitals and increased parking availability throughout the day. The Christie Hospital¹⁴ in Manchester, Norfolk and Norwich University Hospital¹⁵ and Nottingham University Hospitals¹⁶, provide free shuttle bus services from an external site whilst other Trusts provide similar heavily discounted</p>

¹³ NWAFT (2016) *Car Parking Operational Procedures*. (Appendix H)

¹⁴ <https://www.christie.nhs.uk/patients-and-visitors/visiting-the-christie/directions-and-transport/staff-travel/>

¹⁵ <http://www.nnuh.nhs.uk/patients-visitors/contacting-and-finding-us/finding-the-nnuh/transport-to-the-nn-park-and-ride-costessey-service-10/>

¹⁶ <https://www.nuh.nhs.uk/medilink-and-park-and-ride-qmc/>

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
				3. Identify appropriate funding streams for Park and Ride services.	services for staff including Portsmouth Hospitals NHS Trust ¹⁷ . It is recommended that the Trust considers and implements a 'Park and Ride' service for staff at Peterborough City Hospital and Hinchingbrooke Hospital should the service be commercially feasible. Recommended
Formalisation / Enforcement of Parking	All	Fully automated parking permit system	Short Term to support change to parking eligibility criteria	<ol style="list-style-type: none"> 1. Review the existing permit system and how it is enforced throughout the Trust; 2. Investigate the feasibility of fully automating the permit system that allows staff to apply, make changes or cancel their permit online; 3. Investigate the feasibility of obtaining more information about the permit holder for monitoring purposes. For example, how often do they use the permit, why are they using it; and 4. Review existing permit allocations to ensure that there is no discrepancy between permits issued and spaces on site. 	<p>Fully automating the parking permit system would improve the Trust's capacity to be able to monitor and manage staff who are using them.</p> <p>If feasible, the Trust can review an employee's usage of the parking permit and possibly reallocate to another staff who needs it.</p> <p>The Trust can also consider a review existing permits to ensure that are not more parking permits than there are spaces on each site.</p> <p>The staff travel surveys concluded that a large proportion of staff work up to three days a week, therefore, knowing when these staff are accessing the site and how often, means that the Trust can understand how many staff will be entering the Hospital sites on a given day.</p> <p>An automated system would also stop staff from abusing the system by sharing permits which could result in additional revenue for the Trust.</p>
	All	Provision of Parking Availability Information Boards	Medium Term	1. Investigate the feasibility of installing additional parking availability information boards at the entrances to the sites. There is currently one located	<p>Providing parking availability information boards would:</p> <ul style="list-style-type: none"> • Ensure that parking levels can be constantly monitored by the Trust. This

¹⁷ <https://www.porthosp.nhs.uk/about-us/work-for-us/staff-benefits-2.htm>

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
				<p>outside of Car Park B (Multi-storey) at Peterborough City Hospital; and</p> <ol style="list-style-type: none"> If feasible, provide parking availability information boards outside of the main staff and visitor Hospital car parks. 	<p>would also help formalise the parking operations at the three Hospital sites;</p> <ul style="list-style-type: none"> Improve the flow of traffic around the Hospital sites as users would continue on the highway without stopping traffic as they may do if they were turning into car parks that are full; and Save users time by informing them that a car park is full.
	All	Reallocation of Parking Space if/when Demand Falls	Long Term	<ol style="list-style-type: none"> Identify possible car parking areas that could be reallocated to car share bays, out of hours parking, cycle/motorcycle parking or, if required additional patient parking; and Identify car parking demand levels in which this measure would be implemented for each site. For example, if mode share has reduced by 15% in five years, the Trust could reallocate 15% of staff car parking to a different type of parking space. 	<p>If the measures within this PMP and Travel Plan are successful, parking demand for the site will drop. Therefore, surplus parking bays can be reallocated to a different type of parking space. It is important that surplus car parking bays are reallocated to support sustainable measures that have been introduced as part of this PMP or Travel Plan.</p> <p>If spaces are reallocated, it would stop car mode share from increasing back to 2019 levels and could improve sustainable modes depending on the type of parking that is provided.</p>
	All	Specific Out of Hours Only Parking Permits and Parking Areas for On-Call and Out of Hours staff.	Short Term in line with changes to parking eligibility criteria.	<ol style="list-style-type: none"> Understand how many out of hours staff have parking permits; Understand how many on-call staff park on site during off-peak times (18:00-07:00); Identify potential areas that could accommodate out of hours staff; and 	<p>Staff at the engagement events noted that out of hours staff often struggle to find car parking spaces when they arrive in the afternoon. Staff also raised safety concerns and the lack of public transport availability outside of peak hours.</p> <p>Providing out of hours only parking permits will improve the chances of out of hours staff getting a parking space and would address current safety concerns.</p>

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
				4. Implement out of hours parking permit area and issue associated parking permits.	<p>The permit could work for certain time periods (e.g. 15:00-07:00) so out of hours staff are unable to use the parking facilities during the day.</p> <p>Providing dedicated out of hours parking permits and parking areas for on-call and out of hours staff would also reduce parking for other users which would encourage mode shift in addition to further formalising the permit system. The Trust should aim to locate the dedicated out of hours parking areas close to the Hospital to improve safety.</p>
	All	Provision of Inter-Site Travel Parking Areas.	Long Term in line with reallocation of parking spaces	<ol style="list-style-type: none"> 1. Identify potential areas that could accommodate visiting staff during the day; and 2. Implement inter-site parking permit area and issue associated parking permits. 	<p>On several occasions at the engagement events, staff noted the difficulty of parking at other Hospitals when travelling for meetings or training. Providing an inter-site travel parking area would alleviate this issue if there was a separate parking area for staff travelling between sites.</p> <p>This measure would also reduce parking for other users which would encourage mode shift in addition to further formalising the permit system.</p>
	Hinchingbrooke Hospital	Formalisation of Staff Car Parks in Hinchingbrooke Hospital	Short Term	1. Provide white line space markings throughout Hinchingbrooke Hospital.	It was noted that some car parks to the back (eastern side) of Hinchingbrooke Hospital do not have white line markings. This means that parking capacity can fluctuate daily depending on how cars are parked. Providing white line markings for spaces would formalise and confirm parking figures and improve the efficiency of enforcement of permits on site.
	Hinchingbrooke Hospital	Barrier System Operation	Short Term to ensure that measures implemented as	1. Operate barriers to the staff car park to the front of Hinchingbrooke Hospital.	The barriers to the staff car park at the front of Hinchingbrooke Hospital have been installed but have remained unused for several years meaning that staff can park without being

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Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
			part of the PMP can be enforced.		checked (although they still need a parking permit). Operating the barrier system would allow the Trust to monitor the car park and to restrict access when the car park is full. The barrier would also stop staff, visitors or patients without permits from parking there.
	Hinchingbrooke Hospital / Stamford and Rutland Hospital	Enforcement of Car Parking Permits	Short Term to ensure that measures implemented as part of the PMP can be enforced.	<ol style="list-style-type: none"> 1. Review existing permit systems; 2. Consider the use of windscreen stickers so staff cannot swap permits; and 3. Investigate the feasibility of using a new, automated system to provide greater control in monitoring, management and enforcement of permit system. 	<p>It is recognised that Hinchingbrooke Hospital permit system is not currently enforced and therefore staff are able to park for free using old permits as they do not have dates/times on them.</p> <p>It is recommended that, in addition to formalising the parking permit system, staff should be required to display a permit that records the date that it is valid for. A simple suggestion for this is the use of coloured tickets being displayed on staff windscreens. This will make 'permit sharing' difficult and enforcement easier. For example, patrols only need to look out for a certain colour permit sticker to know that it is or is not in date.</p> <p>This recommendation could also reduce car trips to the sites as staff who are currently sharing permits will have to pay separately.</p> <p>Automating this system will also allow for greater monitoring and will provide the Trust with up-to-date records.</p>
Improving Traffic Flow On-Site	Peterborough City Hospital	Full Site Audit of Circulation and Operation of Parking.	Long Term	<ol style="list-style-type: none"> 1. Commission a full site audit of circulation and operation of parking; 2. Address key findings from site audit; and 	It is recommended that the Trust commissions a full site audit of the circulation and operation of parking and access at Peterborough City Hospital. The majority of staff at the engagement events who are based at the Hospital commented that congestion in the PM Peak Period is an issue as there are nine car

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
				3. Implement recommendations from site audit.	parks converging into onto one access. Whilst the audit would not reduce car trips, it would highlight whether there is any scope to improve the circulation of routes on-site.
	Peterborough City Hospital / Hinchingsbrooke Hospital	Allowing On-Call Staff to Use Service Road and Provide Filter Lane	Short Term	1. Consider a potential system that would allow on-call staff to utilise the service road that is currently used by ambulances.	On-call staff reported difficulties when entering and exiting the site during Peak Periods which is putting patient safety at risk. It is noted that the service road which routes around the periphery of the site could provide a route which would allow on-call staff to avoid queuing once on the site and to get in front of the queue when exiting the site. On-call emergency staff could be issued with access cards to provide access to this route.
	Peterborough City Hospital / Hinchingsbrooke Hospital	Review of Additional Accesses	Long Term	1. Investigate potential new accesses at Peterborough City Hospital and Hinchingsbrooke Hospital including opening up the southern access at Westwood Farm onto Atherstone Avenue and the A47 and Hinchingsbrooke Hospital towards the A14.	The Trust should continue to investigate potential new accesses at Peterborough City Hospital and Hinchingsbrooke Hospital including opening up the southern access at Westwood Farm onto Atherstone Avenue and the A47 and Hinchingsbrooke Hospital towards the A14. The Trust is aware of the pressure and impact limited access roads has on staff, patients and visitors entering and leaving the Peterborough City Hospital and Hinchingsbrooke Hospital sites. Potential to alleviate the problem is subject to ongoing discussion with relevant stakeholders. New accesses could significantly reduce congestion on Cavell Close in Peterborough and Hinchingsbrooke Park Road in Huntingdon as trips would dissipate quicker with two accesses. This will require approval from the local highway authorities as the operation will have a material impact on the local highway network. This also needs to be considered in

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Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
					line with patient safety on routes currently used by ambulances only.
	Peterborough City Hospital	Review White Lines at Multi-Storey Car Park	Short Term	<ol style="list-style-type: none"> Repaint the white lines around the multi-storey car park area; and Review all road markings over the Hospital sites and correct any substandard markings. 	<p>It was noted on the site visit to Peterborough City Hospital that the direction arrows at the multi-storey car park entrances were confusing as there were arrows pointing in both directions at the accesses. It was noted that previously, the entrance to the south (closest to the Hospital) was the exit, but now operates as the entrance.</p> <p>It is recommended that the markings are made clear to avoid any potential confusion. It is also recommended that road markings on all three sites are reviewed to ensure that drivers are not slowing down due to unclear road signs. This would result in a better flow of traffic on-site.</p>
Car Park Charging	All	Consistent Charging Over All Three Sites	Short Term in coordination with changes to parking eligibility criteria.	<ol style="list-style-type: none"> Review existing charges over the three Hospital sites; and Implement and enforce a consistent charging system based on a graded system. 	<p>The Trust is proposing to charge staff consistently over the three Hospital sites. On a number of occasions, staff at Peterborough City Hospital and Stamford and Rutland Hospital stated that if charging was to get changed, they would prefer the Hinchingsbrooke Hospital method (charging based on pay grade).</p> <p>Charging consistently throughout the Trust is considered to be fair where additional charges may be incurred. Additional revenue should be used to fund sustainable transport schemes/measures at the Trust to encourage a shift away from car.</p>
	All	Align Car Parking Costs with Public Transport	Short Term	<ol style="list-style-type: none"> Review existing public transport costs; and Align car parking costs to be higher than public transport costs. 	<p>Aligning car parking costs to be higher than public transport costs means that staff will be encouraged to take the train or bus as a cost-effective alternative to parking on-site. Car parking charges could be based on popular local transport links that staff use. For example,</p>

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Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
					making parking charges higher than the Citi services in Peterborough. The measure would make staff consider how they travel to work and may encourage staff to travel by public transport some of the time, thus reducing congestion on-site.
	All	Ability to Pre-Pay For 'Pay on the Day' Ticket	Short Term	1. Amend ticket machines to allow users to 'Pay on the Day' at any time.	It was reported that queuing can occur at Peak Periods for the ticket machine. It is recommended that the Trust aims to amend the machines, so users can pay for their whole day ticket at any time, therefore reducing queuing at Peak Periods.
Encouragement of Car Sharing	All	Car Share Coffee Mornings	Short Term	1. Host social car share events such as a coffee morning.	To further encourage new and potential car sharers, the Trust should organise coffee mornings/lunches for staff who want information on car sharing and to meet up with other potential car sharers. One of the main barriers to car sharing across the sites was finding a suitable car share match. This measure would help facilitate this and as a result reduce single occupancy vehicle trips.
	All	Shuttle Bus Service between Hospital Sites	Long Term	1. Investigate feasibility and operation of shuttle bus between the three Hospital sites and implement if possible.	The Trust should investigate the feasibility of the providing a shuttle bus service for staff who travel between sites during the day. Whilst this service would require some investment from the Trust, it could significantly reduce congestion on-site as a number of staff travel between sites during the week (up to 73% of Stamford and Rutland Hospital staff, 44% of Peterborough City Hospital staff and up to 39% of Hinchingbrooke Hospital staff ¹⁸) and would

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¹⁸ Atkins (2019) *North West Anglia NHS Foundation Trust Travel Plan*.

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
					<p>therefore have more sustainable travel options available to them.</p> <p>The shuttle bus service should be tailored to shift patterns and meetings and should act as a demand responsive transport system which adapts to the needs of the staff. The service should also be weighted to the flow of staff to each site. Of those who answered Question 5 in the travel survey regarding inter-site travel, the vast majority travel to Peterborough City Hospital (87% from Hinchingsbrooke Hospital and 90% from Stamford and Rutland Hospital).</p>
	Hinchingsbrooke Hospital / Stamford and Rutland Hospital	Provision of Dedicated Car Sharing Parking Areas	Short Term – in coordination with formalising car parking.	<ol style="list-style-type: none"> 1. Provide a dedicated car sharing parking area, similar to that in Peterborough City Hospital; 2. Review possible locations for a dedicated car sharing parking area; 3. Consider how the car sharing parking area is enforced through different coloured permits for car sharers; and 4. Automate the parking permit system for car sharers. 	<p>It is strongly recommended that dedicated car share spaces are provided for staff that wish to car share as that is likely to be the most effective mechanism for encouraging car sharing.</p> <p>Car sharers could also be offered incentives such as reduced parking charges, occasional free hot drinks or snacks. The latter could also apply to those that walk, cycle or use public transport.</p> <p>For this to be a credible incentive it is important that the spaces are enforced to stop abuse of those which are not eligible to park in the dedicated spaces. This measure could be enforced by giving each car sharer a pass to access the car parks, the barriers then rise where two passes are presented at the same time.</p>
Communications	All	Information on what Parking Charges are Funding in the Trust	Short Term – as part of transport newsletter recommended	<ol style="list-style-type: none"> 1. Publish how the Trust spends the revenue from parking charges; and 	<p>Staff requested that if car park charges are introduced, they would like to know what the car parking revenue is funding.</p> <p>It is recommended that the Trust publish a 'You Payed, We Did' article once a quarter that</p>

Theme	Site	Recommendation	Timescale of Implementation	Actions	Reasoning and Anticipated Outputs
			as part of the Travel Plan.	2. Provide updates to staff when new schemes are being funded.	advises staff how the Trust spent the additional revenue. It is recommended that the revenue is invested in additional sustainable transport measures.
	All	Relay All Messaging Around Changes to Parking/Access to Staff	Short Term – in coordination with review of parking eligibility criteria and charging.	1. Provide any changes to parking or access within the marketing and publicity strategy noted in Chapter 7 of the 2019 Travel Plan.	It is recommended that staff are kept up-to-date with new schemes and policies to improve uptake.
	All	Travel Packs to New Starters.	Short Term	1. Provide travel packs to new starters. The pack should include up-to-date information on sustainable travel modes and existing measures.	Providing new staff with a travel pack would inform them of suitable sustainable alternatives to driving to site.

6. Summary, Recommendations and Next Steps

This Chapter summarises the PMP and sets out the recommendations and next steps for the Trust to consider improving the efficiency of car parking and access operations for users at all three Hospital sites.

6.1. Summary

Atkins has been commissioned by the North West Anglia NHS Foundation Trust, to prepare a Parking Management Plan (PMP) for the Trust’s Peterborough City Hospital, Hinchingsbrooke Hospital and Stamford and Rutland Hospital sites. This PMP has been commissioned to improve the parking and access operations over the three Hospital sites.

This PMP has reviewed existing parking policy and charging procedures. It is considered that the Trust adheres to the guidance as it provides concessions to certain users and charges patients and visitors competitive rates.

A parking survey was conducted at Peterborough City Hospital and Stamford and Rutland Hospital on Tuesday 4th June 2019 and Hinchingsbrooke Hospital on Tuesday 11th June 2019 to inform this study. Staff travel surveys and staff engagement events were also undertaken to inform this PMP and the Travel Plan.

The PMP has set out a number of measures which seeks to improve the operational efficiency of three Hospital sites. It is considered that the implementation of the measures are the responsibility of the TPC and that this PMP should be managed in line with the 2019 Travel Plan.

6.2. Recommendations

It is recommended that the Trust considers additional streams of work to support the TPC and implement larger scale improvements to the three Hospital sites. These should be considered as complementary to the measures included in Chapter 5:

- **Implement a staff exclusion zone of up to 5km for Peterborough City Hospital and Hinchingsbrooke Hospital and 3km for Stamford And Rutland Hospital.** This measure is key to reducing on-site congestion as large numbers of staff live within 5km of the three Hospital sites. As stated in Table 5-1:
 - 51% of staff live within 5km of Peterborough City Hospital;
 - 40% of staff live within 3km of Hinchingsbrooke Hospital; and
 - 29% of staff live within 3km of Stamford and Rutland Hospital.

If implemented and enforced, this measure could have a positive impact on congestion and significantly promote sustainable transport practices. This measure needs to be accompanied by complementary measures that promote sustainable travel and make it easier and cheaper for staff to travel to their place of work via other modes;

- **Installing a fully automated and formalised parking permit system** would improve the Trust’s capacity to be able to monitor and manage staff who are using them. The Trust would also be able to reallocate permits to staff who need them and align the permits with the total car parking spaces on-site. An automated system would also stop staff from abusing the system by sharing permits which could result in additional revenue for the Trust;
- **A full site audit of circulation and operation of parking at Peterborough City Hospital** should be conducted to understand the pinch points and characteristics of traffic flow around the site on a daily basis. Peterborough City Hospital can experience delays in the PM Peak Period as there is one access for the whole site. Commissioning a site audit could also help identify quick wins to reducing congestion and improving the traffic flow on-site;
- **Investigate the feasibility of providing a staff Park and Ride service at Peterborough City Hospital and Hinchingsbrooke Hospital.** This measure is key in reducing congestion on-site. Appropriate sites should be considered and should be based on cost, distance, land capacity (to accommodate associated parking spaces) and availability, existing land use, and the expected impact of a Park and Ride site on the local highway network. This may require approval from the local highway authorities as the operation could have a material impact on the local highway network;
- **The Trust should continue to investigate potential new accesses at Peterborough City Hospital and Hinchingsbrooke Hospital** including opening up the southern access at Westwood Farm onto

Atherstone Avenue and the A47 and Hinchingsbrooke Hospital towards the A14. The Trust is aware of the pressure and impact limited access roads has on staff, patients and visitors entering and leaving the Peterborough City Hospital and Hinchingsbrooke Hospital sites. Potential to alleviate the problem is subject to ongoing discussion with relevant stakeholders; and

- **The Trust should consider charging consistently over the three Hospital sites** as this would contribute to the formalisation of parking operations and provides a fair approach for all staff. Whilst charging for parking is not ideal, it is recognised that it is required to provide additional funds to invest in other sustainable transport schemes and reduce parking demand on-site. A further measure is to publish a 'You Payed, We Did' document which outlines the schemes staff parking charges have contributed to.

6.3. Next Steps

In the first instance, the TPC should:

- **Secure funding from the Trust to be able to implement measures stated in this PMP.** It is recognised that NHS Trusts are under considerable funding pressures which can hinder the success of the PMP. It is recommended that revenue from other transport related funding streams, such as car park ticketing be reallocated to delivering the measures set out in this document;
- **Agree the measures set out in this PMP with the Transport Steering Group and key stakeholders** and start implementing short term actions to continue momentum from the staff engagement events and travel survey. The Transport Steering Group should also aim to implement the Travel Plan as a priority; and
- **Contact local bus and train operating companies** such as Stagecoach and discuss the possibility of extending the existing services and providing discounts to NHS staff. These conversations should be initialised as soon as possible, so this measure is implemented in line with other schemes.

Appendices



Appendix A. 2016 Parking Management Plan

5. Car Park Management Strategy

This section of the Travel Plan sets out the Car Park Management Strategy (CPMS) for both sites. The Trust is aiming to develop a consistent approach to parking across both sites.

5.1. PCH

Atkins produced a Travel Plan and Car Park Management Plan Key Summary Report for the Trust in September 2015, detailing options for improving the car parking permit process (presented in Appendix C). Whilst a car parking shortfall was identified within the Summary Report, it is recommended that the Travel Plan measures and promotion of 'quick wins' should be prioritised before the wider Car Park Management Strategy is implemented so that staff are made aware and are encouraged to take up sustainable travel initiatives and measures that are available, thus helping to reduce onsite parking pressure.

5.1.1. Staff Car Parking

1,469 spaces are available to staff at PCH, as shown in Figure 5-1, this are split as follows:

- Car Park A (staff and visitors blue barrier tickets);
- Car Park B (Multi-Story staff only blue barrier tickets);
- Car Park E (car share / staff & patients white barrier tickets);
- Car Park H (staff only blue barrier tickets); and
- Westwood Farm Overflow (to the right of car park B).

From the staff travel survey data, the highest demand for parking is in Car Park B with reports of lack of availability of spaces and congestion at the site; primarily queueing on departure during the evening peak.

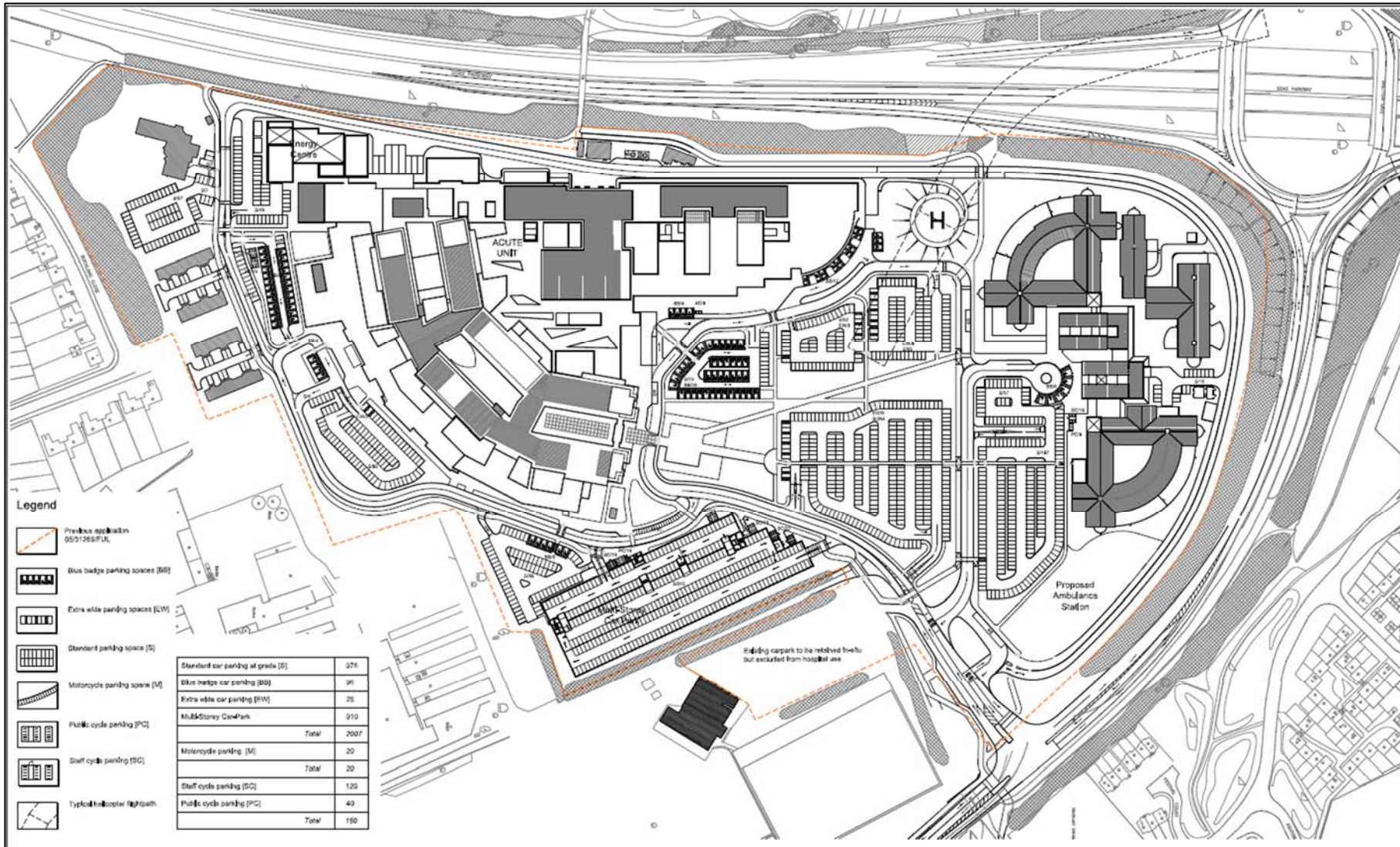
5.1.2. Staff Parking Permit Process

Currently, the parking permit process is administered manually at PCH through a combination of paper and online applications which have to be processed by the Travel Plan Co-ordinator. A high proportion of staff apply for a parking permit at PCH with 3,125 applications at during the most recent application period (based on data from September 2015).

A range of staff permits are available as follows:

- Pay per day (£2.20 per day);
- Deducted from salary (£41.25 per month);
- Invoiced (£41.25 per month);
- Volunteer (free);
- Car Share (50 per cent reduction to the standard permit cost);
- Governor (free);
- Contractor (£2.50 per day) and
- Resident Students Permits (£2.20 per day).

Figure 5-1 Location of Car Parks at PCH



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5.1.3. Accessibility Zones

At PCH, there is an 'accessibility zone' of 3km, whereby staff located within 3km of the Hospital are automatically excluded from applying for a car parking permit (although an appeal processes is in place to challenge this) as it is deemed staff have reasonable alternative travel modes to work within this range. Currently, 12 per cent of staff (480) fall within the exclusion zone. Using postcode analysis, the following buffers have been established:

- 5km: 26 per cent of staff excluded (1040 staff members); and
- 10km: 37 per cent of staff excluded (1480 staff members).

If the accessibility zones were to be increased to 5km of the site, an additional 14 per cent of staff to be removed from the parking permit application process in future, although a small proportion of these staff may still apply for a parking permit on business / medical grounds.

5.1.4. Appeals Process

Those staff that are unsuccessful in being awarded a parking permit will be given the opportunity to appeal the decision. However, staff will first be encouraged to seek alternative forms of transport to the site and will be supported in travel information being provided.

5.1.5. Enforcement of Disabled Bays

From April 2016, enforcement of disabled bays at the site will take place to deter illegal parking and discourage those without a suitable disabled badge / permit to park in the allocated bays.

5.1.6. Visitor and Patient Parking

At PCH, 787spaces are allocated for visitor parking within Car Parks A, C, D, F and E.

Visitor and patient parking will continue to be charged on a pay and display basis. It is recommended that these charges are reviewed annually so that necessary adjustments can be made. This could be benchmarked against charges at other Trusts.

In order to ensure that the parking on site is not abused, those visitors or patients that fail to display a valid parking permit or ticket or parking in an inappropriate location (outside of a marked bay) will be considered by the Trust as illegally parked and a breach of the car parking policy and may result in a penalty charge notice.

5.2. Stamford

Following a review of wider Trust Car Park Management, a new parking policy for Stamford Hospital is being implemented. The Trust board agreed at its meeting held on Tuesday 22nd December 2015 that car parking charges will be introduced for patients, visitors and staff at the hospital site from summer 2016, once the first phase of hospital redevelopment works is complete.

The Board did not set a specific charge for patient and visitor parking at that meeting, but agreed that it would mirror the local authority charging policy for car parks elsewhere in the town. However, it agreed that staff would be charged the same daily rate as the staff at PCH. A consultation period will be in place to ensure staff have the opportunity to feedback on parking facilities. The location of payment machines and cycling facilities will be incorporated into the new parking policy for Stamford Hospital.

5.3. Summary

An updated Strategy covering both PCH and Stamford sites within the Trust should ensure a more consistent parking policy and enforcement measures for staff, visitors and patients accessing the sites. Enforcement at Stamford Hospital has already been procured by the Trust which has also been expanded to cover PCH. The recommendations in relation to car parking previously made by Atkins are presented in Table 5-1.

Table 5-1 Car Park Management Recommendations

Recommendation	Action (s)	Outputs
1. Upgrade of the current permit application process	<ul style="list-style-type: none"> Increase Travel to Work zone – Widen the Travel to Work Zone to 5km to exclude a larger proportion of staff eligible to apply for a parking permit but with potential alternative travel options. Automated or semi-automated system – Implement a new automated process for applications, hosted online with the ability to determine eligibility for a parking permit based on postcode data. This would trigger an alert to a line manager approver to ensure the application was valid. This would be developed in partnership with the Trust's Information Technology team. 	<p>26 per cent of staff are located within 5km of PCH and therefore a higher number of staff can be targeted to utilise sustainable travel modes, reducing demand on car park spaces, compared to 12 per cent who are currently excluded.</p> <p>Easier processing of permit applications for PCH and a more effective tracking mechanism for those eligible to apply. Staff administration time would be reduced with less manual data input, with associated cost savings allowing more time to be spent on the implementation of Travel Plan measures.</p>
2. Review traffic priority on Bretton Gate junction with the hospital	<ul style="list-style-type: none"> Ongoing conversation with Peterborough City Council – In regards to the feasibility of altering traffic signal timings to increase priority of vehicles departing from PCH during peak evening times. 	<p>Potential for timings of traffic signals to be amended, to allow more vehicles off site during the evening peak. This would also help to facilitate bus services coming onsite during peak times and exiting more smoothly.</p>
3. Investigate Park and Stride options (should additional parking be required once other recommendations have been implemented)	<ul style="list-style-type: none"> Location - A suitable location should be investigated for the purpose of staff parking and then walking a short distance (within 15 minutes) to PCH. The location should have suitable pedestrian facilities (footpaths / lighting) to encourage staff to use this option. This facility could be targeted at staff who are not eligible to park onsite. Other considerations – should a suitable location be found the cost of leasing / renting a facility, enforcement of parking spaces and promotion to staff would need to be considered. 	<p>Potential locations include:</p> <ul style="list-style-type: none"> Go Outdoors, Saville Road Cresset Centre, Bretton Way

Appendix B. Car Parking Operational Procedures

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Car Parking Operational Procedures

Directorate	Workforce and Organisational Development
Department	Facilities
Year and Version Number	2016 Version 2
Central index number on share point	N2010
Endorsing Committee	Health Safety Security & Environment Committee
Date Endorsed	26 th May 2016
Approval Committee	Health Safety Security & Environment Committee
Date Approved	26 th May 2016
Name of author and job title	Max Owens Facilities Soft FM Manager
Key words (for search purposes)	Car Parking, applications, needs based, appeals, charges
Date published on intranet	9 th August 2016
Review date	June 2019
Target audience	All Users of the car parks

Equality Impact Assessment

Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT) strives to ensure quality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, PSHFT aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individuality. The results are shown in the Equality Impact Tool at Appendix J

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DOCUMENT VERSION CONTROL SCHEDULE			
Year and Version Number	Date Published on Document Library	Revisions from previous issue	Date of Endorsement
2016 V1	6/7/16		26th May 2016
2016 v2	9/8/16	Removed references to Health Hopper	26th May 2016

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Key Points

- **Applies to anyone using the Trust car parking facilities**
- **Sets out how the Trust manages its car parking**

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Car Parking

1. Introduction

Peterborough & Stamford Hospitals NHS Foundation Trust is committed to providing safe and secure car parks for all users. The Trust currently has 2045 spaces available at Peterborough City Hospital and 174 at Stamford and Rutland Hospital. This policy outlines details of how staff should apply for a car parking permit and a description of their individual responsibilities of using the car parks.

2. Purpose

The Peterborough and Stamford Hospitals NHS Trust car parking operational procedures set out how the Trust will ensure the efficient and effective management of its car parks.

3. Scope

It is vital to the effectiveness of this policy that, all car park users understand the content and are aware of their own role in ensuring all users reside in a safe and secure environment.

This policy provides details on:

- Travel Office
- Staff Parking
- Patient and Visitor Parking
- On site resident parking
- Parking for other groups
- Security
- Enforcement
- Disclaimer
- This documents applies to anyone using the Trust car parks

4. Definitions of terms

PCH – Peterborough City Hospital

5. Duties and responsibilities

Car Parking is managed within Estates and Facilities. They are patrolled by the Soft FM contractor Medirest VSG

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5.1 Director

Has overall responsibility and accountability for the standards of car parking and services provided by the Trust.

5.2 Associate Director, Estates and Facilities:

- Responsible for setting the strategic and long term financial plans for Car Parking.
- Reporting to and liaising with the Trust Board in matters relating to needs and requirements for the department.
- Setting targets to ensure optimum usage / income.
- Setting the charges for car parking.
- Monitoring income and expenditure and analysing the full cost of providing Car Parking.
- Liaising with other senior managers in the Facilities and Estates Service Unit and the Trust to ensure the quality and service provision of car parking and security is acceptable.
- Monitoring performance of car parking against set targets.
- Setting the policy.

5.3 Soft FM Manager:

Responsible for the day to day management of all car parking and sustainable travel including:

- Supervision of Travel office staff.
- Allocation of car parking permits.
- Effective management of soft FM contract
- Investigate possible parking infringements
- Managing complains and keeping them to a minimum
- Resolving parking issues for staff and departments within the trust
- Liaising with Peterborough City Council and Stage Coach/Bus Companies on traffic and buses coming to site
- Monitoring income and expenditure.
- Authorising refunds, liaising with the Finance Department.
- Ensuring a safe and secure environment for Patients, visitors and staff.
- Reviewing maintenance issues with the car parking barriers and pay machines.
- Liaising with other departments, Trusts, agencies and general public regarding car parking.
- Promoting sustainable travel options.
- Ensure that our car parking enforcement is above board and is up to date.
- Management of Stamford Hospitals car parking facility

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5.4 Travel Coordinator:

- Responsible for the day to day running of the Travel Office.
- Issuing all staff with a current car parking permit and updating all their details so we have a live accurate database that is continually maintained.
- Annually renewing all staff car parking permits to meet annual expiry dates
- Maintaining acceptable standards of service to the patients, visitors and staff.
- Ensuring other Health & Safety and Security checks are completed and recorded.
- Conducting personalised Travel Plans
- Managing resident's car parking permits and payments for Cavell Close/Alfred Caleb Taylor House.
- Deal with any illegal parking issues and complains
- Contacting the service desk and security with regards to maintenance requests.
- Raising car parking invoices
- Liaising with enforcement company on PCN
- Producing ad-hoc car parking reports when required
- Dealing with monthly staff car parking payment for the trust and CPFT, liaising with payroll.
- Maintaining an accurate database for the proximity cards
- Authorise refunds for bike shed keys/ proximity cards

5.5 Main Reception Desk staff:

- Responsible for validating car parking tickets and directing queries to the relevant person. Collecting all Concessionary car parking forms and passing over to Travel Office

5.6 Security Team:

- Act as point of contact for enquiries from the barrier systems and pay machines
- Load the car parking barriers with tickets
- Patrol the car parks on foot and through CCTV
- Notifying Travel office of unauthorised car registrations via email.
- Attend any faults with the Pay machines
- Issue enforcement notices
- Liaising with Brookfield's/ Travel office and soft FM manager of any issues regarding pay stations, barriers and car parks

6. Content

The Peterborough and Stamford Hospitals NHS Trust car parking operational procedures set out how the Trust will ensure the efficient and effective management of its car parks. The procedures cover all aspects of car park and traffic management and are intended as a guide for all those using the car parks.

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The procedures contain information on the following aspects:

- Car park locations
- Car park management
- Security arrangements
- Car park charges for staff and visitors
- Application process including Needs based criteria
- Permits and payment details
- Appeals process
- Concessionary parking
- Enforcement

7. Travel office

The Travel office operates from Peterborough City Hospital. The address of the Travel office is as follows:

Travel office
PO Box 001b
Peterborough City Hospital
Edith Cavell Healthcare Campus
Bretton Gate
Peterborough
PE3 9GZ

Tel: (01733) 673384

The office is open
Monday 10.00 – 16.30
Wednesday 10.00 – 16.30
Friday 10.00 – 16.30

N/b these times maybe extended depending on the needs of the business

Further information can be found on the Travel Options Intranet pages or via email:
Travel@pbh-tr.nhs.uk.

8. Staff parking

Staff that require access to parking at Peterborough City Hospital (PCH) will require a valid staff parking permit and means of entry to the barrier controlled car park either via their proximity access card, a top up card or take a blue ticket from the barrier for validation to receive the staff rate. All sections of the application form must be fully completed and countersigned by their line manager to verify the information provided is correct. It is the responsibility of the individual and their line manager to ensure that information provided is correct. Failure to do so may result in the removal of the permit and cancellation of their proximity access card or top up card. Completed

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forms should be sent to the Travel office for approval. Completed applications forms will be assessed in line with the Trust Needs based parking criteria.

8.1 Needs based parking criteria

The Needs based parking option criteria are detailed in appendix A. All car parking applications will be assessed in line with the criteria.

The Trust reserves the right to revise the criteria for permit allocation.

8.2 Permits

All staff whose application is successful will be issued an annual staff parking permit. This must be displayed at all times within the registered vehicle the registration and permit number must be visible for inspection. Failure to do so may result in enforcement. (Parking Charge Notice) It is the responsibility of the individual to ensure that any changes in circumstances related to their application are provided to the Travel office. The permit cannot guarantee that a parking space will be available. Annual Permits will be issued to eligible staff following receipt of a completed application form. It is the individual's responsibility to renew their permit on an annual basis or as directed by the travel office.

8.3 Charges and payment for staff permits

The annual car park charges for Peterborough City Hospital are currently £495 per annum or £2.20 per day.

Payment methods include:

- A top up card/pay as you go (£5.00 deposit required)
- Monthly salary deductions
- Monthly Salary Sacrifice Scheme
- Pay per day
- Cash or cheque (payable in advance at the Trust's Cash Office)
- Invoice (requires full organisation invoice address and relevant budget code).

Personal invoices will not be issued to individual applicants.

The Trust will notify staff of changes to parking charges a minimum of 2 months in advance of any change.

8.4 Appeals process

Staff whose application for car parking has not been approved can formally appeal against the decision. Appendix B outlines the appeals process.

8.5 Locations

Appendix C outlines the location and number of spaces in each car park.

8.6 Leavers

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It is the responsibility of an individual to return their permit and proximity access card or top up card to the Travel office.

8.7 Refunds

Persons on long term sick or maternity leave (6 months or longer), at their own request, must advise the Travel office and return their permit at start of the term of absence if they wish to suspend their car parking contributions. A new application form should be submitted to re-apply for a permit.

Staff must surrender their proximity access cards on termination of their employment with the Trust to access control. They must return their car parking permit on the last day of employment to the travel office.

8.8 Transferring of permits

Permits are only valid in the vehicles stated on the application form and staff parking permit. One permit will only allow one car to park on site at any one time, however, staff who own more than one car will be able to register four cars on a single permit. Any vehicle changes must be notified to the Travel office to avoid enforcement. Staffs parking permits are not transferable.

8.9 Lost, replacement and amended permits and access control cards

A lost permit, proximity access card or top up card must be reported to the Travel office immediately.

The Trust will not be held responsible for lost top up cards and as such refunds will not be issued.

8.10 Car sharing

Staff are encouraged to car share and dedicated bays are located in the Haemodialysis car park. The Trust Car share guidelines are available in appendix G

8.11 Staff disabled parking

Staff blue badge holders must apply for a staff parking permit, which will be issued at no cost. There are a number of free disabled car parking spaces within each car park. Blue badge holders can park in standard staff parking bays.

9. Patient and visitor parking

A number of car parks have been set aside and dedicated for patient and visitor parking. These car parks are as conveniently placed to the hospital entry points as the physical layout of sites allows. We operate a colour ticket system to ensure that segregation blue staff, white patient/visitor.

9.1 Locations

Appendix C outlines the designated areas for patient and visitor car parking.

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9.2 Charges for patient and visitor car parks

Information on the current charges for patient & visitor car parks is given in Appendix D. Parking charges apply every day of the week, including Bank Holidays. Payment should be made at a pay station prior to departure (pay on foot).

Instructions for use:

- Users should collect a ticket, dispensed by the barrier, on entering the car park area.
- This ticket must then be retained by the user and taken with them into the hospital premises.
- On leaving and before returning to their vehicle, the user validates this ticket by placing it into a payment machine (see Appendix E for location of payment machines), and paying the appropriate fee
- This validated ticket is then used to raise the exit barrier of the car park area.
- Full instructions will be on display in the car parks and on payment machines.
- Tickets are not transferable.

9.3 Lost barrier tickets

In the event of a lost ticket replacement tickets are available by pressing the help button at any pay station. A new exit ticket will be issued from the pay station by security staff.

9.4 Patient drop-off provision

There are a number of drop off bays located at various locations, close to hospital entry points. (10 minutes maximum stay)

9.5 Disabled parking

A number of free disabled car parking spaces, close to hospital entry points have been set aside and clearly designated for use by any disabled person displaying and using an appropriate blue badge (see Appendix C for locations).

- Disabled parking bays are for blue badge holders only.
- For operational reasons there is no set time limit for parking in these bays, but a valid blue badge must be on display at all times.
- Blue badge holders are not permitted to exceed the time stated for short stay / alighting bays
- Blue badge holders are entitled to park in the visitor car parks at no cost.
Tickets can be validated at the following reception desks:
 - Main Reception
 - Women's and Children's
 - Haematology and Oncology

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9.6 Temporary disability status

Special dispensation may be given to a member of staff who is not registered disabled, but has a temporary disability. Any application for parking would need to be supported by the Occupational Health Department and approved by the individual's line manager/general manager.

10. On-site Resident parking

Residents are required to apply for a car parking permit as outlined in section 3. Residents will be issued a resident parking permit.

10.1 Charges and payment for resident permits

Charges for resident parking are the same as the annual Trust car parking charge.

10.2 Short term residents

Short term residents will be allocated a temporary permit to cover the length of their stay as authorised by the Accommodation Manager. This will be charged at £2.20 per day at PCH.

11. Parking for other groups

There are various other groups who may require access to a car park. The operational procedures for each group are outlined below.

11.1 Contractors, Engineers

Due to the nature of the work, contractors can access car parks where necessary (excluding disabled) at the reduced rate of 2.60 charge.

Brookfield Services will issue contractors following their induction with a visitor's pass this will need to be presented at reception to receive the £2.60 contractor day rate.

11.2 Visiting Dignitaries and Business Visitors

Visiting dignitaries or those on Trust business can park in the patient and visitor car park and claim a concessionary rate of £2.20 per day in line with the concessionary parking guidelines. If free parking is requested, authorisation and a departmental cost will need to be provided to the Travel office in advance to ensure that the reception desks are able to validate the ticket.

11.3 Post Graduate Medical Students

The Travel office has arrangements in place with the Post Graduate Medical centre for student parking. For more information, please contact the Postgraduate Medical Centre.

11.4 Visiting consultants, specialist registrars and clinical staff on secondment or contracted to the trust

In line with the concessionary guidelines, visitors from other organisations on Trust business including visiting consultants and GPs are eligible to park in the patient and visitor car park for a concessionary rate of £2.20 per day.

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A completed concessionary parking form must be completed and taken to one of the following reception desks for validation:

- Main Reception
- Women's and Children's
- Haematology and Oncology

11.5 Emergency vehicles

It is essential that vehicular access and appropriate parking is available for emergency vehicles at all times.

- Ambulances are requested to park in the dedicated bays only
- Consideration will be given in exceptional circumstances for all emergency vehicles
- Non-emergency visits will require vehicles to park appropriately as per the Trusts general parking controls

11.6 Drop off bays

These are available for all users providing they do not exceed the maximum time allowed of 10 minutes.

11.7 Voluntary car drivers

Voluntary car drivers are able to use the short stay alighting bays to drop off and collect patients. Drivers can wait in the visitor car park for a maximum of 30 minutes without charge.

- For visits exceeding 30 minutes up to a maximum of 2 hours, registered volunteer drivers are requested to park in the dedicated volunteer driver bays. Drivers can park for free in this area providing they are registered with and hold a local authority parking permit. Drivers are asked not to cause double parking by ambulances.
- For visits exceeding 2 hours, drivers should park and pay as general visitors or park off site.

11.8 Departmental fleet vehicles

Departmental managers must register fleet vehicles/vans with the Travel office. A permit and top up card will be issued. Vehicles can use the short-stay alighting bays for the maximum time allowed to pick up / drop off equipment, but must park in the staff car parks beyond this time.

11.9 Motorcycle parking

Provisions have been made for 20 open motorcycle bays with anchor locking points adjacent to the multi-storey car park.

It is recommended that staff register their vehicles with the car park office to enable owners to be contacted in the event of an emergency.

11.10 Cycle parking

Provisions have been made for 120 secure and covered cycle parking spaces for staff use and 40 covered spaces for visitor and patient use.

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No charge is made to use cycle parking facilities – A key can be obtained for the secure cycle shelters from the Travel Office. A Key deposit of £6 will need to be paid at the cash office and receipt is shown before the key is issued. When the key is no longer needed on showing you receipt the £6 will be refunded.

11.11 Concessionary parking

Concessionary parking is available. For more information, please refer to the Concessionary guidelines in appendix I.

If documentation is not available on the day of the appointment, patients should collect a receipt from the payment machine as proof of purchase. Proof of eligibility at the time of the visit will be required along with a completed refund form (HC5).

12. Security

As part of the PFI contract, there is a responsive security service. To support this, the following activities are undertaken:

- Attendants will carry out daily patrols of the car parks and provide a security presence.
- Closed Circuit Television (CCTV) cameras operate in external areas throughout the site, for further details please refer to the CCTV policy.
- Each barrier car park is fitted with an emergency call point system. This allows users to summon assistance if required.

13. Enforcement

The Trust enforcement process is aimed at ensuring efficient management of the car parks, particularly in relation to health and safety, access for emergency vehicles and maintaining all pedestrian access to site. The soft FM contractor (VSG) operates a traffic management service on behalf of the Trust at Peterborough City Hospital. The following relates to all car parks on site

Infringement of the car parking rules will result in the issue of a warning notice. These will be logged and recorded, a copy of which will be held by the Travel office. If 3 warning notices are issued to an individual, they will receive a warning letter, a copy of the car parking operational procedures.

If a further warning notice is issued, the individual and their line manager will be written to, and advising that the issue of a further warning notice may result in the removal of their parking permit.

Disabled bays and Westwood Farm 1 car parks are patrolled by a car park management company and infringement of the car rules set out in appendix F may result in a parking charge notice being issued

It is the responsibility of all users of the car parks to ensure they adhere to the car parking rules. These are included as Appendix F.

14. Disclaimer

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Users park on site at their own risk. The Trust does not accept liability for any theft or damage to vehicles or contents which may occur within the Hospital grounds.

15. Endorsement

The Policy will be approved and endorsed by members of the Health and Safety Committee.

16. Distribution

This policy will be available electronically and can be e-mailed to anyone requesting it. A hard copy will be available on request.

17. Monitoring of compliance

The audit, monitoring and effectiveness of the policy and associated processes will be monitored as detailed below:

This policy will be reviewed every three years, or earlier in the light of changing circumstances or legislation, by the Soft FM Manager.

18. Equality Impact Assessment

This policy has been assessed using an equality impact assessment screening template and has no adverse impact on any particular group, sex, ethnicity, religion, gender or disability. As a result it is considered that a full Equality Impact Assessment is not necessary. The screening template can be found at Appendix J.

19 Appendices

- These must include any appendices relevant to the policy being written
- MUST include:
 - QA checklist for review and endorsement of procedural documents (Appendix 4)
 - Compliance and monitoring table
 - EQiA

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Appendix A

Needs based parking options

Introduction

As part of the *Travel Plan*, (Revised January 2016) a car park management scheme was proposed. This includes a 3km restriction for issue of parking permits on the Edith Cavell Campus, with limited exceptions.

We appreciate that this may cause inconvenience to some staff and we are keen to support you in planning alternative routes to work if necessary. Managing car use and encouraging more sustainable travel options will also contribute to the Trust's commitment to reducing our carbon dioxide emissions and promoting healthy living.

Due to the limited availability of on-site staff parking the following criteria has been agreed:

You are entitled to park on site at Peterborough City Hospital¹ (PCH) if you meet one criterion or more:

- Disabled user or temporarily disabled as agreed by occupational health
- A shift worker where one of the shifts has an official start, or finish, time before 07:30 or after 21:00
- An essential user who undertakes one or more journeys per day, outside of current travel between sites SRH PCH, as substantiated by three travel claim forms.
- A registered car sharer and live more than 7 kms from PCH.
- You are a carer for children 11 years and under, disabled children up to the age of 19 or vulnerable adults
- You are a registered volunteer driver, volunteer, public or partner governor
- A consultant who has off-site clinical commitments and requires a car to provide a clinical service,

PCH car parking permit application forms are available on the Trust intranet: On the Travel section of the facilities Department.

If you are an occasional essential user, or visiting consultant, you should park within the public car parks and have your pay-on-foot ticket validated at main reception.

If you are a member of staff and are resident in Cavell Close you may park on-site, only in Cavell Close. Following receipt of your application form you will receive a resident's permit

PCH staff car parking spaces will be available in the following locations:

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- Multi-storey car park B
- Car park H (adjacent to Robert Horrell Centre and the Energy Centre)
- Car Park A (Shared visitor car park)
- Westwood Park Farm Annex 1/2

Following receipt of your application form you will collect a permit from the travel office this must be displayed in your vehicle. It will be inspected, for permit number, registration number of the vehicle you are in and annual expiry date.

“Peterborough and Stamford Hospitals NHS Foundation Trust has no legal obligation to provide parking for staff. Parking is allowed on Trust sites only if space within a marked bay is available but is at the risk of the vehicle owner or driver.”

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Appendix B

Car parking application for permit appeals process

Please read this information carefully in order to ensure that you understand the basis on which appeals are considered. Please ensure you provide all information to ensure that your appeal is considered without undue delay.

Appeals in the first instance are to be considered by the individual's line manager/general manager. The appeal should be judged against the needs based parking options outlined in Appendix A.

If the line manager considers that the individual's permit has been incorrectly allocated in line with the needs based parking options, the manager should email the Associate Director of Estates and Facilities.

The email should contain the following information:

Individual's name

Department name

Contact number

Details of the reasons why they feel the permit has been wrongly allocated in line with the needs based parking criteria

Appeals will be answered within 7 working days. The Associate Director of Estates and Facilities will review the reasons and respond to the manager detailing the outcome of the appeal.

If the appeal is successful, the Travel office will issue the new permit within 2 working days. The individual will need to return their original permit and collect their new permit from the Travel Office, Peterborough City Hospital.

Further information

For more information on Travel options, please contact the Travel office on ext. 3384

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Appendix C

Current Car Parking Spaces PCH

Spaces by Classification/Location

There are currently 2060 car parking spaces on site at Peterborough City Hospital. This is made up of 7 car parks, which are a mix of patient and visitor car parks and staff car parks.

Patients and Visitors spaces: 787

- Car Park C 264
- Car Park D 148
- Car Park F 83
- Car Park E and A, 292

Disabled Spaces

- MHU 6
- WChild 12
- ED 43
- Renal (E) 11 Barrier
- McMillan 2 Barrier
- Haemonc (F) 7 Barrier

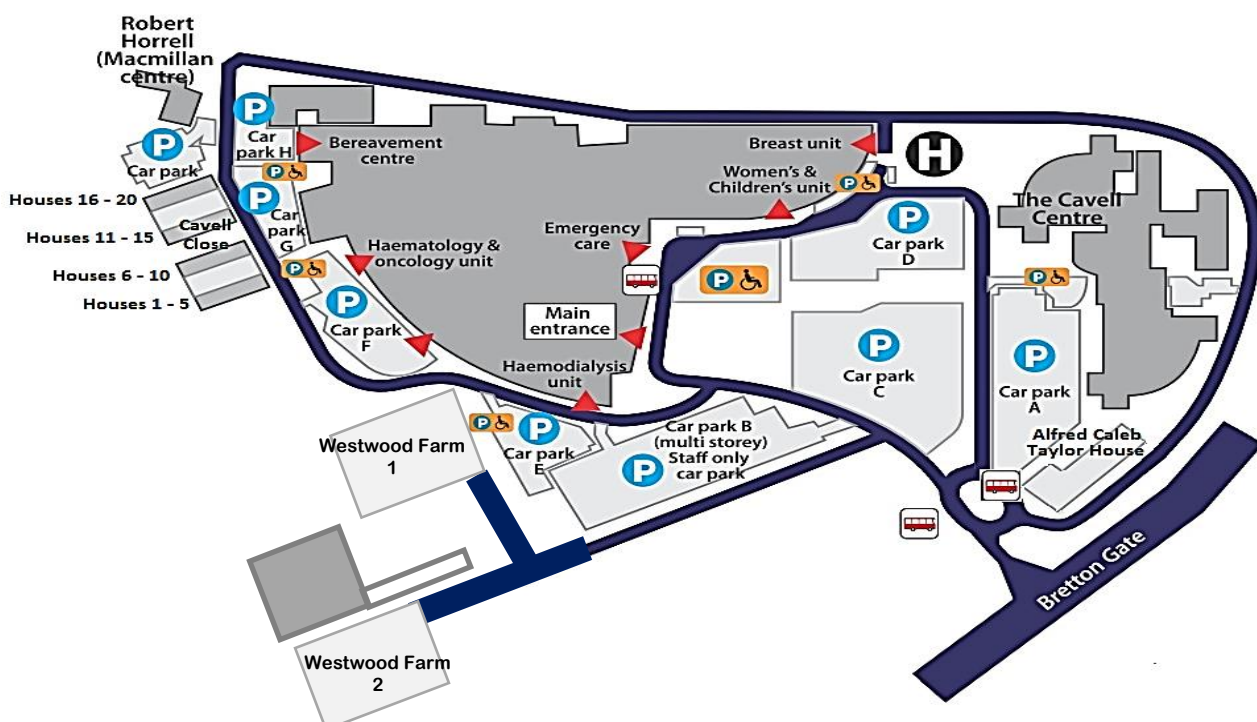
Staff spaces: 1177

- Car Park B 910
- Car Park H 115
- Westwood Farm Overflow (1) 152
- Proposed Westwood Farm annex (2) 150

Disabled Spaces 81

Grand Total All 2045 (Proposed 2195)

NOTE Westwood Farm annex (2) is currently being considered in planning stage.



ix D

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Patient and Visitor parking charges for PCH 15/16

Time period	Charge
0 – ½ hour	No charge
½ - 3½ hours	£2.60
3½ - 4½ hours	£4.20
4½ - 5½ hours	£5.20
5½ - 6½ hours	£6.30
Over 6½ hours	£10.40

Appendix E

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Location of car park payment machines

Peterborough City Hospital

- Main Atrium x3
- Women's and Children's entrance
- Haematology & Oncology entrance
- Emergency Department entrance
- Renal department entrance

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Appendix F

Car parking rules

1. All vehicles parking with a permit, must clearly display the colour face, vehicle registration, annual expiry date of the permit in the front windscreen for ease of observation.
2. Permit renewals are the owner's responsibility.
3. Misuse of permits is fraudulent.
4. No vehicle shall park or wait on access roads or other areas marked by double yellow lines or within any hatched areas.
5. No vehicle shall park on grass verges, paved or pedestrian areas or other places not constructed as a parking space or road.
6. All vehicles parked must be in a designated parking bay.
7. Motorcycles must park in areas designated for their use and not in other areas.
8. Only vehicles displaying a valid disabled persons blue badge are allowed to park in a bay designated and signed for disabled use only.
9. No vehicle shall wait or park for longer than 10 minutes in an area designated and signed as a drop off bay.
10. Non adherence to these rules makes the driver liable to enforcement action.
11. Abandoned vehicles or vehicles left on site for an excessive period of time may be towed away.
12. The car parking permits, proximity and top up cards remain at all times the property of Peterborough & Stamford Hospitals NHS Foundation Trust.
13. The Trust does not accept responsibility for any theft or damage to vehicles and/or their contents.
14. Vehicle security is the responsibility of the owner/driver. Do not leave items on display within your vehicle.
15. The Trust reserves the right to amend the rules at any time.

Appendix G

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Car Share guidelines

The Trust has teamed up with Peterborough city council and Faxi to provide a state of the art journey sharing platform. Staffs that are transporting co-workers to work will be rewarded with additional car sharing car parking spaces and the benefit to proportion car parking costs. Faxi enables staff to easily carpool and ride share to work with colleagues, saving money on the daily commute and making it easier to park at work.

What is car sharing?

Car sharing is two or more people sharing a car to make the same journey together. It allows people to benefit from the convenience of the car, whilst alleviating the associated problems of congestion, pollution and cost.

Why car share?

The benefits of car sharing are as follows:

To you:

- Free up your commute to check your emails, your presentation, your Instagram
- Reduce the amount of time spent taking the children to and from school
- Cut your fuel, toll, parking costs
- Meet co-workers living locally
- Meet parents living locally with children at the same school
- Reduce congestion & pollution

To your workplace:

- Significantly reduce parking problems
- Reduce local congestion
- Reduce local pollution
- Reduce transport poverty

How do I join the car share scheme?

Simply click on a [join a group](#) button or link found on the internal internet. If you chose to join an existing group, select the Peterborough City Hospital group from the list and complete the registration.

Peterborough City Hospital may send you a link to invite you to join a group, clicking this link will take you directly to the specific registration page for this group.

How do I find others to share with?

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Once registered with a group you will see a map with icons showing the approximate locations of other group members who live near you, who live along your route or who drive by you on their way to the group destination. Tapping on their icon shows their user name and a window to message them and arrange journey sharing. All messaging is done through the Faxi app, no email addresses or phone numbers are revealed to other users.

How do I find others to share with?

From the map page, you can click on the user icon appropriate to the person you wish to message. The info panel on the right or below the map (depending on your screen size) should show their 'Status' tab, showing their status and giving access to a 'Message' button. Click this 'Message' button and you should be able to send them a message in much the same way as you might do in your favorites messaging app. They will receive a notification in their app as well as a backup email notification.

Alternatively select the message icon in the top navigation to open the message page. From here you can select a fellow group member and send them a message.

What if there are no matches?

Faxi is slightly different from other car sharing platforms in that receiving or offering lifts isn't based on 'matches', rather once you have joined a group either as a **passenger**, **driver** or **both driver and passenger**, you will be able to see all the other users in your group on a map based platform.

As a FAXI user in the Hospital's car pool group you will then be able to identify others who live 1) around you 2) further away from the hospital, that drive past you or 3) on your way to the campus, that you can message regarding starting up a car pool.

In the unlikely event that there are no 'matches' in the PCH group, it is worth looking through the groups tab to discover other car share groups in Peterborough that may be travelling in the same direction.

Payment?

The FAXI app has an in built payment facility so that motoring costs can be shared without embarrassment or trying to find the correct cash and/or change. However it is not obligatory, there is an option in the app to accept a journey without payment for those who have alternative arrangements.

If the driver requests it then accepting the journey each day will easily send an agreed amount to your driver to reimburse them for a portion of their costs incurred picking you up.

Currently when a driver is setting off to collect you, you will receive a message to let you know when to expect them. When you receive this you can simply respond and make a payment.

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The financial benefits of carpooling mean drivers can receive contributions of £1,000's per year while passengers save significantly over driving themselves or taking public transport.

The FAXI app is free to download and use.

What happens if I'm unable to travel with my car share partner?

If the other driver lets you down you can simply use the FAXI platform to find other drivers going your way, message them and catch a ride with them instead.

What happens if I choose to car share with someone who does not have a car?

If you are a **driver** then you may be happy to offer a lift to a '**passenger only**' user and agree a cost through the app that they could reimburse you for part of the fuel cost.

Alternatively if your passenger is also a driver and doesn't own a car, you may want to discuss any other options with your car insurance provider.

Dedicated staff car share spaces

The Trust offer staff car share spaces in the Haemodialysis car park (car park E) to eligible staff who sign up to the scheme and live more than 7km from PCH.

Payment for car parking charges

Upon receipt of all applications forms for the car share group, the parking charges will be debited in line with the chosen method (monthly or pay per day). The car share group is responsible for agreeing payment proportions. The options available are:

1. One person pays the full amount to the Trust and is reimbursed through a local agreement with their car share partners.
2. The car share group agrees to pay the Trust a percentage equal to the full cost of an annual parking permit.

What happens if the person I'm car sharing with has to leave work early?

In the event of an emergency causing one of the car sharers to leave work unexpectedly, the car share passenger can use the Trust 'guaranteed ride home' scheme. In the first instance the passenger should seek a lift from another colleague or take public transport; if neither option is available, they can take a taxi and reclaim it through Travel claim form. Please see the Guaranteed Ride Home guidelines for more information.

Regular independent travel

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Staff who are part of a Car Share group but cannot car share for all working days will require a top-up card which will allow them to park in one of the regular staff car parks and pay £2.20 per day. Staff who live within 3km who would not qualify for a parking permit will not be eligible for the top-up card.

Ad-hoc independent travel

It is accepted that there will be ad-hoc occasions when car share partners have to travel independently. On these occasions, drivers will be requested to park in the visitor car park, complete a concessionary parking application form and take their ticket to be validated at one of the receptions desks. Staff who live within 3km who would not qualify for a parking permit will not be eligible for concessionary parking.

Any member of staff found abusing the scheme will have their car share permit removed with immediate effect.

We live at the same address, can we car share?

Partners living at the same address who share one car for different shifts will not be eligible to apply for car share permits; however both parties must be identified to ensure entry rights to general parking areas are added to both access cards. Only one permit will be issued to cover all vehicles owned. Vehicles are not permitted to park on-site without a valid permit on display.

Insurance

It is important that drivers ensure they only charge the costs of running the vehicle, (i.e. no profit should be made). If a profit is made it could potentially invalidate any insurance policy. Drivers must ensure that they are only giving lifts to participants in the scheme; strangers must not be picked up on route.

Further information

For more information on FAXI please contact the Travel office on ext. 3384.

Appendix H

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Guaranteed Ride Home guidelines

The Guaranteed Ride Home scheme is available to staff who have signed up to and been allocated a car share permit. It is recognised that one of the potential drawbacks of car share is the potential to be left stranded at work in the event of an emergency. The Trust has therefore introduced this scheme to ensure that car sharing staff do not suffer this inconvenience.

1. Who is eligible?

Only staff that have been accepted as part of the Trust car share scheme will be eligible to use this emergency service.

2. What are the limits?

The scheme will fund the reimbursement of an individual's journey by public transport only unless this is not available. A taxi may be used if there is no alternative available. The guaranteed ride home scheme has a ceiling of £30. Any additional costs incurred are the individual's responsibility.

The scheme may be used up to a maximum of 2 occasions in any financial year.

If an individual journey exceeds the £30 threshold or the individual requires the use of a guaranteed ride home in excess of two occasions this will need to be approved by the Travel office.

3. How does it work?

The Guaranteed Ride Home scheme is available to staff who have travelled to work as part of a car share group but is unable to travel home due to an emergency situation.

The following situations are examples of emergency situations:

Emergency situation

- An immediate family member has an emergency
- A serious problem arises at your child's school or nursery
- Fire or burglary damage your home
- You are unwell and cannot wait to travel home
- The driver in your car share group has to leave unexpectedly and you have no other means of getting home (i.e. No public transport alternative)
- Other emergencies at the discretion of the line manager

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The following are examples of non-emergency situations which will not be subject to reimbursement as part of the Guaranteed Ride Home scheme.

Non-emergency situation

- Personal errands
- Pre-booked medical or dental appointments
- An employee works late not at the request of their line manager
- Any other reason deemed invalid by the line manager
- Vehicle breakdown

4. How do I claim?

Staff will be reimbursed for their Guaranteed Ride Home through the Trust travel claim process. A travel claim form must be completed, accompanied by a valid receipt and stating the reason for the Guaranteed Ride Home. The travel claim form must be signed off by the line manager and the Travel office and sent to Payroll for processing.

Non Trust staff must complete a travel claim form, available from the Travel office, and return to the Travel office together with a valid receipt. Reimbursement will be via a personal cheque.

Any member of staff found abusing the scheme will have their car share permit removed with immediate effect.

Further information

For more information on Guaranteed Ride Home, please contact the Travel office on ext 3384.

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Concessionary parking guidelines

Peterborough and Stamford Hospitals NHS Foundation Trust recognises the need to assist those patients and their primary visitors who have to visit the hospital.

Who is eligible for concessionary parking?

You may be eligible for concessionary parking if:

- You are a patient whose appointment time exceeds 2.5 hours
- You are a patient with a long-term illness or serious condition needing regular or long-term treatment such as chemotherapy, radiotherapy or haemodialysis
- You are the main visitor to a critically ill patient on a daily basis
- You are the parent of a child in the Neonatal Intensive Care Unit (NICU)/Amazon ward or a birthing partner
- Relatives visiting patients on a daily basis for a prolonged periods of time (exceeding 7 days) *
- Stamford staff and other staff, but have ad-hoc parking requirements not exceeding 24 days per annum
- Locums and other temporary or agency staff on short term contracts
- Visitors from other organisations on Trust business including visiting consultants and GPs
- VIP visitors and other officials
- New starters who are waiting for their parking application to be processed
- Blue badge holders
- Bereaved relatives
- Benefit claimants

Repeat visits within a 24 hour period require each ticket to be validated separately to ensure the £2.60 per day applies

I think that I may be entitled to Concessionary Parking – what do I need to do?

You will need to complete a concessionary parking application form which will need to be signed by the ward or department you are visiting. The forms are available from the Travel office in the main reception area or from the ward or department.

How long is my Concessionary Parking valid for?

CAUTION: *You must refer to the intranet for the most recent version of this document*

This will depend on your individual circumstances. Each application can be validated for a maximum 7 days.

How do I validate my car parking ticket?

The following reception desks will validate tickets upon receipt of a completed concessionary parking application form:

- Main Reception
- Women's and Children's
- Haematology and Oncology

To validate your car parking ticket, on the first day you will need to take the ticket and your completed application form to one of the above reception desks between the hours of 7am and 10pm. Outside these hours please press the help button on the pay stations and a ticket will be issued via the machine. Your daily parking ticket will also need to be validated at the reception desk on each subsequent day.

How do I renew my Concessionary Parking?

To renew your Concessionary parking, please complete a new Concessionary parking application form and ensure it is signed by the relevant ward or department.

What if I have a problem with my validated parking ticket, or I lose it?

Once a ticket has been validated it becomes the responsibility of the individual. Refunds will not be issued under any circumstances.

I am in receipt of state benefits – can I claim back my travel?

Patients who receive certain state benefits may be entitled to claim reimbursement of parking charges on presentation of their appointment card or letter and proof of entitlement along with the a car park barrier ticket. For more information, please visit the General Office within Peterborough City Hospital.

I am a Blue badge holder – what do I need to do?

If you are a Blue badge holder who has parked in a dedicated Blue badge parking bay, your badge must be clearly displayed with the expiry date facing upwards. This will enable you to park at no cost for an unlimited amount of time.

Blue badge holders who opt to park in the visitor car park (barrier) must take their ticket, along with their badges to one of the following reception desks between 7am – 10pm to have their ticket validated for free exit from the car park:

- Main Reception
- Women's and Children's
- Haematology and Oncology

CONCESSIONARY PARKING APPLICATION

CAUTION: You must refer to the intranet for the most recent version of this document

We are pleased to be able to offer concessionary parking to those who need to access our facilities for longer periods of time.

This form should be completed and signed by a senior member of staff within the department being visited and then taken with your parking ticket for validation at the most local reception.

For those on benefits, advice on assistance with the cost of travel can be obtained from the General Office situated in the main atrium.

FirstName _____ Surname _____ Signature _____

Date from: _____ To: _____ (Max 7 Days)

Criteria	Cost	Please Tick
You are a patient with a long-term illness or serious condition needing regular or long treatment such as chemotherapy, radiotherapy and haemodialysis	No Charge	
You are a Blue Badge Holder (please show your Blue Badge at reception)	No Charge	
You are a visitor to the Bereavement Centre	No Charge	
You are a patient whose appointment time exceeds 2.5 hours due to a long wait in clinic	£2.60 per day	
You are a parent of a child in the Neonatal Intensive Care Unit(NICU), Amazon Ward or a birthing partner	£2.60 per day	
You are the main visitor to a critically ill or terminally ill patient on a daily basis	£2.60 per day	
You are a relative visiting a patient on a daily basis for a prolonged period of time (Exceeding 7 days)	£2.60 per day	
You are a visitors from other organisations on Trust business including consultants and GP's	£2.60 per day	
You are a new starter who is waiting for their parking application to be processed or you usually work at Stamford (please show your ID badge at reception)	£2.20 per day	
You are a locum, agency or other temporary member of staff on a short term contract. (please show your ID badge at reception)	£2.20 per day	

Authorised By:

Name: _____ Signature _____

Dept/Ward _____ Job Title _____

Date _____

Number of days (please circle) 1 2 3 4 5 6 7

CAUTION: You must refer to the intranet for the most recent version of this document

Peterborough and Stamford Hospitals NHS Foundation Trust		Appendix J							
STAGE ONE: Equality Impact Assessment (EqIA) Screening form									
Assessing Functions/Policies for Relevance									
Blue boxes are to be filled in		Free text							
Yellow boxes - Click the box to select from the drop down list		Select from drop down box							
Name of function/service/strategy/policy/project (activity) to be assessed:	Car Parking Procedures Policy								
Name of principal author of policy:	Max Owens								
Directorate:	Corporate Support	Date 23 Feb 16							
Function/service/strategy/policy/project (activity) aim or purpose:	To support the Trusts Car Parking facility, ensure income is maximized and meets Health and Safety requirements.								
Is this a new or existing activity?	Existing								
What are the intended results of this activity?	To provide guidance for using the Trust Car Park								
How will you measure the activity outcome?	The successful provision of Residential Accommodation								
Who is intended to benefit from the activity?	All users of the car parks								
Identify any internal/external groups who have been consulted regarding this activity:	Security, Communications, Cambridge and Peterborough Mental Health Trust								
<i>Use the table below to identify whether the activity could/does have a positive impact, a negative impact or no impact at all on either any or all of the equality groups specified.</i>									
	Age	Disability	Ethnicity/Race	Gender	Religion/Belief	Sexual Orientation	Gender Re-assignment	Marriage & Civil Partnership	Pregnancy & Maternity
Eliminating unlawful or unjustifiable discrimination	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Promoting equality of opportunity	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Promoting positive attitudes and good community relations	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Eliminating harassment or victimization	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Encourage involvement and participation	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Eliminating health inequalities	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
If there is either a Positive (Disability group exempted) or a Negative impact you must consider completing the Stage Two - Full Equality Impact Assessment form to address or remove any significant potential/actual impact.									
Decision to proceed (please select):	No, we have decided that it is not necessary to carryout a full EqIA								
If you have selected "Yes, a full EqIA is required", please identify when the Full EqIA will be completed.									Date
Reason for decision to proceed or not to full EqIA	The Trust car parks do not discriminate against any particular group as listed above.								
Executive Director/General Manager - I confirm that I have been briefed and agree with the results of this EqIA.									
Name	Paul Jameson								Date
Job Title	Director of Estates and Facilities								
Please note the following: It is essential that this EqIA screening form is discussed by your management team and remains readily available for inspection. A copy of this EqIA to accompany the endorsed document must also be sent to the Compliance Lead (i.e. clinical, non-clinical policies etc.) for uploading onto SharePoint.									

CAUTION: You must refer to the intranet for the most recent version of this document

**Appendix K
Compliance Monitoring**

Process to be monitored	How will compliance with the outlined process be monitored?	Frequency	By who?	If compliance gaps have been identified, who is responsible for creating an action plan, and ensuring implementation of required changes?
Car Parking Application process and needs based	Review of the application process by the Travel office in conjunction with Communications	Annually	Soft.FM Manager, Travel Office Assistant and Communications	Soft FM Manager, to be monitored and implemented within the Facilities Business Meeting
Permit and access control termination process	Review of the termination process by the Travel office in conjunction with Access control	Annually	Soft.FM Manager, Travel office assistant and access control	Soft FM Manager, to be monitored and implemented within the Facilities Business Meeting
Enforcement Procedures	Facilities Business meeting, Quality Audits and general monitoring	Monthly	Soft.FM Manager / Medirest and Progress Health	Soft FM Manager, to be monitored and implemented within the Facilities Business Meeting
Complaints process	Facilities Business Meetings – Report of complaints	Monthly	Soft FM Manager.	Soft FM Manager, to be monitored and implemented within the Facilities Business Meeting

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CAUTION: You must refer to the intranet for the most recent version of this document

Quality Assurance Checklist - Version Number: 1 Appendix L

		Y/N/n/a	COMMENTS (where necessary)
1	Title of document Car Parking Operational Procedures		
2	Type of document (e.g. guidance, code of practice) Procedure		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document type is (e.g. guideline, procedure)?	Y	
3	Introduction		
	Are reasons for the development of the document clearly stated?	Y	
4	Content		
	Is there a standard front cover?	Y	
	Are the key points identified?	Y	
	Is the document in the correct format?	Y	
	Is the purpose of the document clear?	Y	
5	Approval Route		
	Does the document identify which committee/group will approve it?	Y	
6	Review Date		
	Is the review date identified?	Y	

If answers to any of the above questions is 'no', then this document is not ready for endorsement, it needs further review.

Compliance Team:			
1.	Date of Compliance Team approval	6 th July 2017	
2.	Comments to author for any amendments		
3.	Name of compliance lead	William O'Brien	
Approval Committee: Health Safety Security & Environment Committee			
If the committee/group is happy to approve this document would the chair please sign below and send the document and the minutes from the approval committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Name	Ian Crich	Date	26 th May 2016
Signature	Ian Crich		
Endorsing Committee: Health Safety Security & Environment Committee			
If the committee/group is happy to endorse this document would the chair please sign below and send the document and the minutes from the endorsing committee to the author. To aid distribution all documentation should be sent electronically wherever possible.			
Name	Ian Crich	Date	26 th May 2016
Signature	Ian Crich		

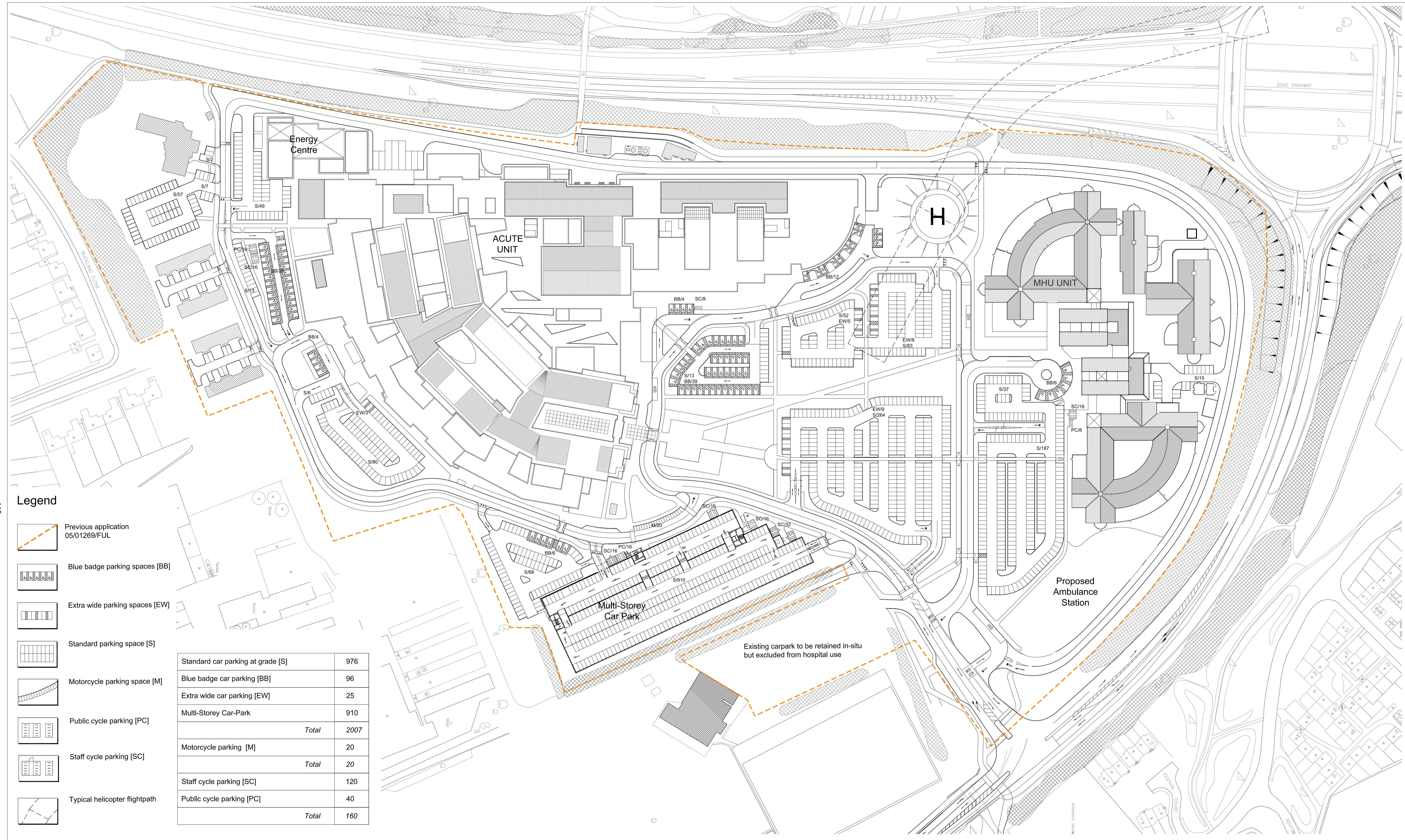
Appendix C. Public Car Parking Charges at Other UK Trusts

	Peterborough City Hospital	Hinchingbrooke Hospital	Stamford and Rutland Hospital	Cheltenham General & Gloucestershire Royal	Norfolk and Norwich	East Lancashire Hospitals	Southampton General & Princess Anne Hospitals*	Royal Derby	Shrewsbury & Telford	Mid Yorkshire*	CUH (Addenbrookes)*	West Suffolk	Mid Essex	Kings Lynn	Average incl CUH	Average excl CUH
Up to 20mins									No charge	No charge		No Charge				
Up to 30mins	No charge	No charge			No charge											
Up to 1h				£2.40				£2.00	£2.40	£2.00	£3.10	£2.20			£2.35	£2.20
Up to 2h				£4.00	£3.00			£3.50	£3.20	£2.80	£4.40	£4.20		£2.60	£3.41	£3.29
Up to 3h				£5.60	£3.50	£1.90		£4.20	£4.10	£4.00		£6.40	£3.00	£3.90	£4.07	£4.07
Up to 3.5 hours	£2.60															
Up to 4h		£2.90		£6.70	£4.50			£5.20	£4.70	£5.00	£8.10	£8.40		£5.20	£5.87	£5.59
Up to 4.5 hours	£4.20							£6.20	£5.20	£6.00		£10.60	£4.00	£6.50	£6.43	£6.43
Up to 5h					£6.50											
Up to 5.5 hours	£5.20															
Up to 6h				£8.20				£8.50	£8.20		£12.00				£8.73	£7.63
Up to 6.5 hours	£6.30															
Up to 8h		£4.00			£8.00	£2.90								£10.40	£9.20	£7.07
Up to 12hr								£11.10							£11.10	£11.10
Up to 24hr	£10.40	£6.00	No charge	£11.10	£12.00	£3.50		£14.00	£9.00	£8.00	£19.80	£12.70	£6.00	£15.60	£10.78	£9.88
Weekly				£16.00				£18.00	£11.00		£20.40	£30		£28.00	£20.57	£20.60
Concession				£32.00												
Evening Parking (17:00-21:00)								£1.00								
Overnight Parking (17:00-08:00)								£2.00								
Electric Charging Point								£1.00	Additional charge - must still purchase a ticket covering your time onsite							
							*as of 01/02/2014			*as of 1st Aug 2015	*Car Park 2 (visitors)					

Sources for information (all accessed on 24/06/2019)

- Gloucester <https://www.gloshospitals.nhs.uk/your-visit/travel-parking/parking-charges/>
- Norfolk <http://www.nnuh.nhs.uk/patients-visitors/contacting-and-finding-us/finding-the-nnuh/car-parking/>
- East Lancs <https://www.elht.nhs.uk/your-visit/car-parking>
- Southampton <http://www.uhs.nhs.uk/Ourhospitals/SGH/Getting-here-and-parking/ParkingatSouthamptonGeneralHospital/Parkingcharges.aspx>
- Derby <https://www.uhdb.nhs.uk/parking-at-royal-derby>
- Shrewsbury & Telford <https://www.safh.nhs.uk/patients-visitors/getting-to-us/car-parking/>
- Mid Yorkshire <https://www.midorks.nhs.uk/car-parking>
- CUH <https://www.sabaparking.co.uk/car-park/addenbrookes-car-park-2-cambridge>
- West Suffolk <https://www.wch.nhs.uk/Patients-and-visitors/Information-for-visitors/Car-parking.aspx>
- Mid Essex <https://www.meht.nhs.uk/patients-and-visitors/our-hospitals/broomfield-hospital/planning-your-journey/>
- Kings Lynn <http://www.qehkl.nhs.uk/car-parking.asp?=&information&ss=getting-to-us&p=parking>

Appendix D. Peterborough City Hospital Car Park Plan



- Legend**
- Previous application 05/01269/FUL
 - Blue badge parking spaces [BB]
 - Extra wide parking spaces [EW]
 - Standard parking space [S]
 - Motorcycle parking space [M]
 - Public cycle parking [PC]
 - Staff cycle parking [SC]
 - Typical helicopter flightpath

Standard car parking at grade [S]	976
Blue badge car parking [BB]	96
Extra wide car parking [EW]	25
Multi-Storey Car-Park	910
Total	2007
Motorcycle parking [M]	20
Total	20
Staff cycle parking [SC]	120
Public cycle parking [PC]	40
Total	160

rev	date	revision details	drawn	chk
A	06.09.07	For construction	SB	PC
B	21.08.08	For construction	SB	SL
C	08.10.08	MSCP - Ramp & cycle shelter	SB	SL

rev	date	revision details	drawn	chk

notes

- 1.0 Do not scale from drawing, use figured dimensions only
- 1.1 All dimensions to be checked onsite
- 1.2 This drawing to be read in conjunction with all other Gillespies drawings and specifications

zoning

site plan

client

ProgressHealth

contractor

MULTIPLEX

2nd Floor
40 Berkeley Square
London
W1J 5AL

consultant

GILLESPIES

The Coach House Bagley Croft Hinkley Hill Oxford OX1 5BS
P 01865 326789 F 01865 327070 E design.oxford@gillespies.co.uk

project title

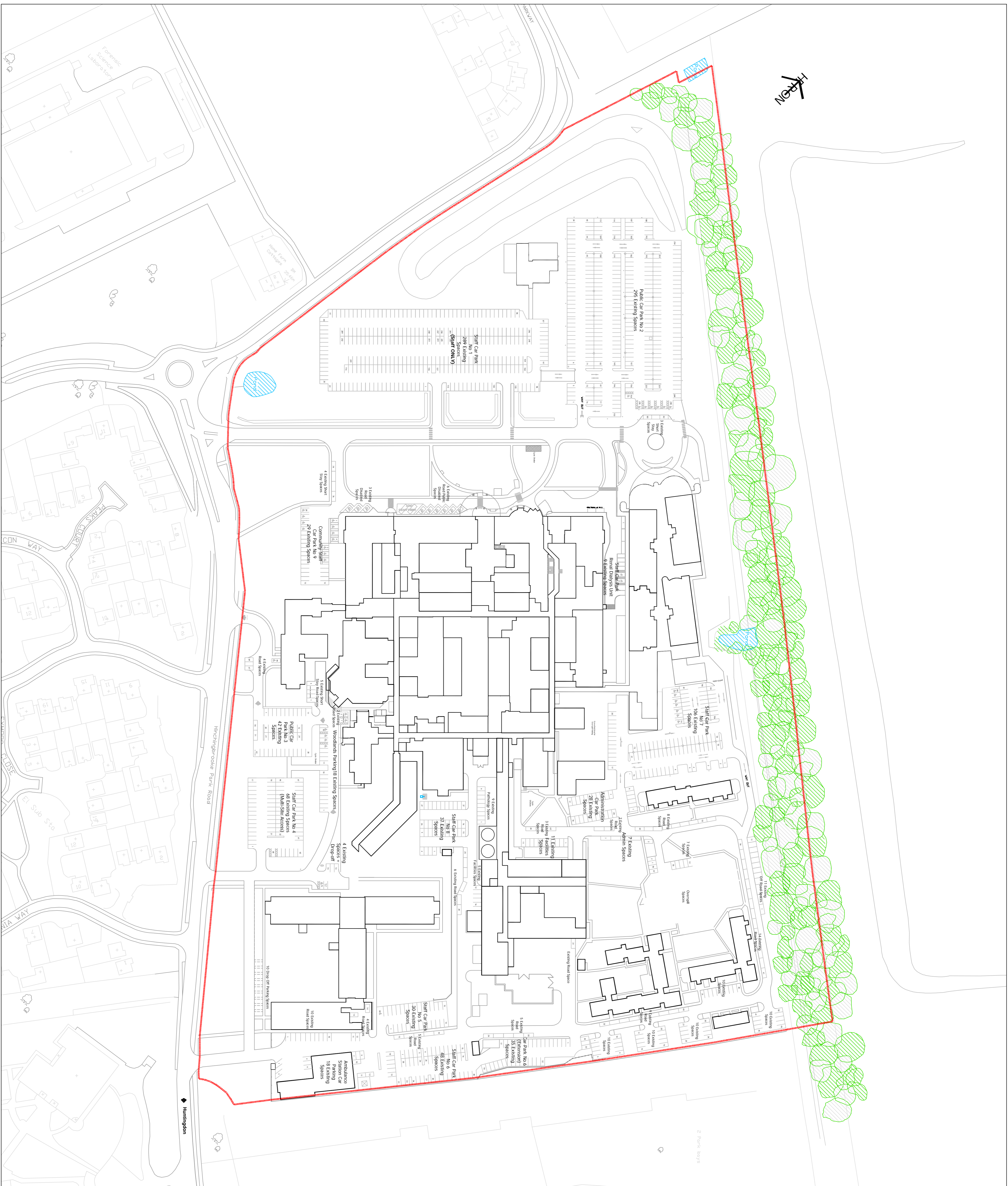
Greater Peterborough **NHS**
Health Investment Plan

drawing title

**ECH SITE LAYOUT
CAR PARKING**

drawing number		project title		revision
GIL-EXT-CD-036		Greater Peterborough NHS Health Investment Plan		C
name	sign	dated	scale	status
drawn	SB	06.09.07	1:1000 @ A1	date
checked	PC	06.09.07	A1	06.09.07
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Appendix E. Hinchingsbrooke Hospital Car Park Map



Legend

Schedule of Existing Car Parking Spaces

Location	No. of Spaces
Staff Car Park 1 - Main Entrance	289
Public Car Park 2 - Main Entrance	295
Public Car Park 3 - Acer	42
Staff Car Park 4 - MARS	68
Staff Car Park 5 - MARS	30
Staff Car Park 6 - Boundary	83
Staff Car Park 7 - DTC Rear	99
Staff Car Park 8 - Pathology	33
Community Staff Car Park 9 - Rehab	31
Residences	57
Administration	35
Ambulance Station	18
Woodlands	18
Children's Unit	2
Renal Dialysis Unit	9
Facilities	16
Main Entrance	9
On Road	68
Off Road	11
Children's Unit Short Stay	5
TOTAL	1218
Unofficial Spaces	125
TOTAL	1343

INDEX	REVISION	DATE
<p>Hinchingbrooke Health Care NHS Trust</p> <p>Facilities Centre Hinchingbrooke Hospital Hinchingbrooke Park Road HUNTINGDON PE29 6NT Tel: 01480 363630 Fax 01480 416168</p>		

Hinchingbrooke Hospital

Huntingdon

Site Plan

Car Parking

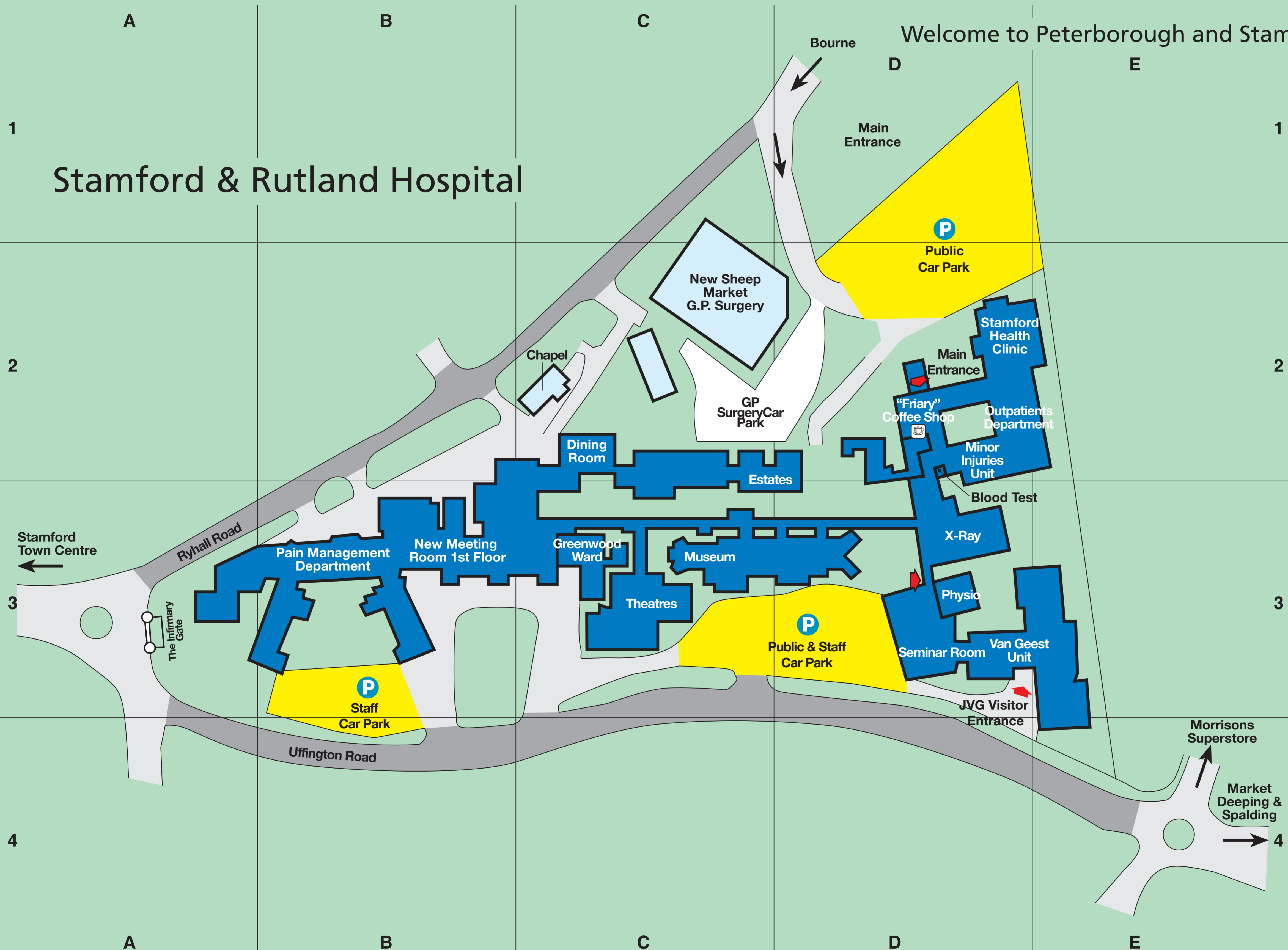
DRAWN	SH	DATE	March 2019
CAP CODE	-	SCALE	1:1000 @ A1
Drawing No	0200 SP CPC		

Appendix F. Stamford and Rutland Hospital Car Park Map

Stamford & Rutland Hospital

Welcome to Peterborough and Stamford Hospitals **NHS**

NHS Foundation Trust



INDEX

Blood Test	D2
Chapel	C2
Dining Room	C2
Estates	C/D2/3
"Friary" Coffee Shop	D2
Greenwood Ward (Ground Floor)	C3
Main Entrance	D2
Minor Injuries Unit	D2
Museum	C3
New Meeting Room	B3
Outpatients Department	D2
Pain Management	B3
Physio	D3
Seminar Room	D3
Sheep Market GP Surgery	C2
Stamford Health Clinic	D2
Theatres	C3
Van Geest Unit	D3
X-ray	D3



IMPORTANT NOTICE
The products and services advertised hereon should not be regarded as carrying the Trust's recommendation.

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Appendix G. Peterborough City Hospital Car Park Surveys Map



Car Park I

Car Park A

Car Park D1

Car Park C

Car Park D2

Car Park B

Car Park E

Westwood Farm 1

Car Park F

Westwood Farm 2

Car Park H

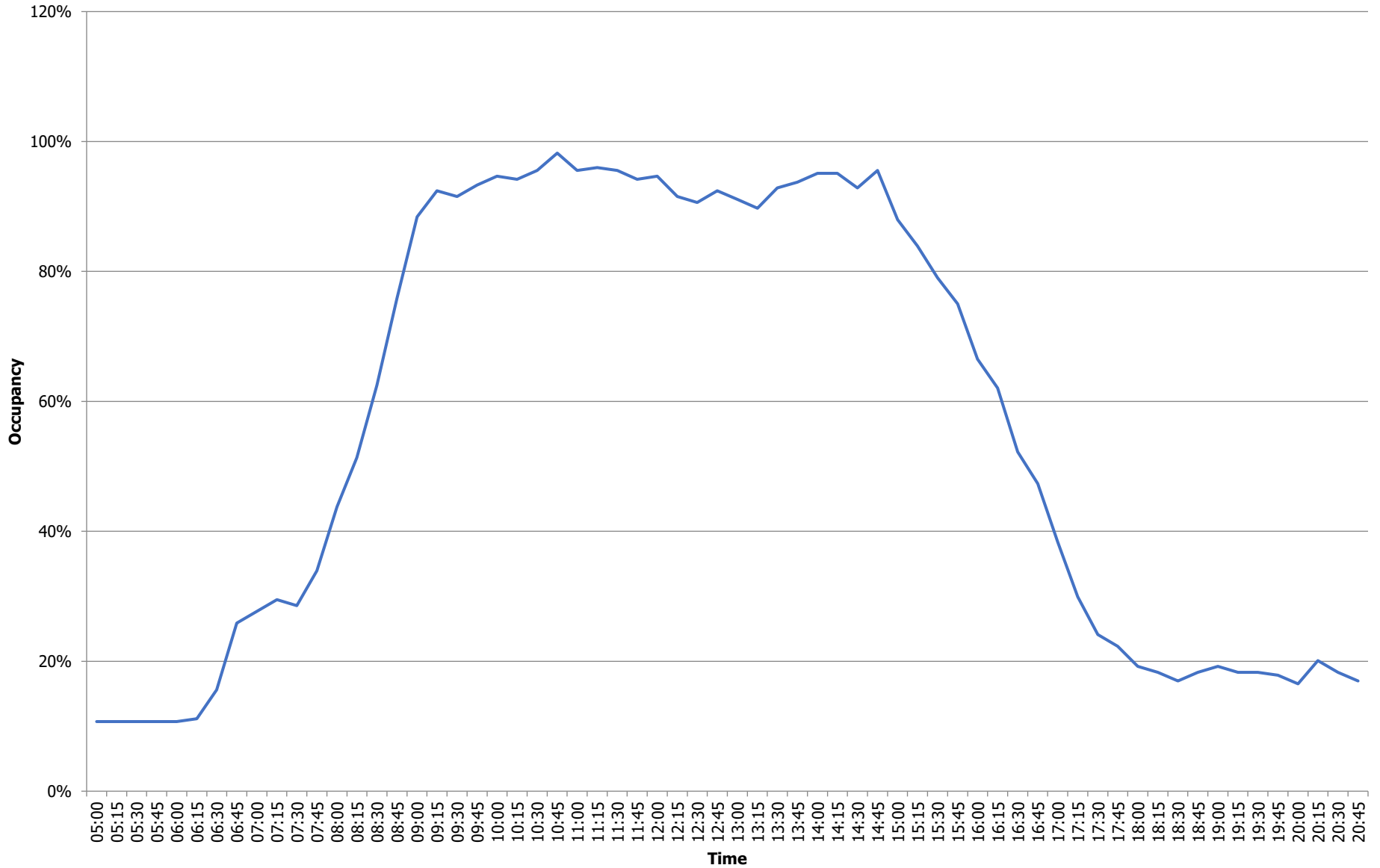
Car Park G

MacMillan

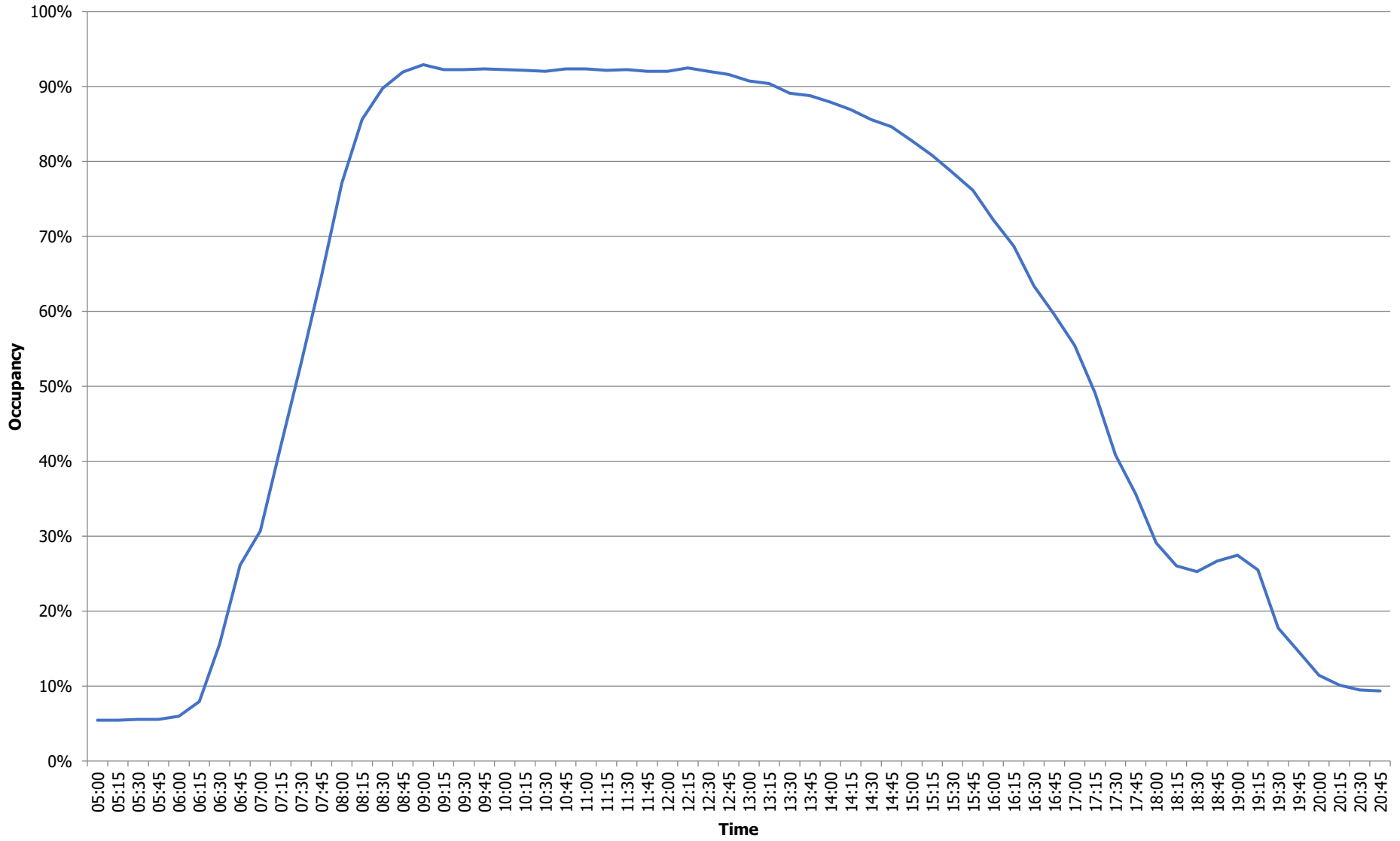
122

Appendix H. Peterborough City Hospital Car Park Occupancy Graphs

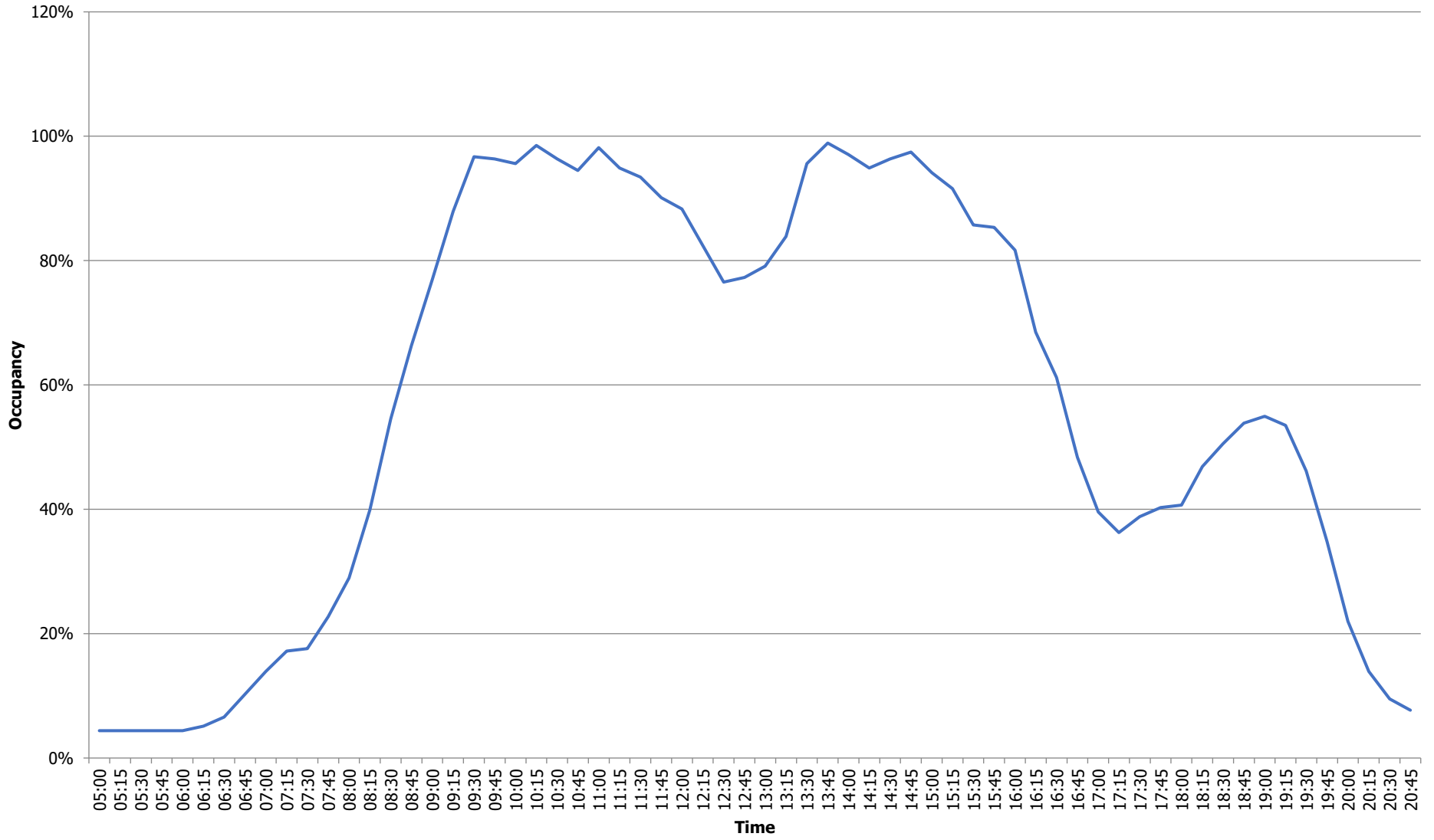
Car Park A - Occupancy Summary Graph



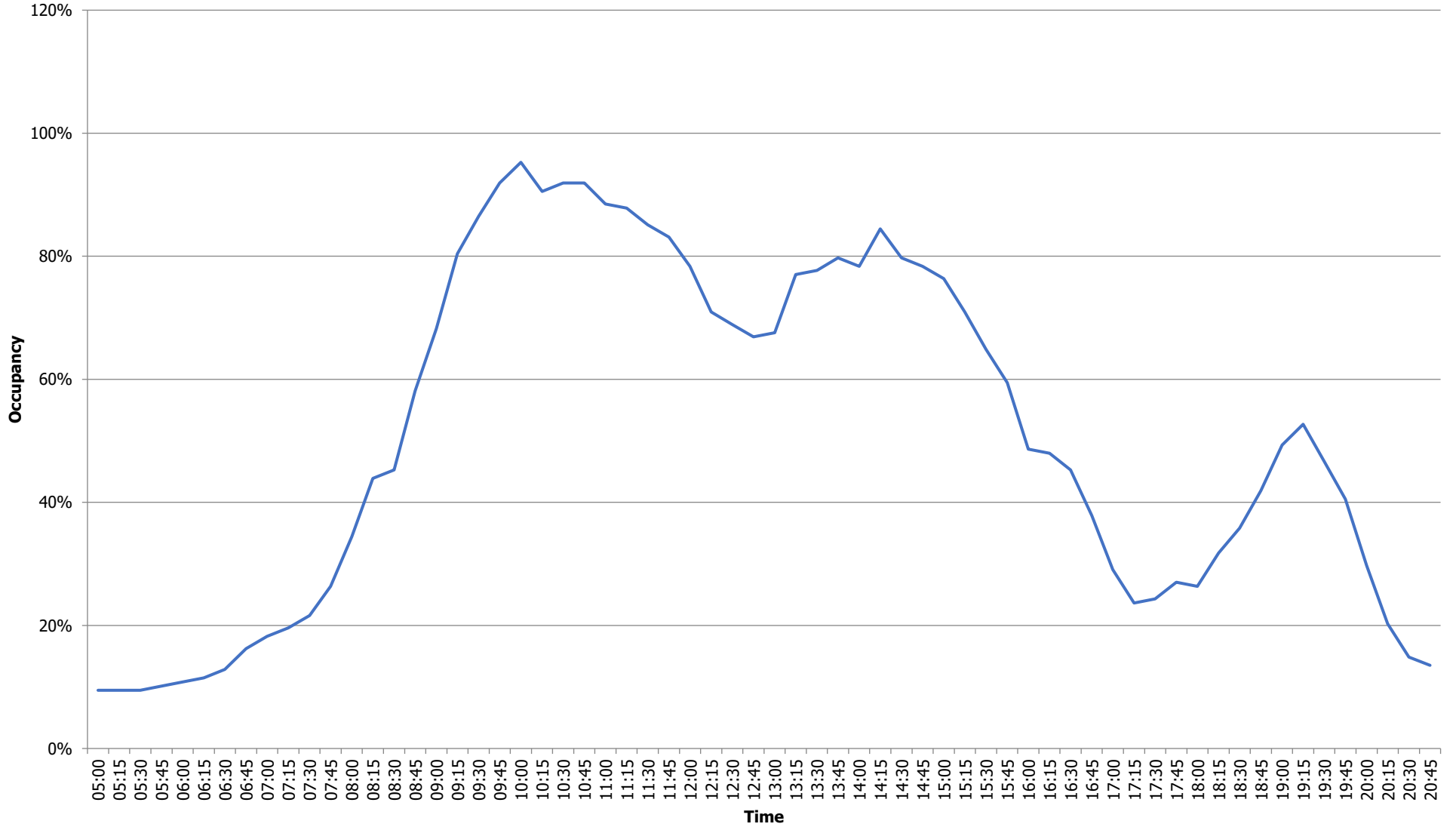
Car Park B - Occupancy Summary Graph



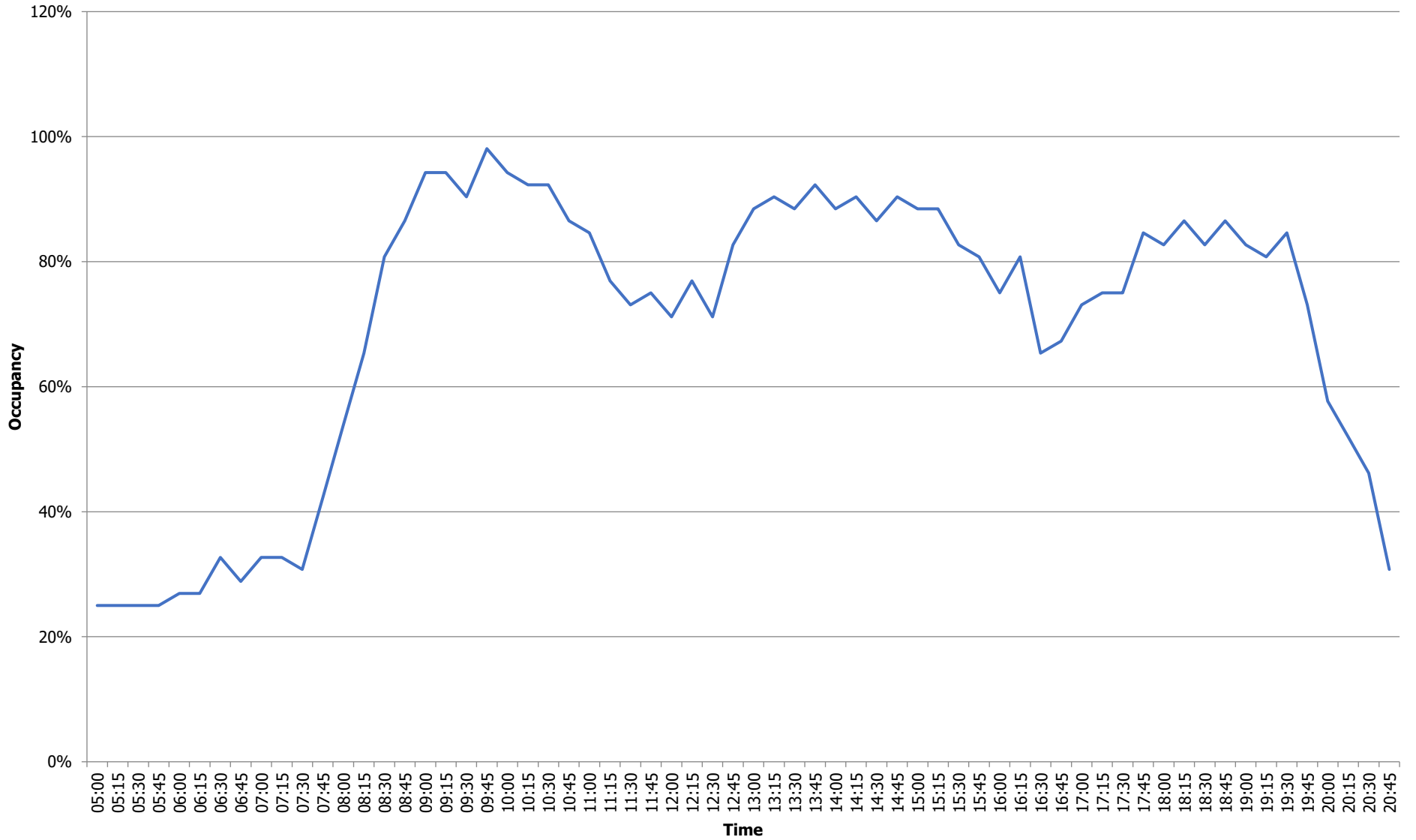
Car Park C - Occupancy Summary Graph

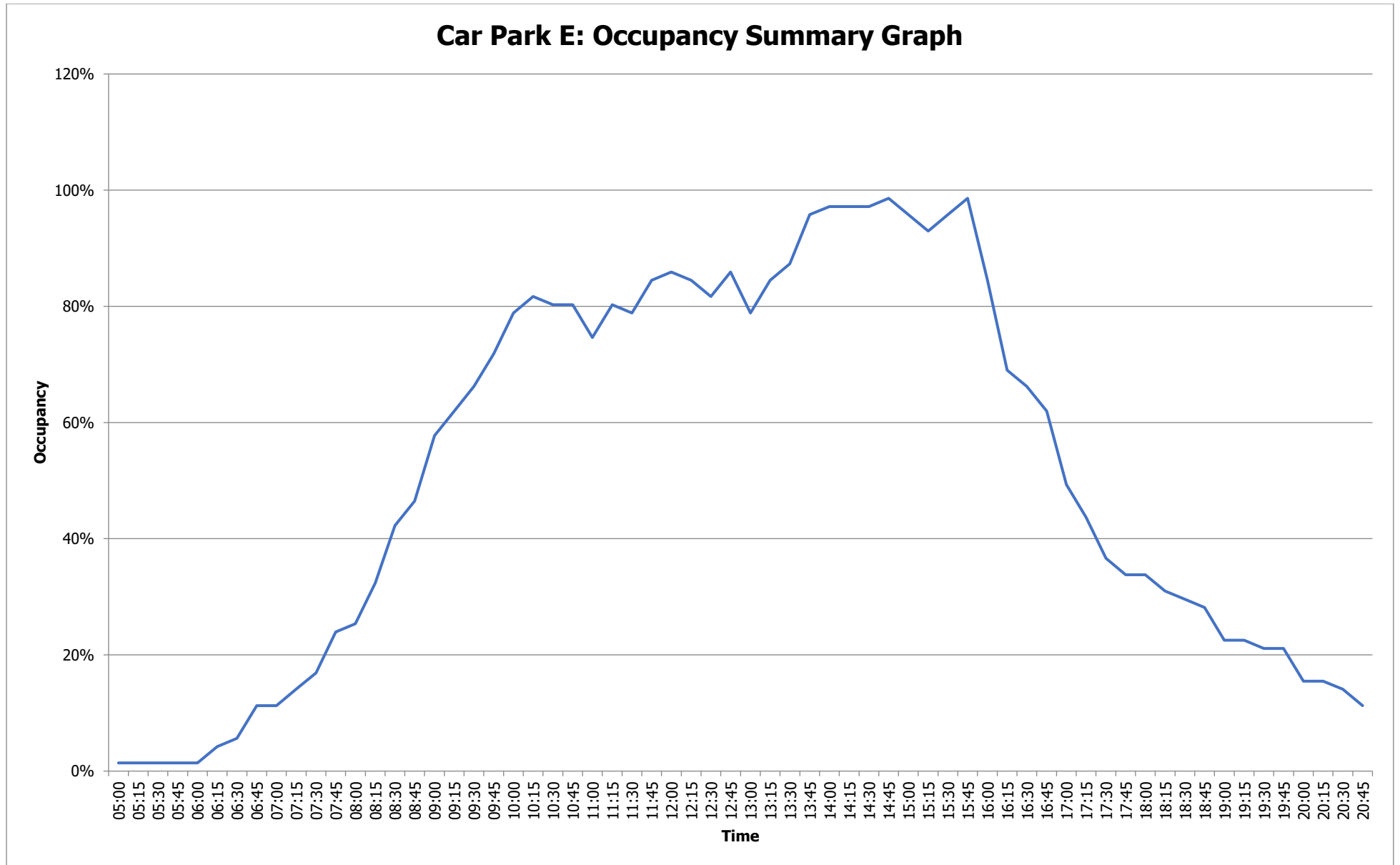


Car Park D1 Occupancy Summary Graph

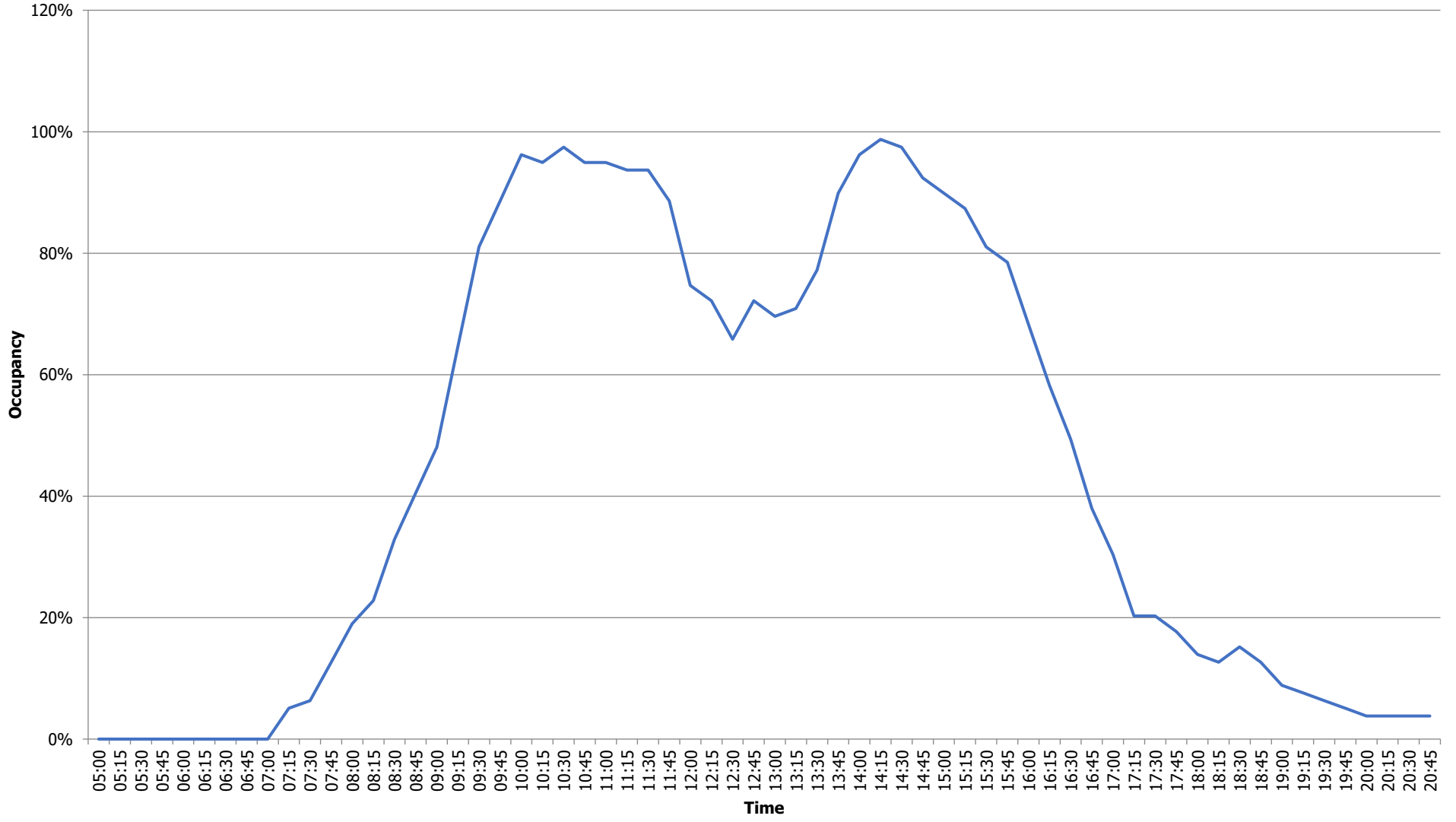


Car Park D2: Occupancy Summary Graph

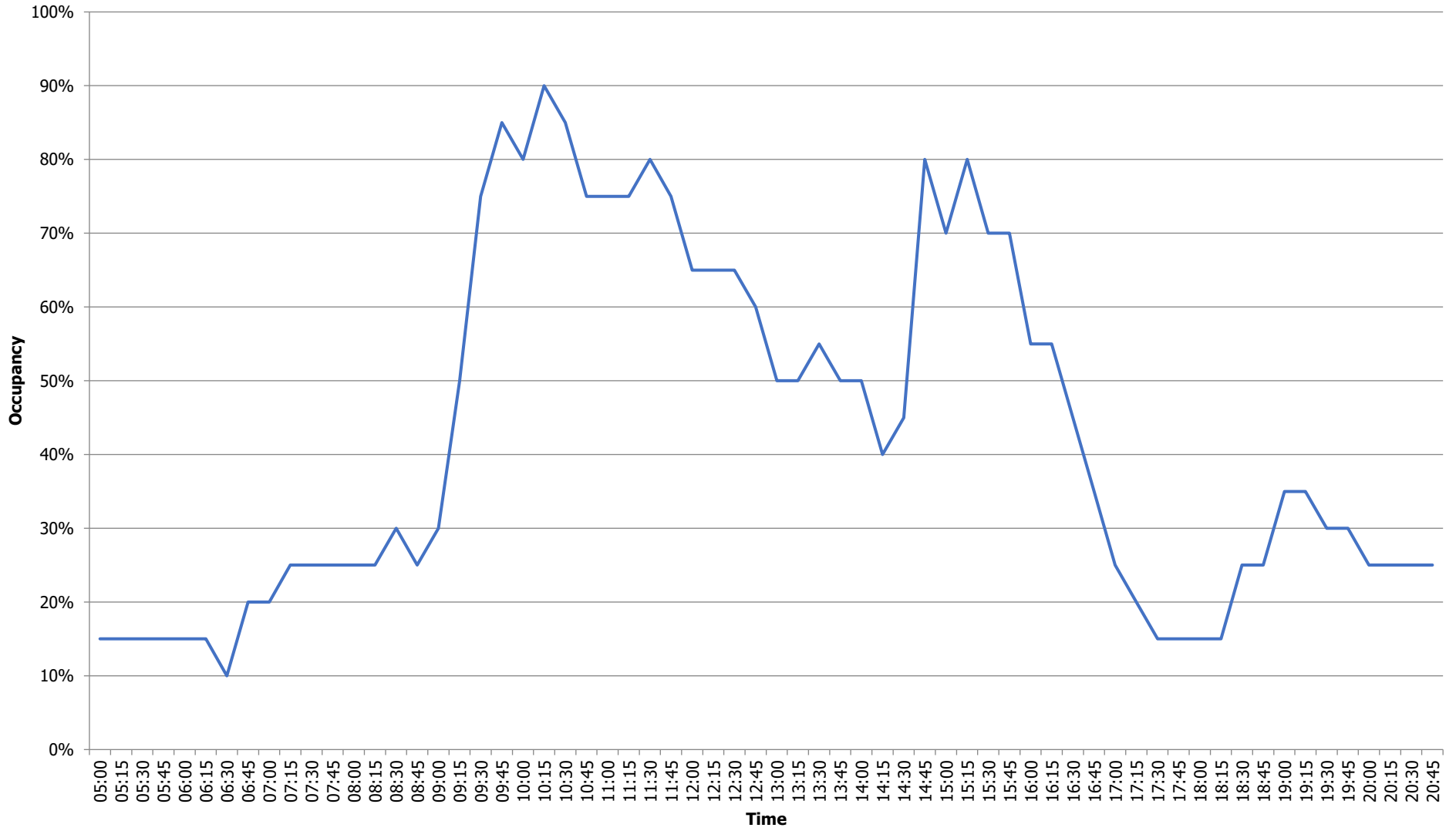




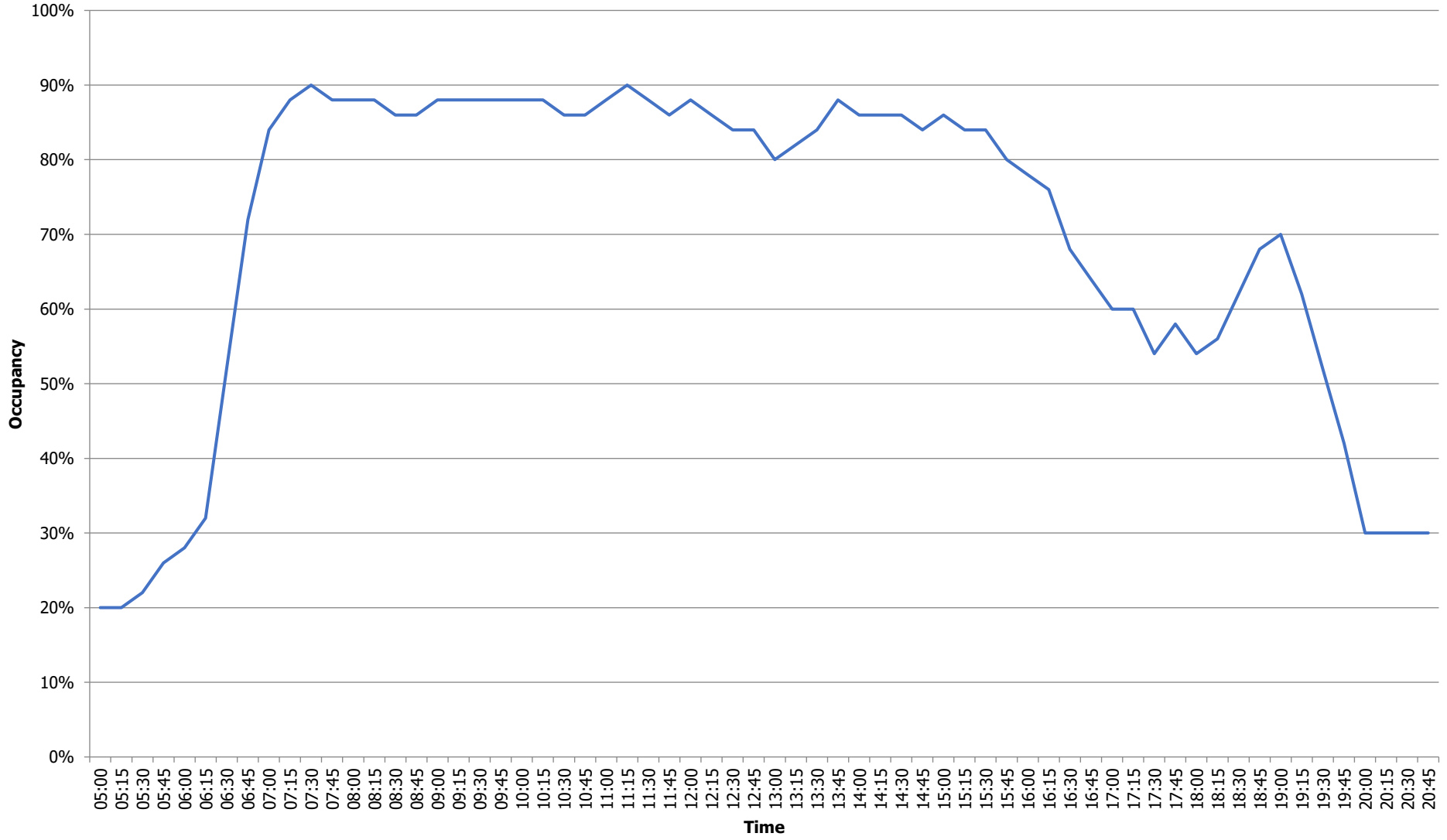
Car Park F: Occupancy Summary Graph



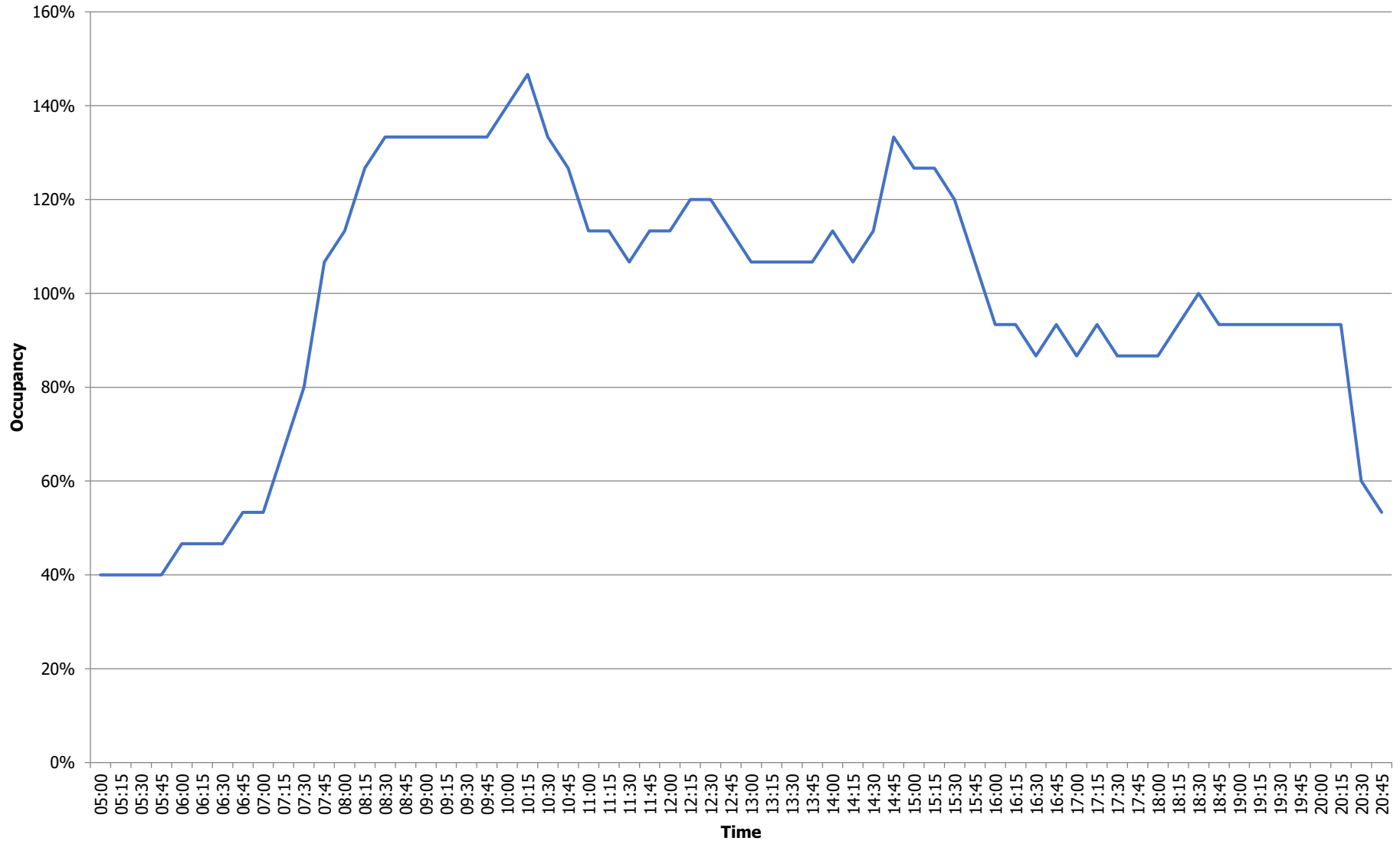
Car Park G: Occupancy Summary Graph



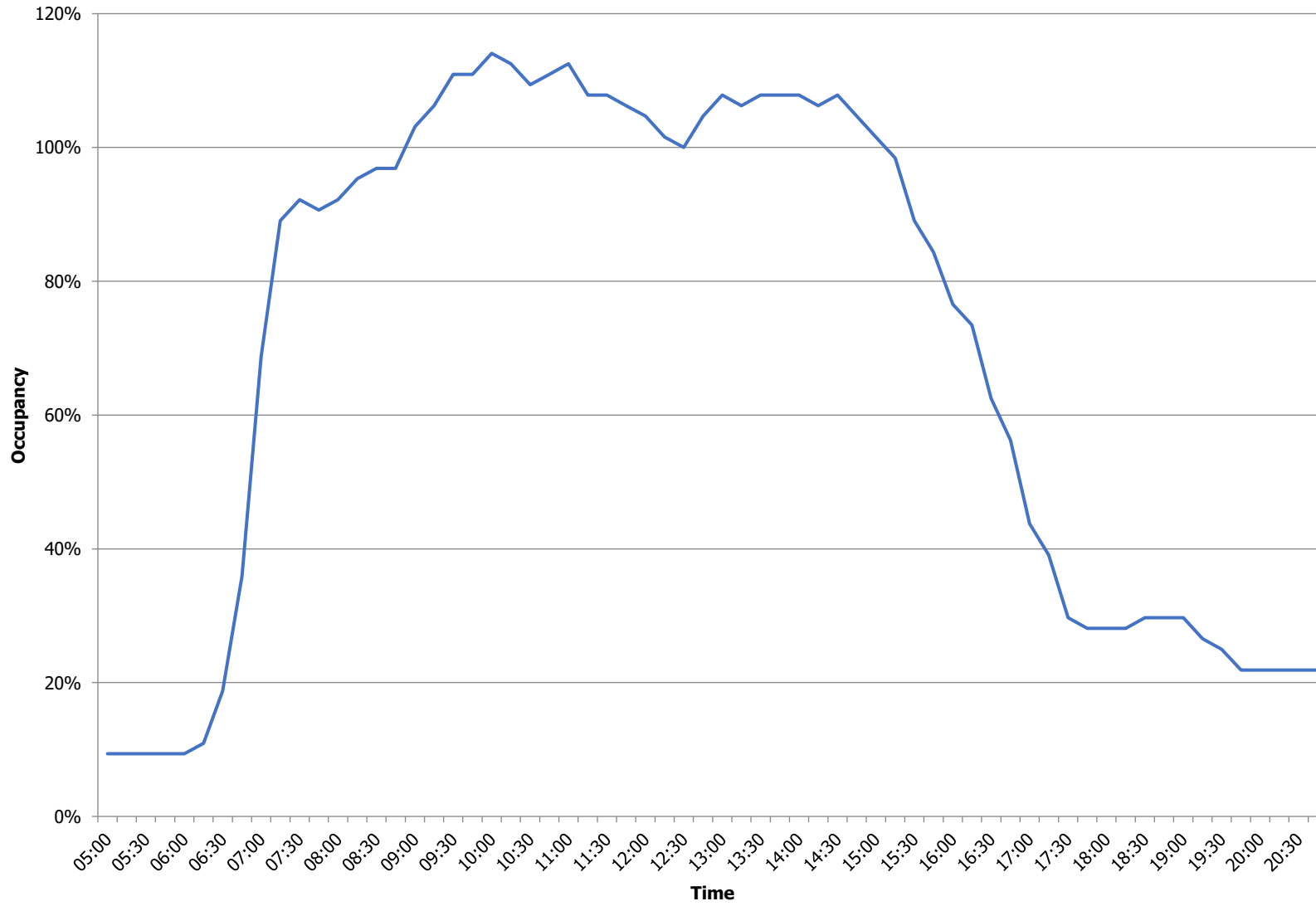
Car Park H: Occupancy Summary Graph



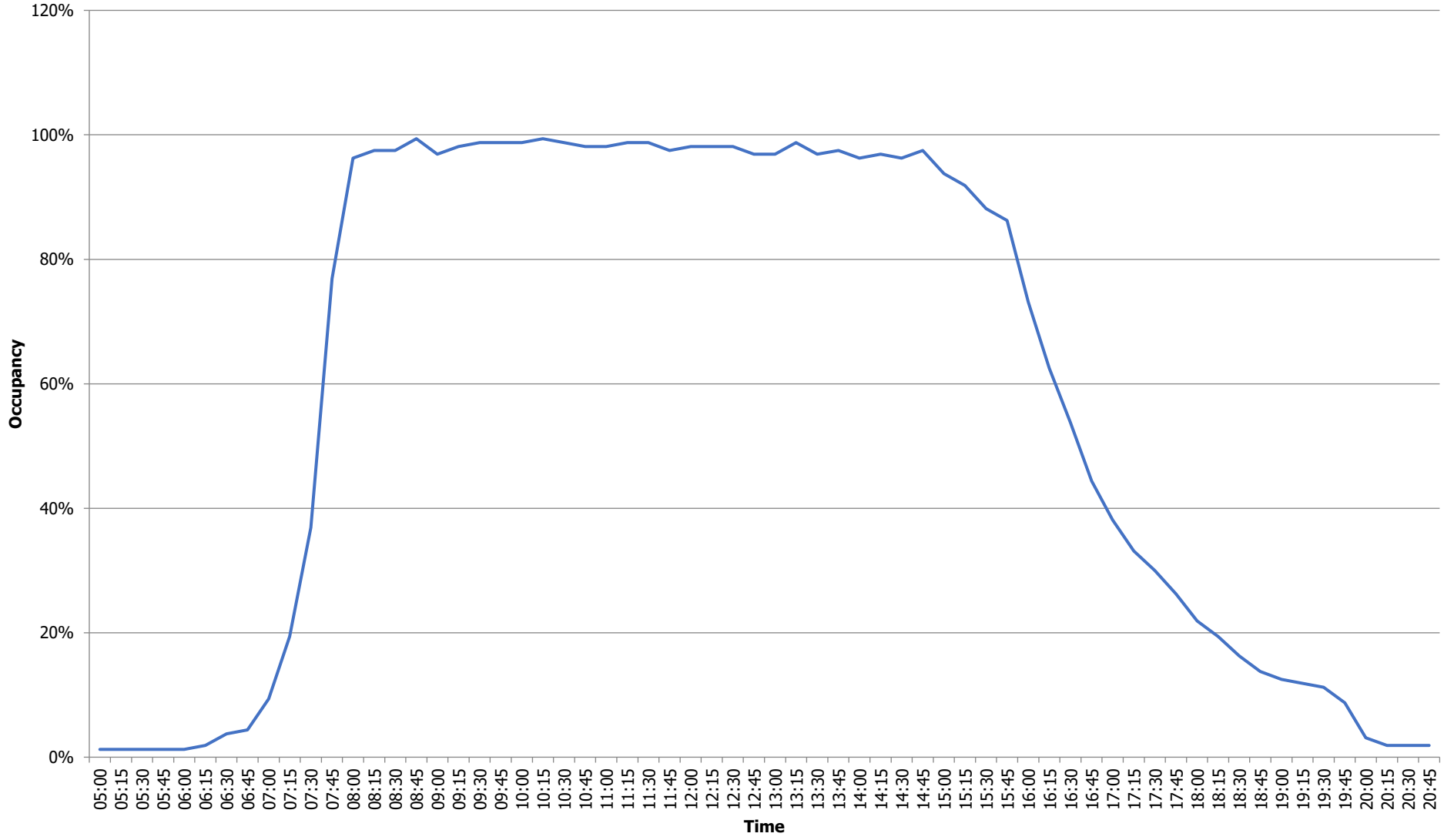
Car Park I: Occupancy Summary Graph



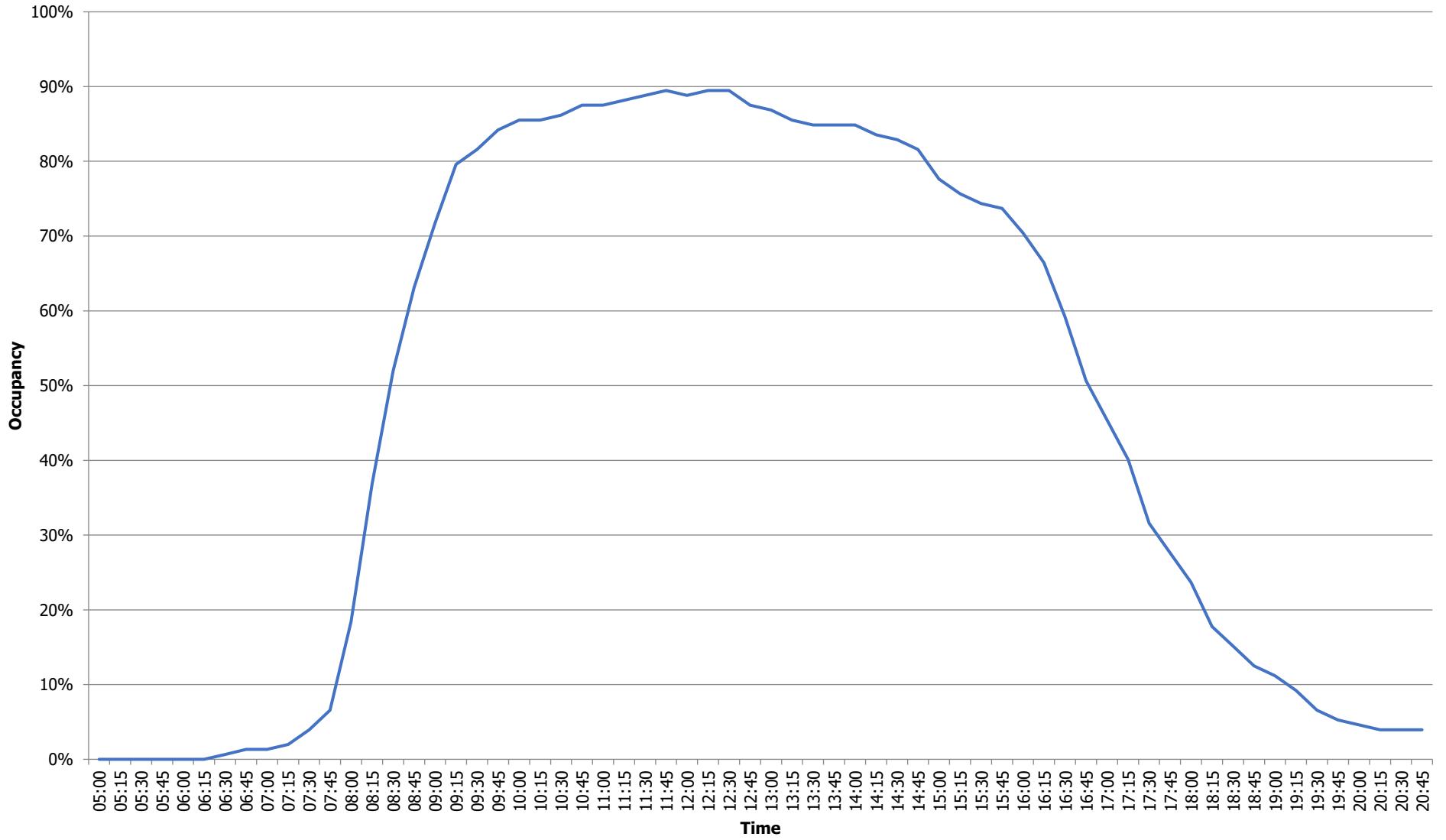
MacMillan 01: Occupancy Summary Graph



Westwood 1: Occupancy Summary Graph



Westwood 2: Occupancy Summary Graph



Appendix I. Hinchingsbrooke Hospital Car Park Surveys Map



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Car Park 2

Car Park 01

Front of Hospital

Renal Dialysis Unit

Car Park 7

Car Park 10B

Car Park 11

Car Park 10

Car Park 9

Woodlands Parking

Car Park 3

Car Park 5

Car Park 8

Car Park 6

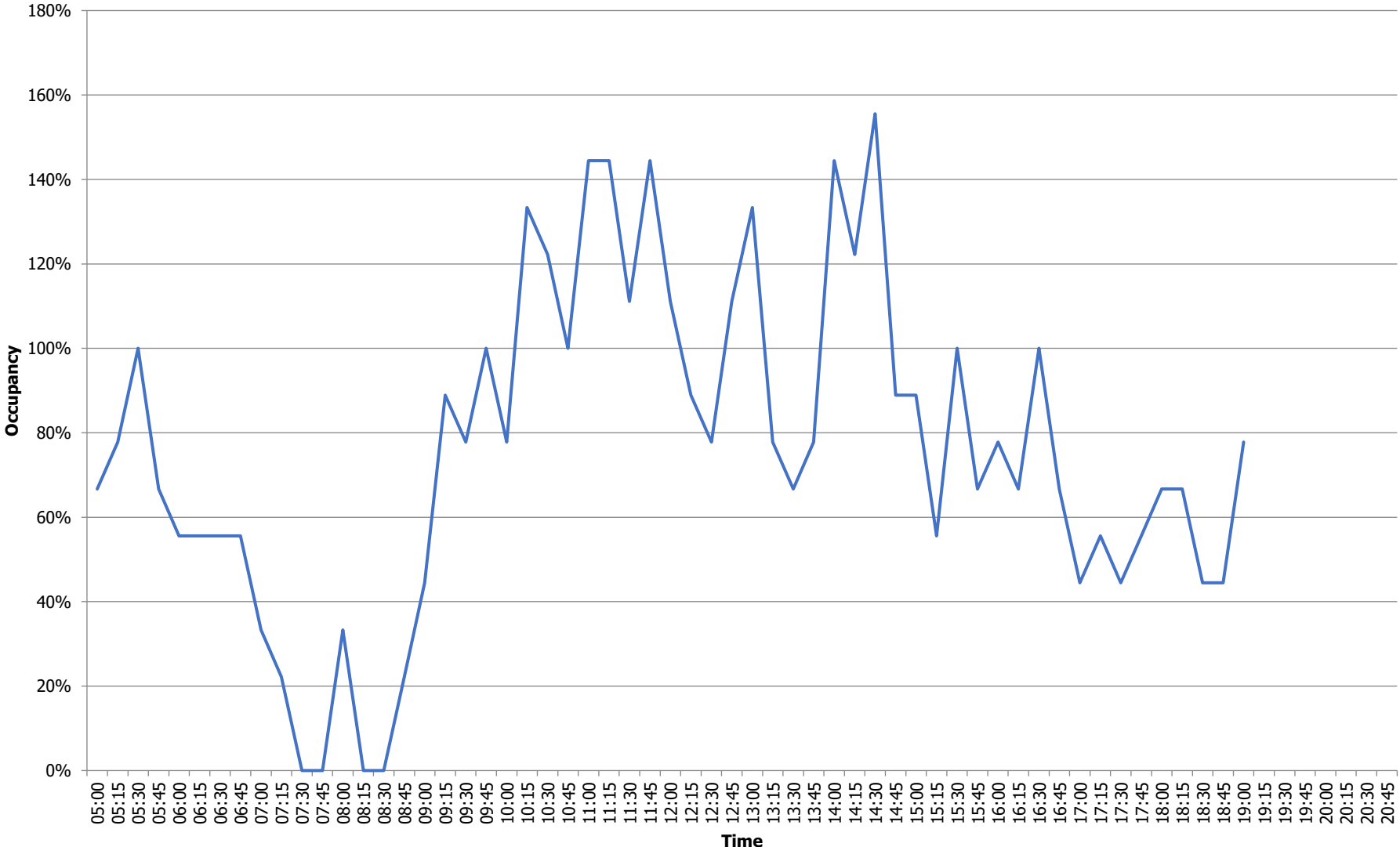
Car Park 4

Car Park 12 - Ambulance Station

© ESRI 2019

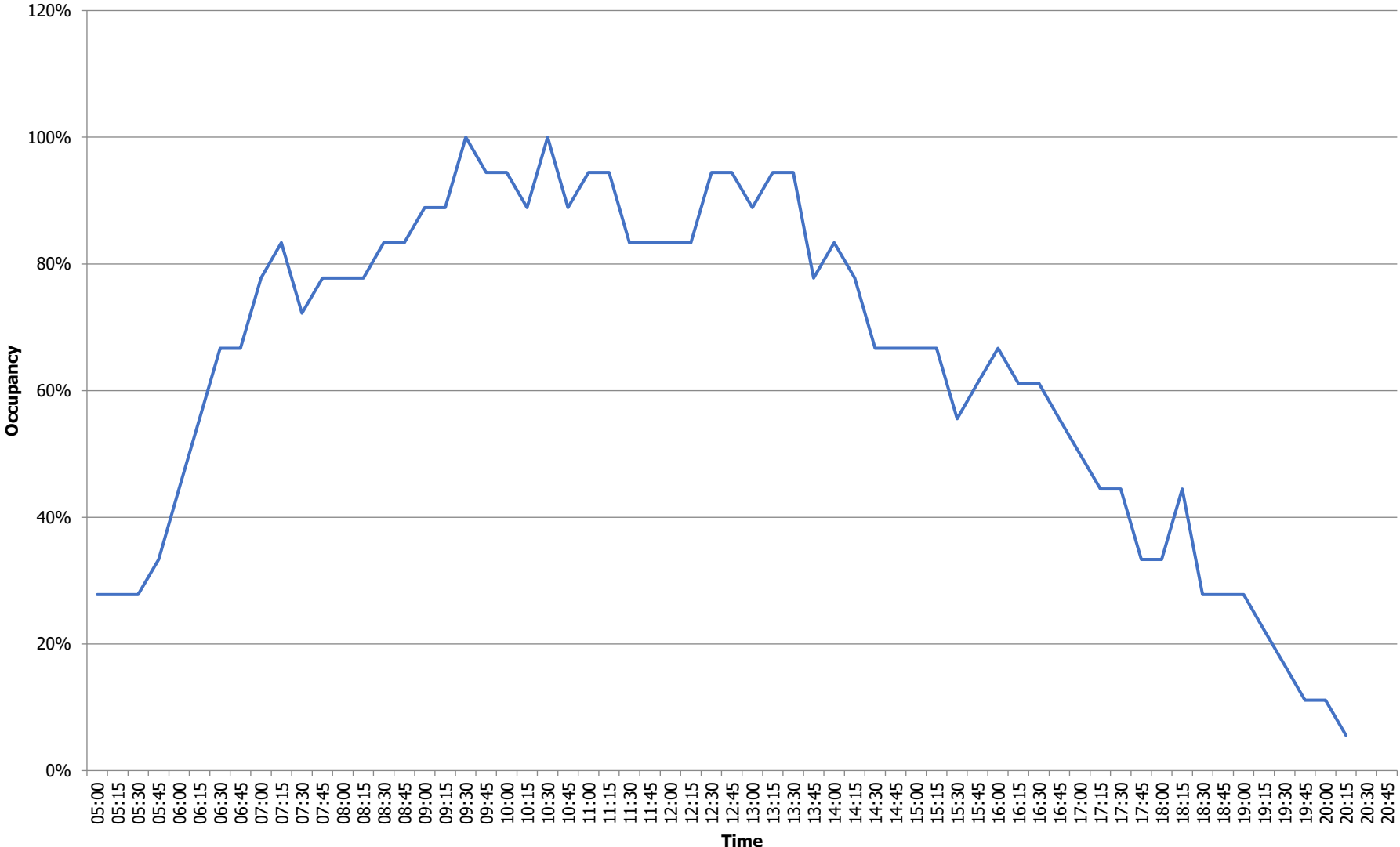
Appendix J. Hinchingsbrooke Hospital Parking Occupancy Graphs

Main Entrance - Occupancy Summary Graph

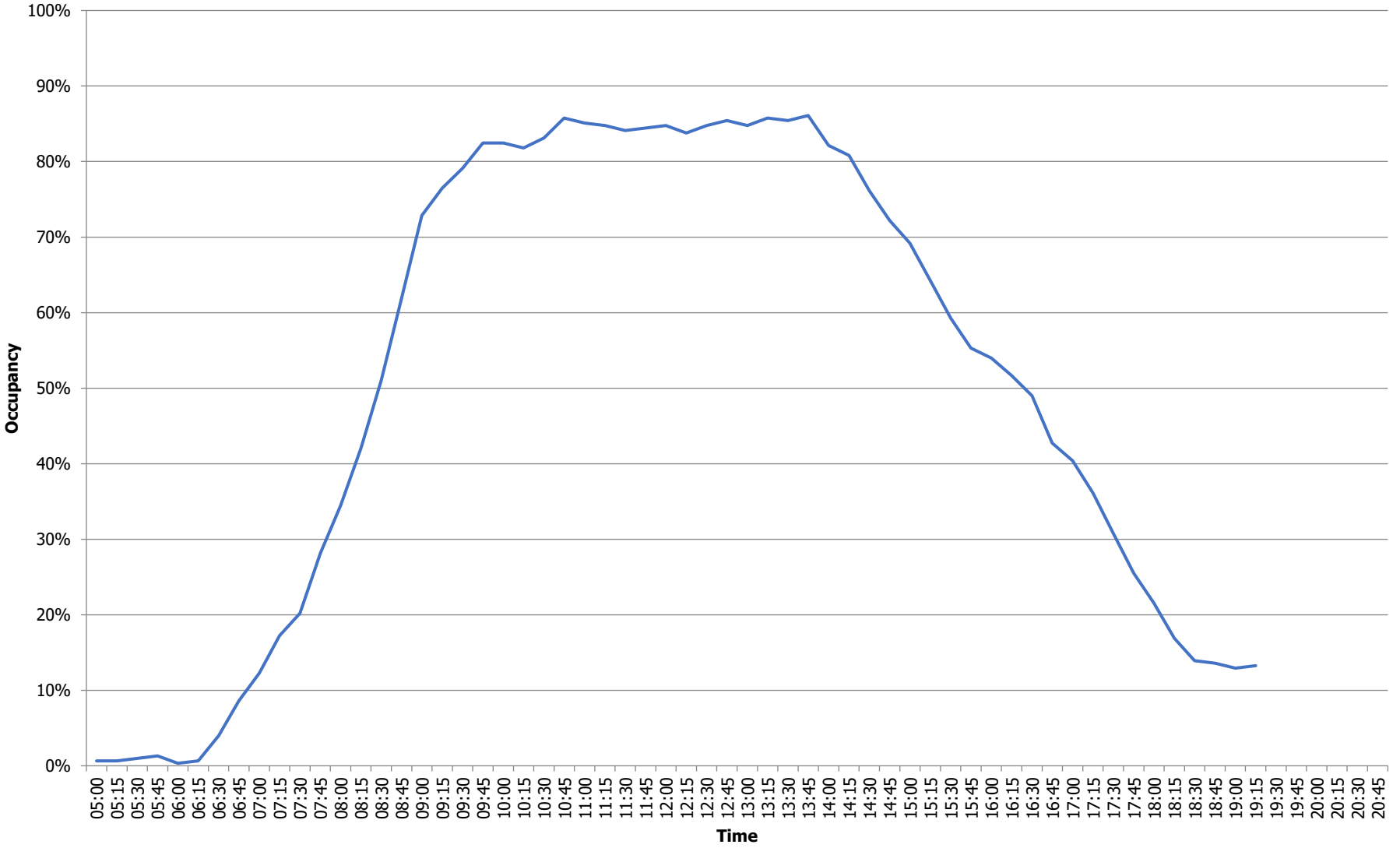


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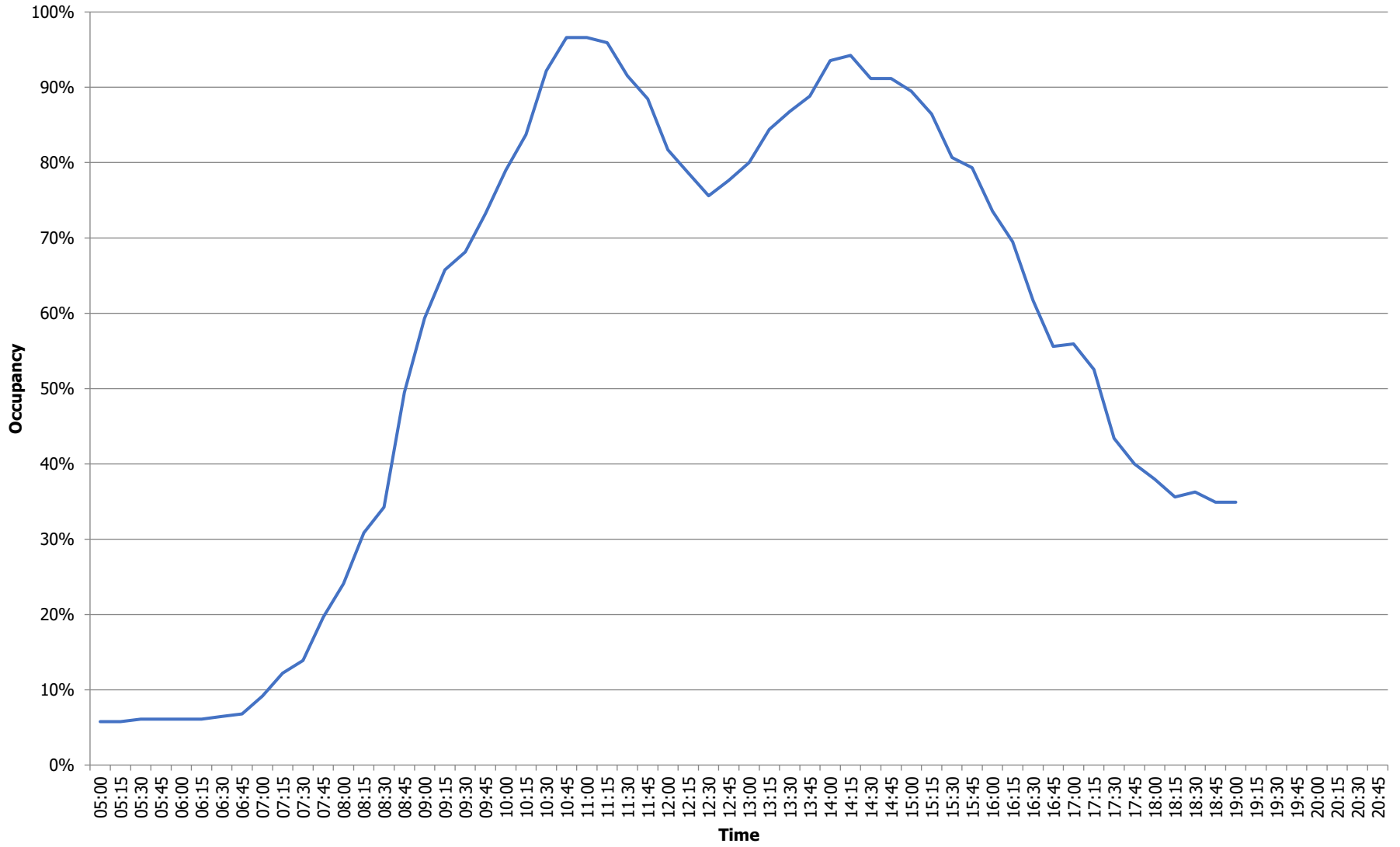
Ambulance Station - Occupancy Summary Graph



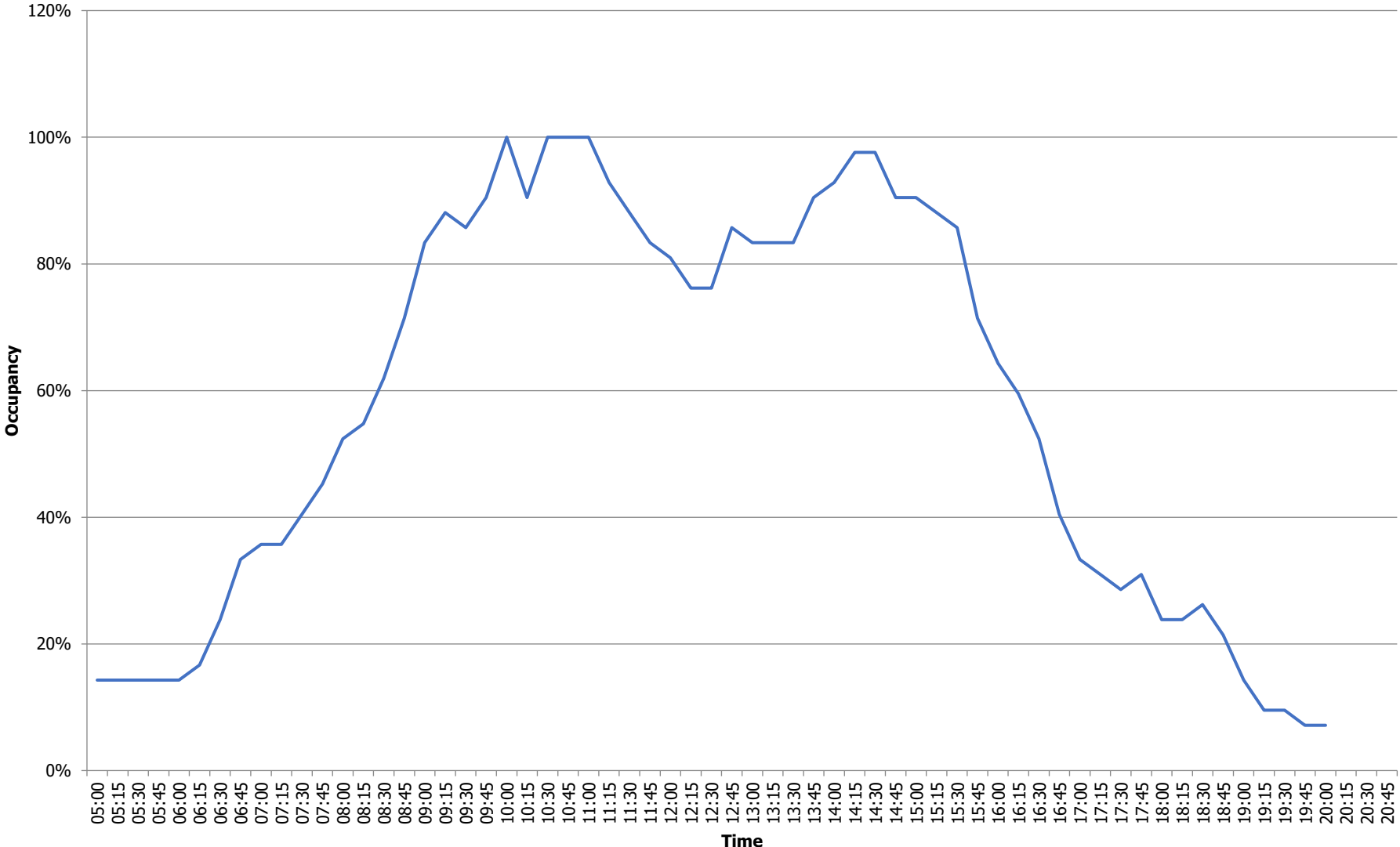
Car Park 1 - Occupancy Summary Graph



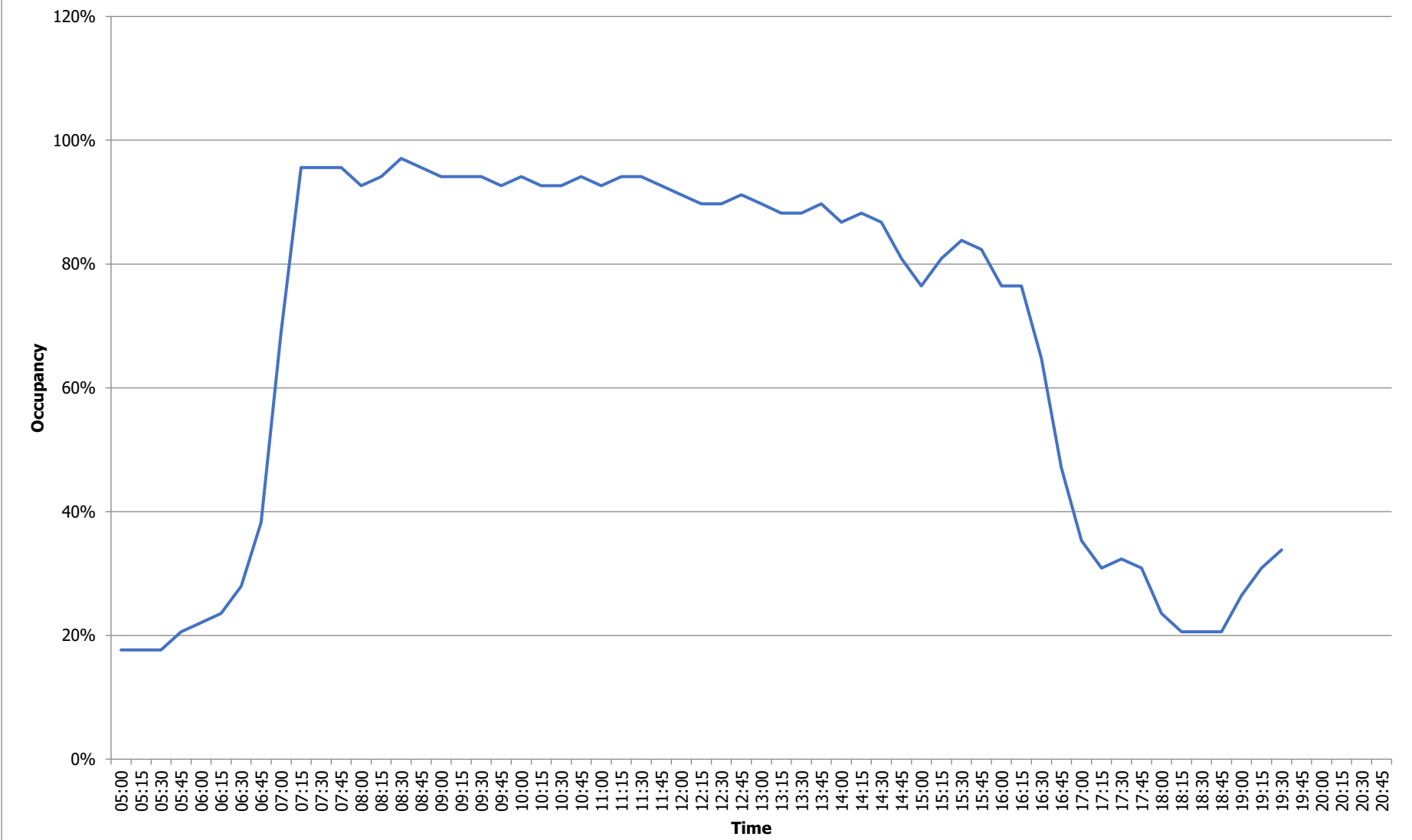
Car Park 2 - Occupancy Summary Graph



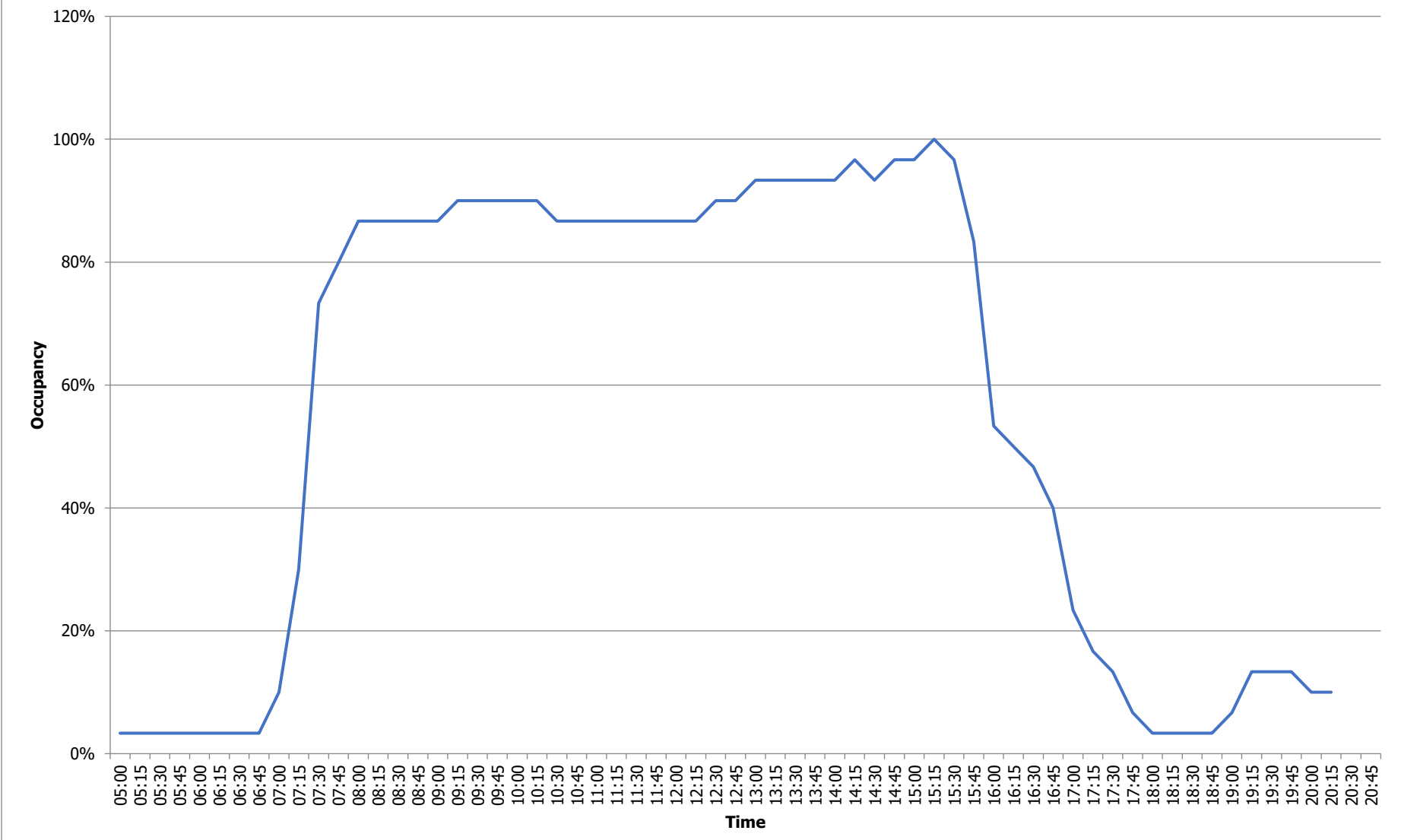
Car Park 3 - Occupancy Summary Graph



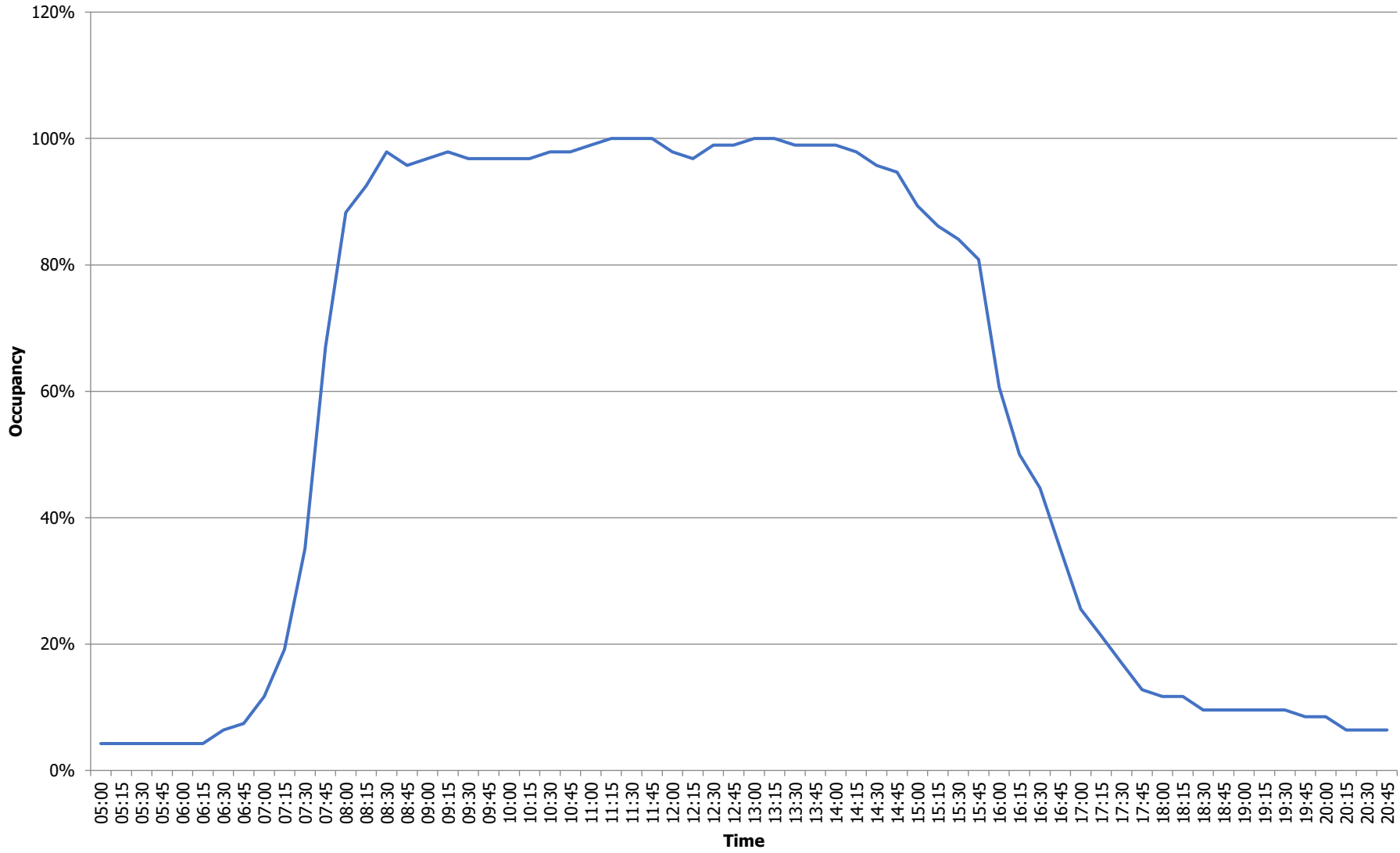
Car Park 4 - Occupancy Summary Graph



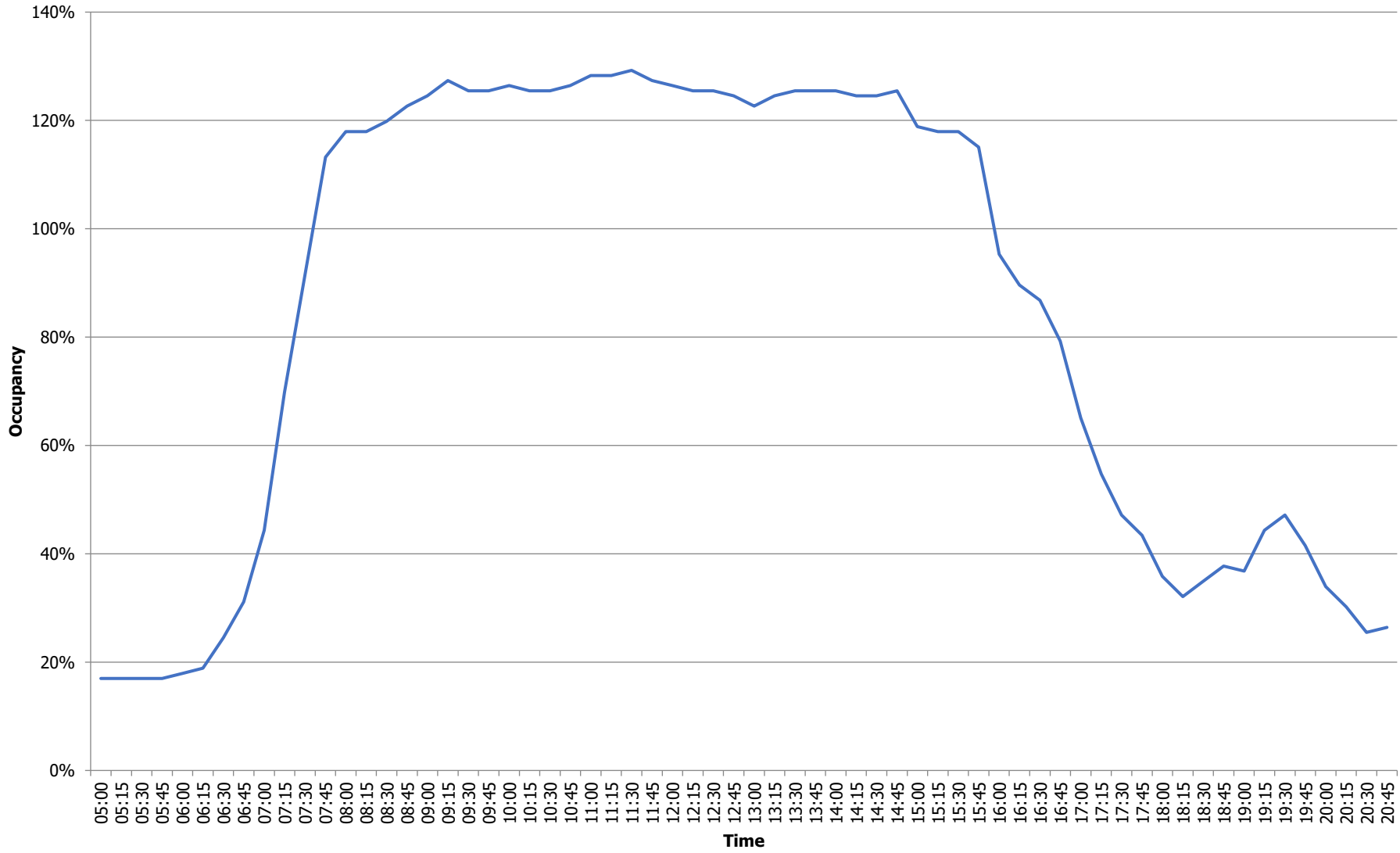
Car Park 5 - Occupancy Summary Graph



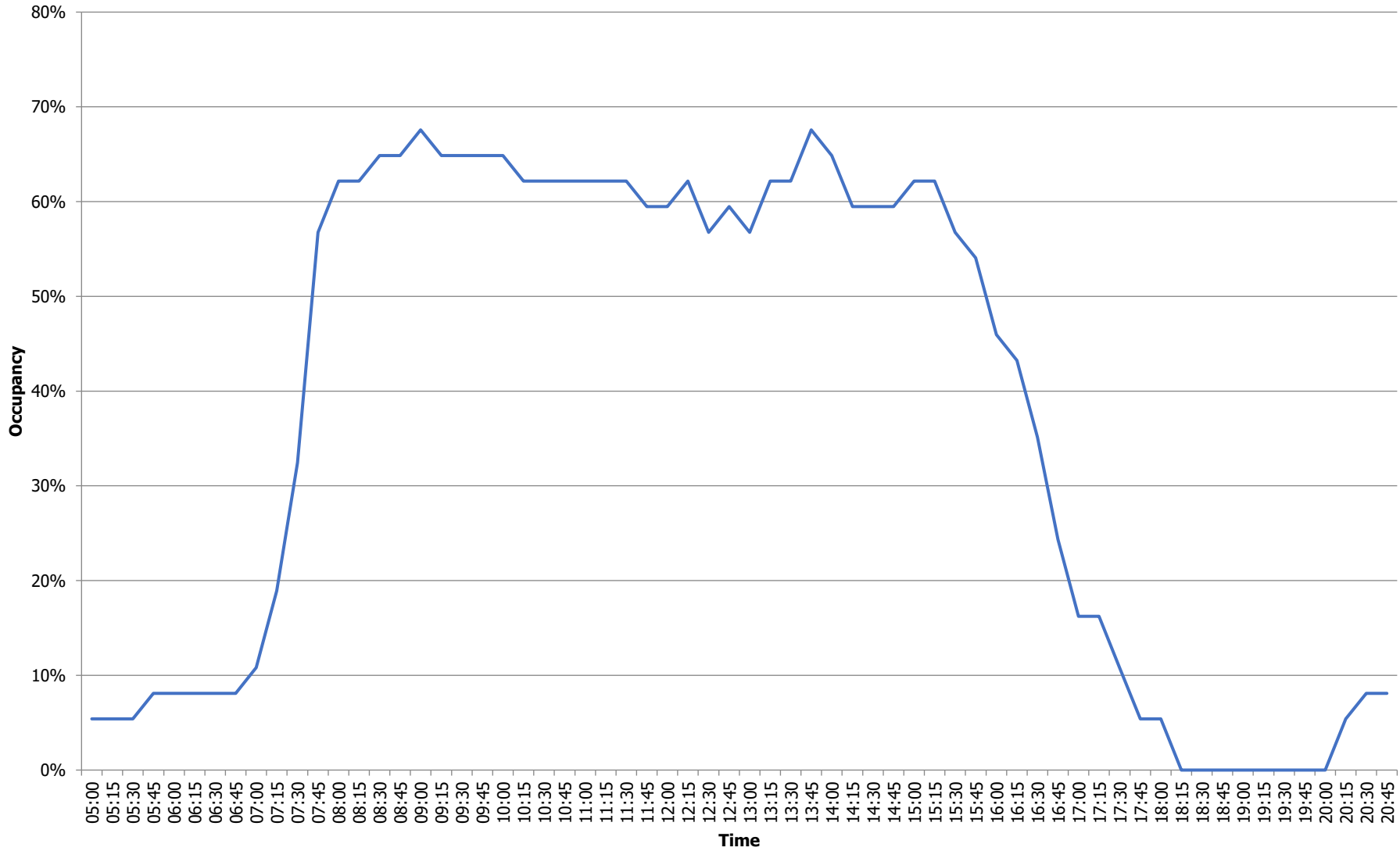
Car Park 6 - Occupancy Summary Graph



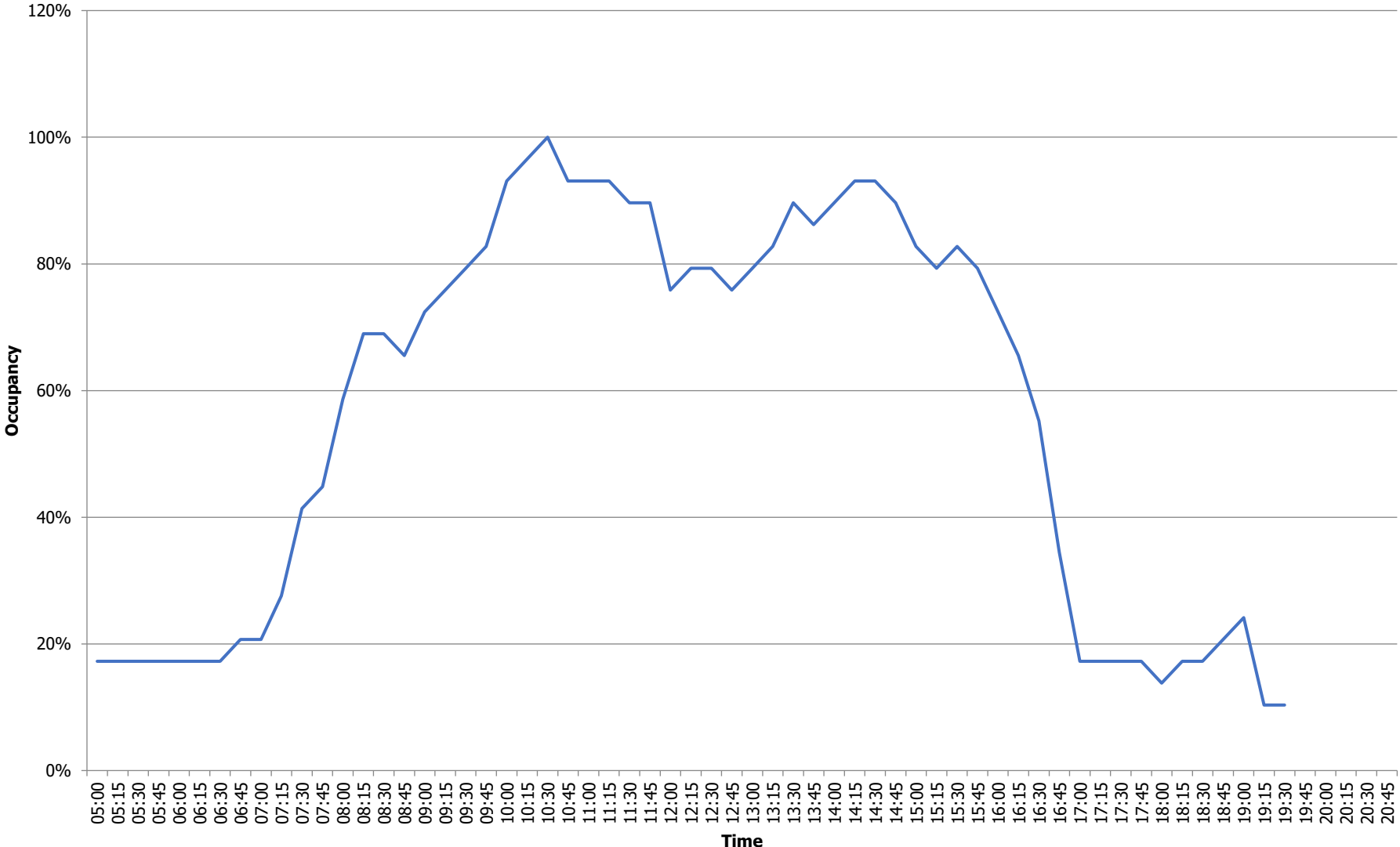
Car Park 7 - Occupancy Summary Graph



Car Park 8 - Occupancy Summary Graph

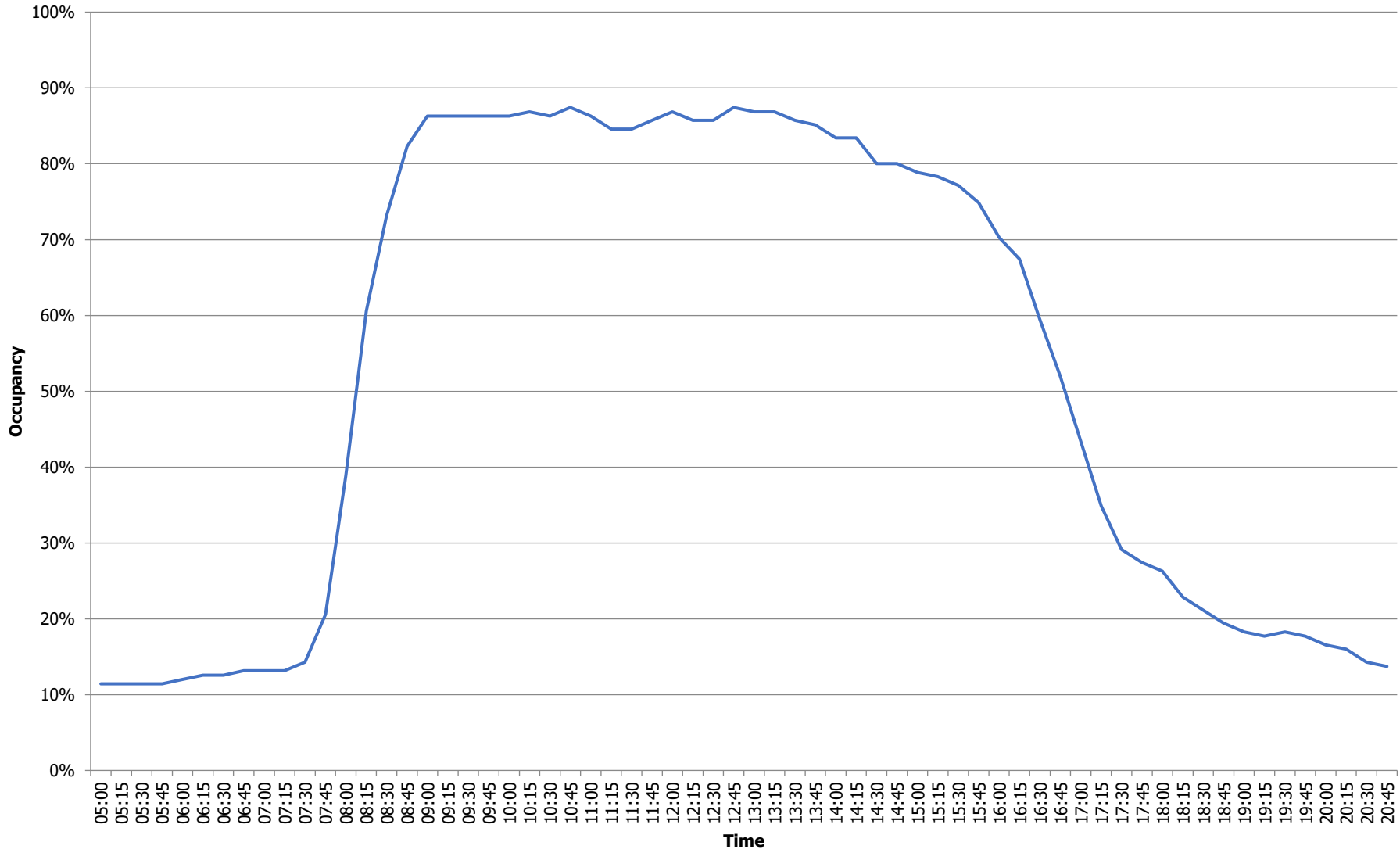


Car Park 9 - Occupancy Summary Graph

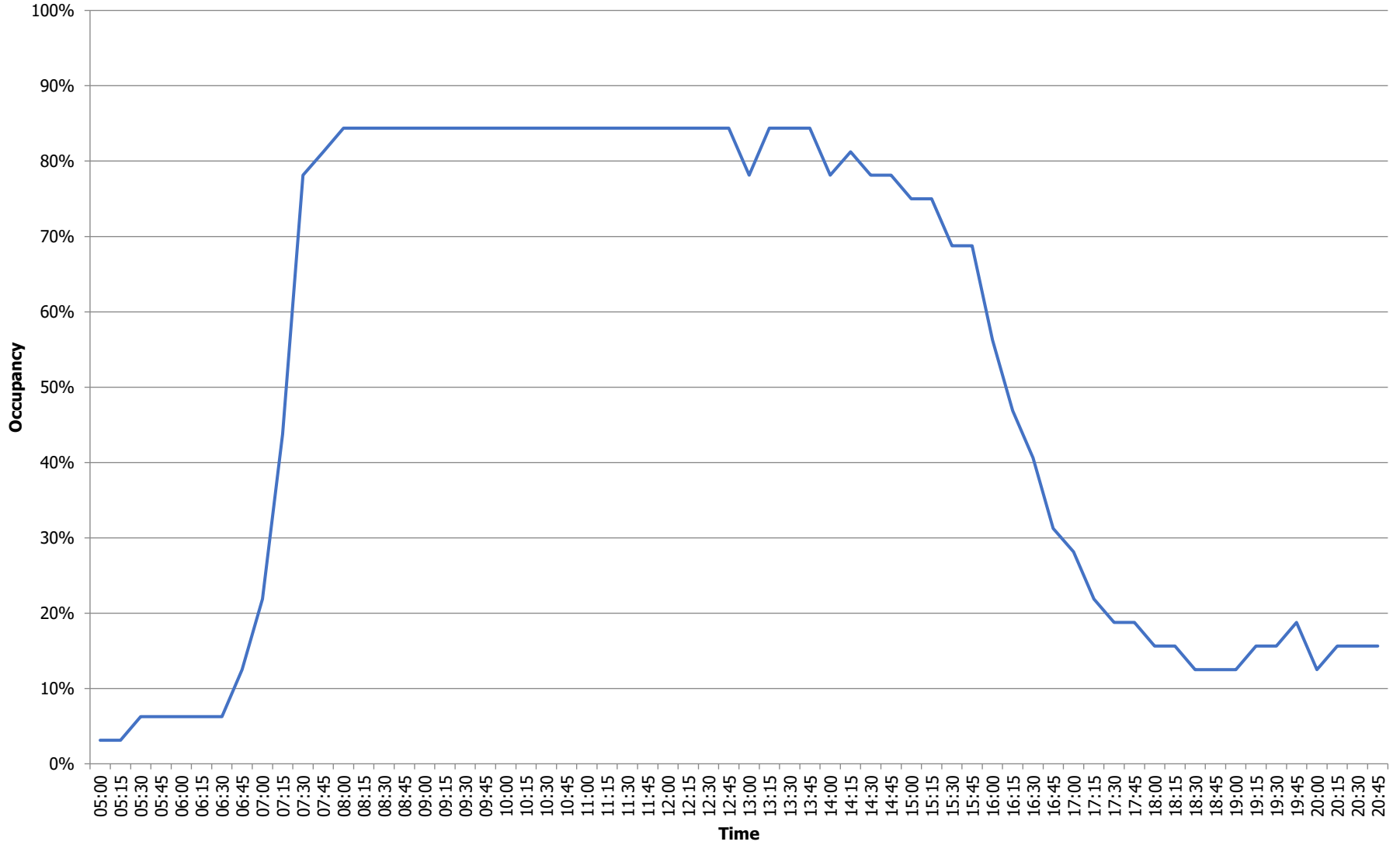


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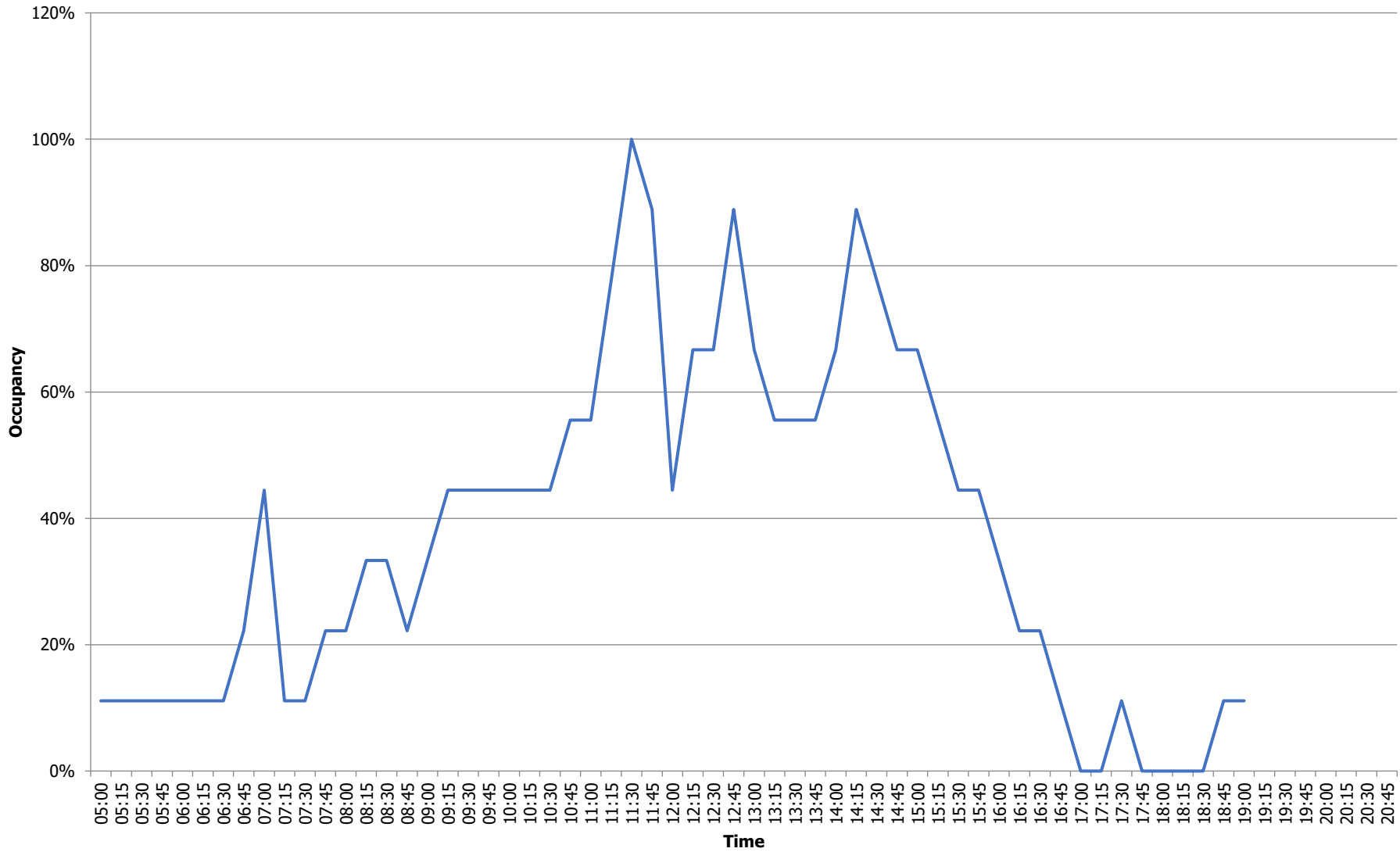
Car Park 10 - Occupancy Summary Graph



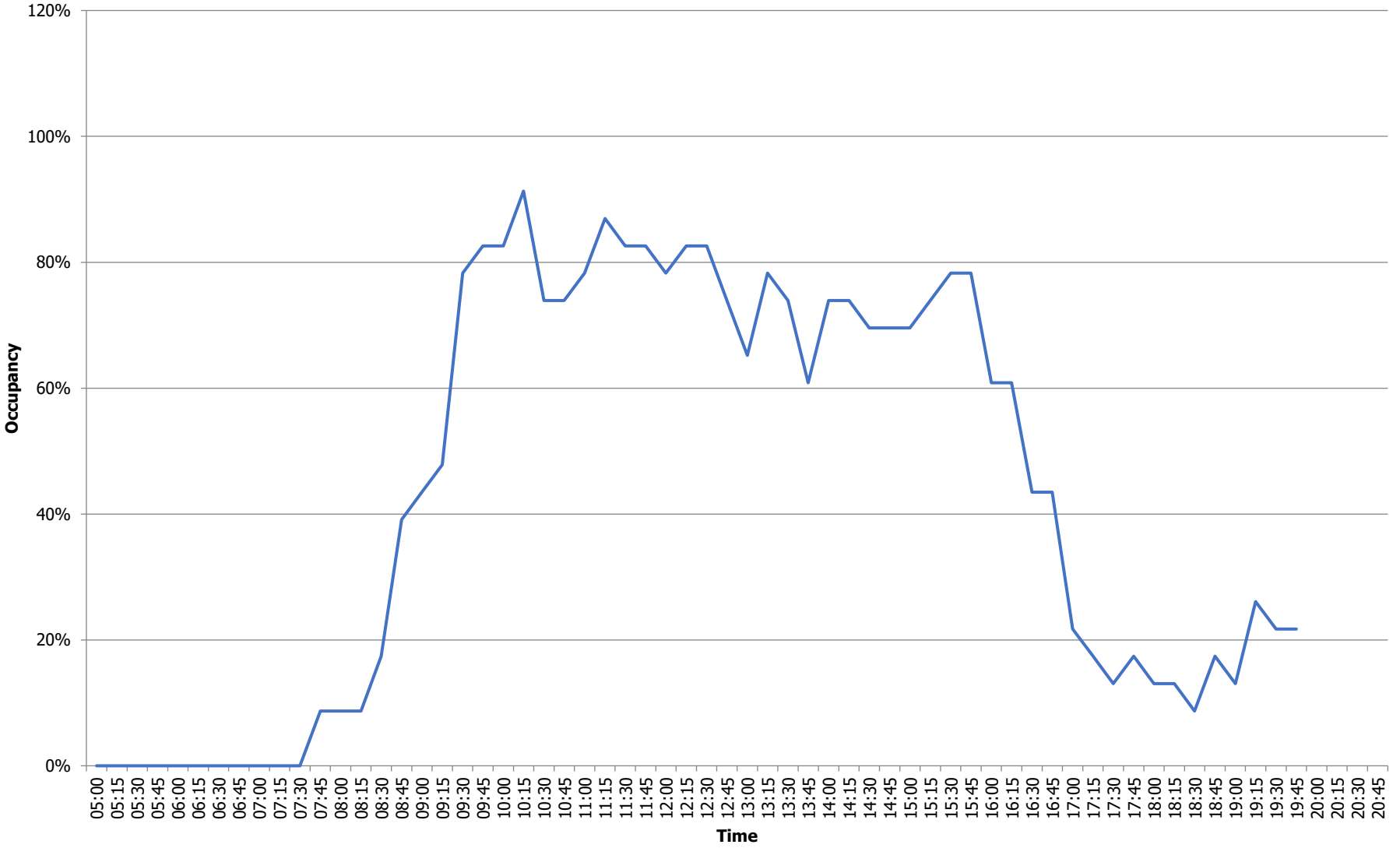
Car Park 11 - Occupancy Summary Graph



Renal Dialysis Unit - Occupancy Summary Graph



Woodlands: Occupancy Summary Graph



Appendix K. Hinchingsbrooke Hospital Kerbside Activity Map



156

Appendix L. Stamford and Rutland Hospital Car Park Survey Map



Main Visitor Car Park

Health Centre

BUPA Dental Centre

Rear of Hospital

Front of Hospital East

Front of Hospital Central

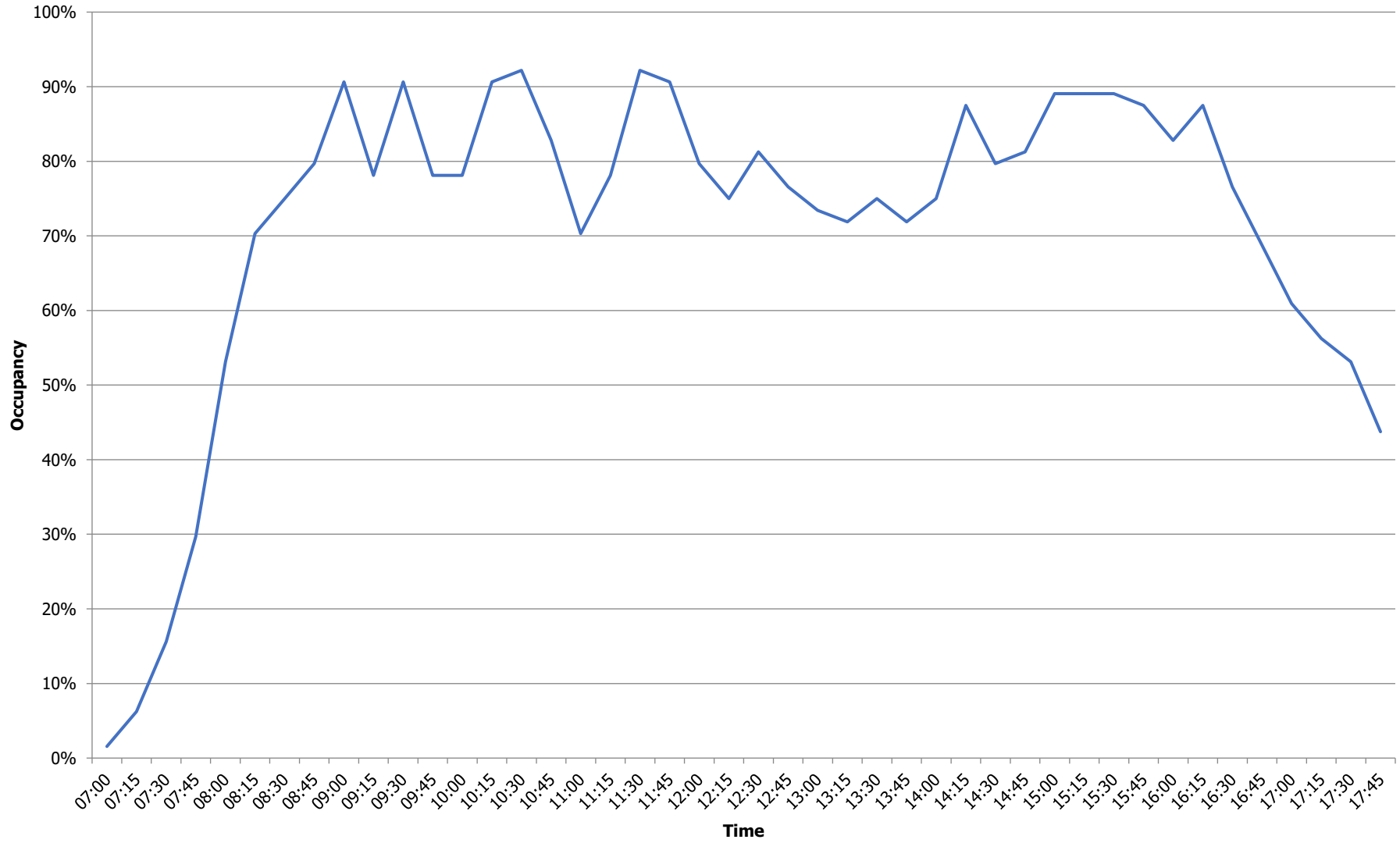
Front of Hospital West

© ESRI 2019

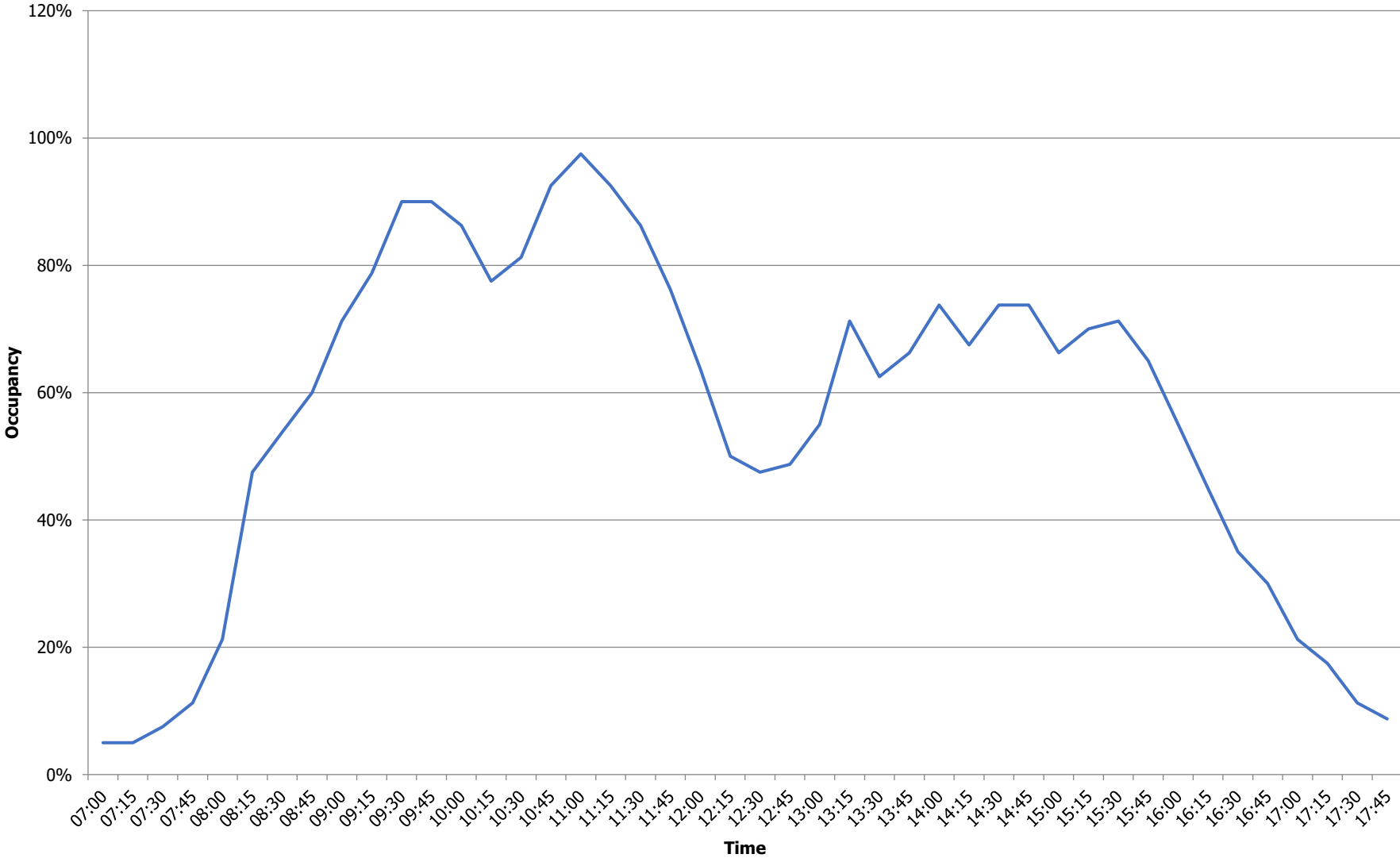
158

Appendix M. Stamford and Rutland Hospital Car Park Occupancy Graphs

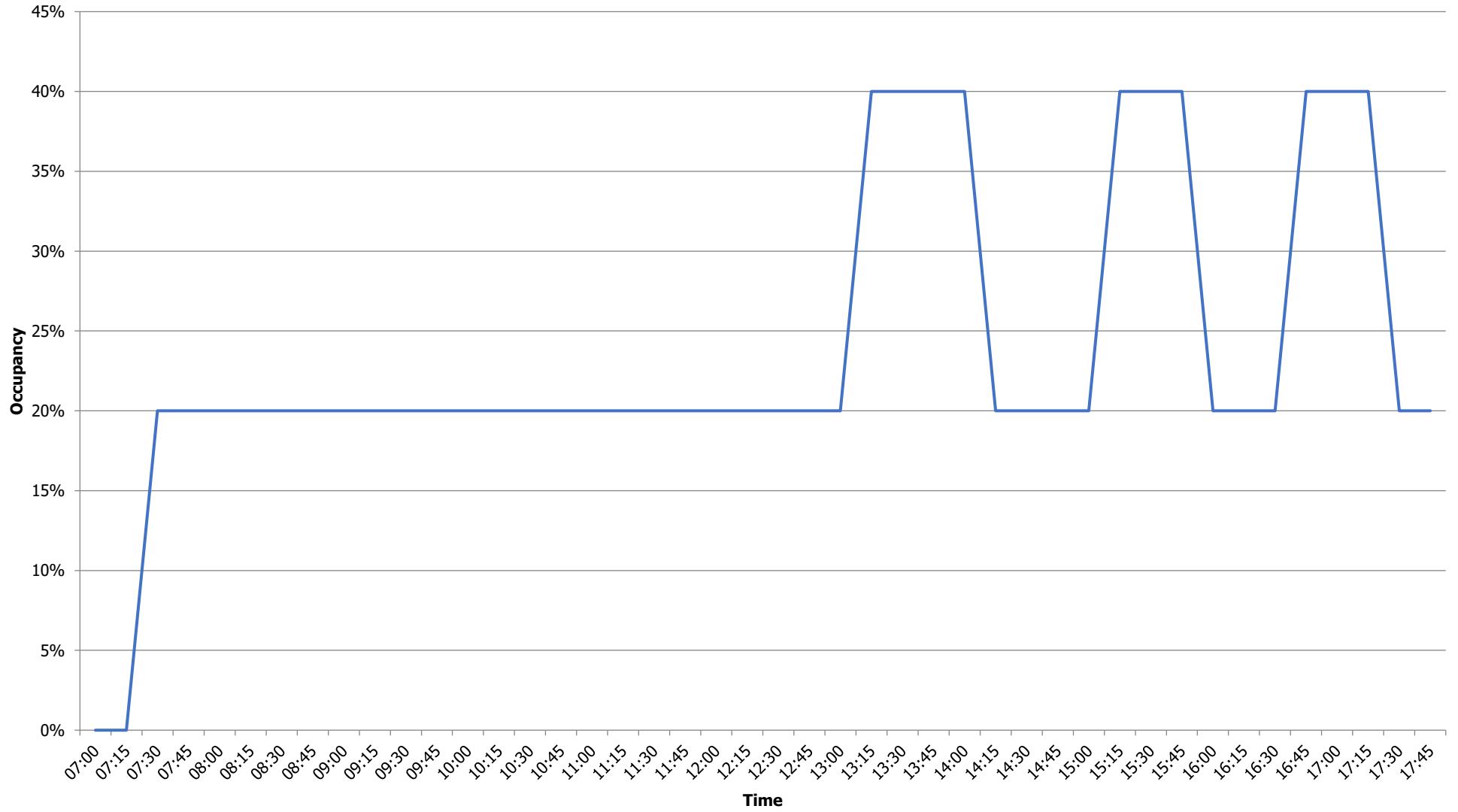
Health Centre: Occupancy Summary Graph

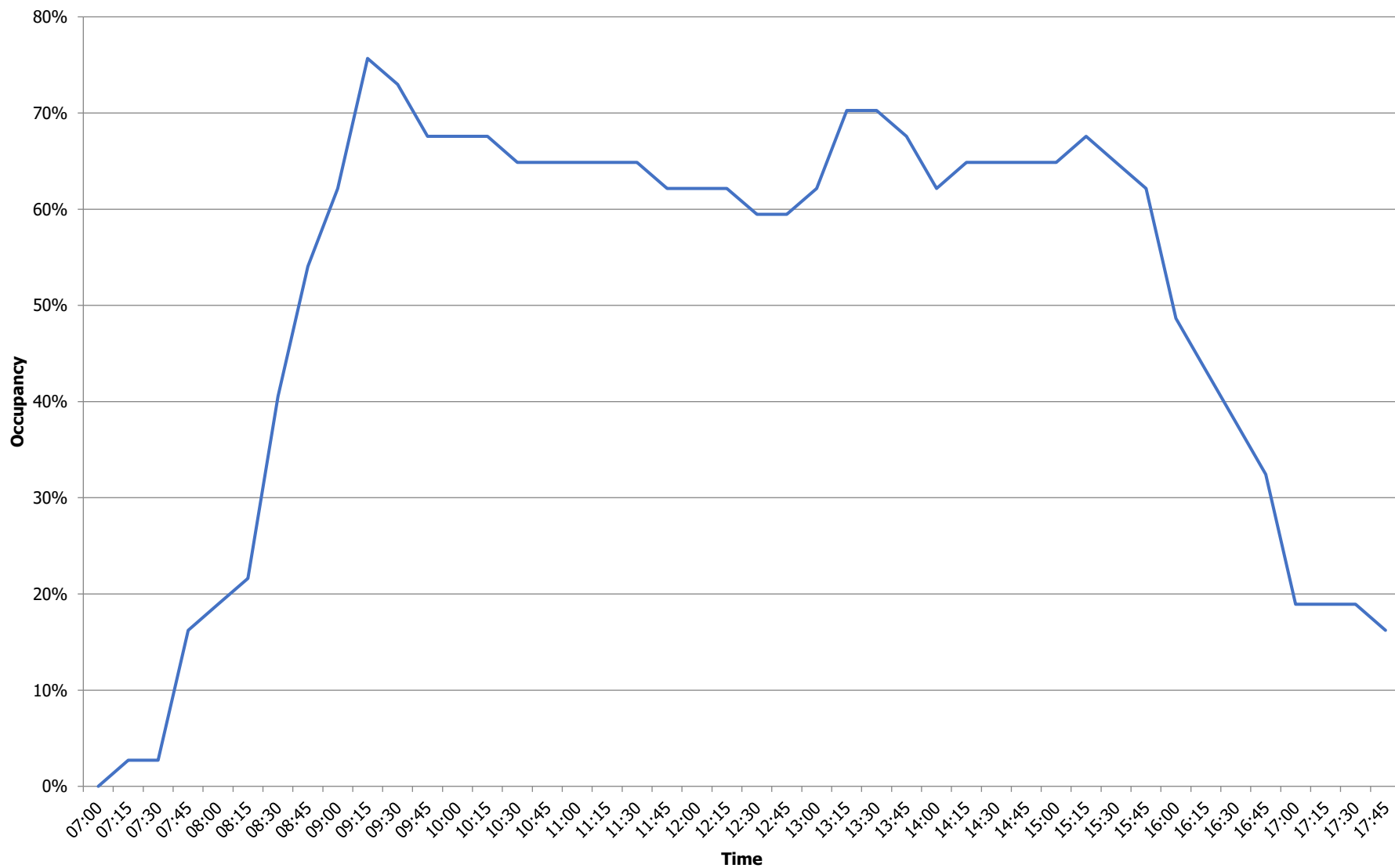


Main Visitor Car Park: Occupancy Summary Graph

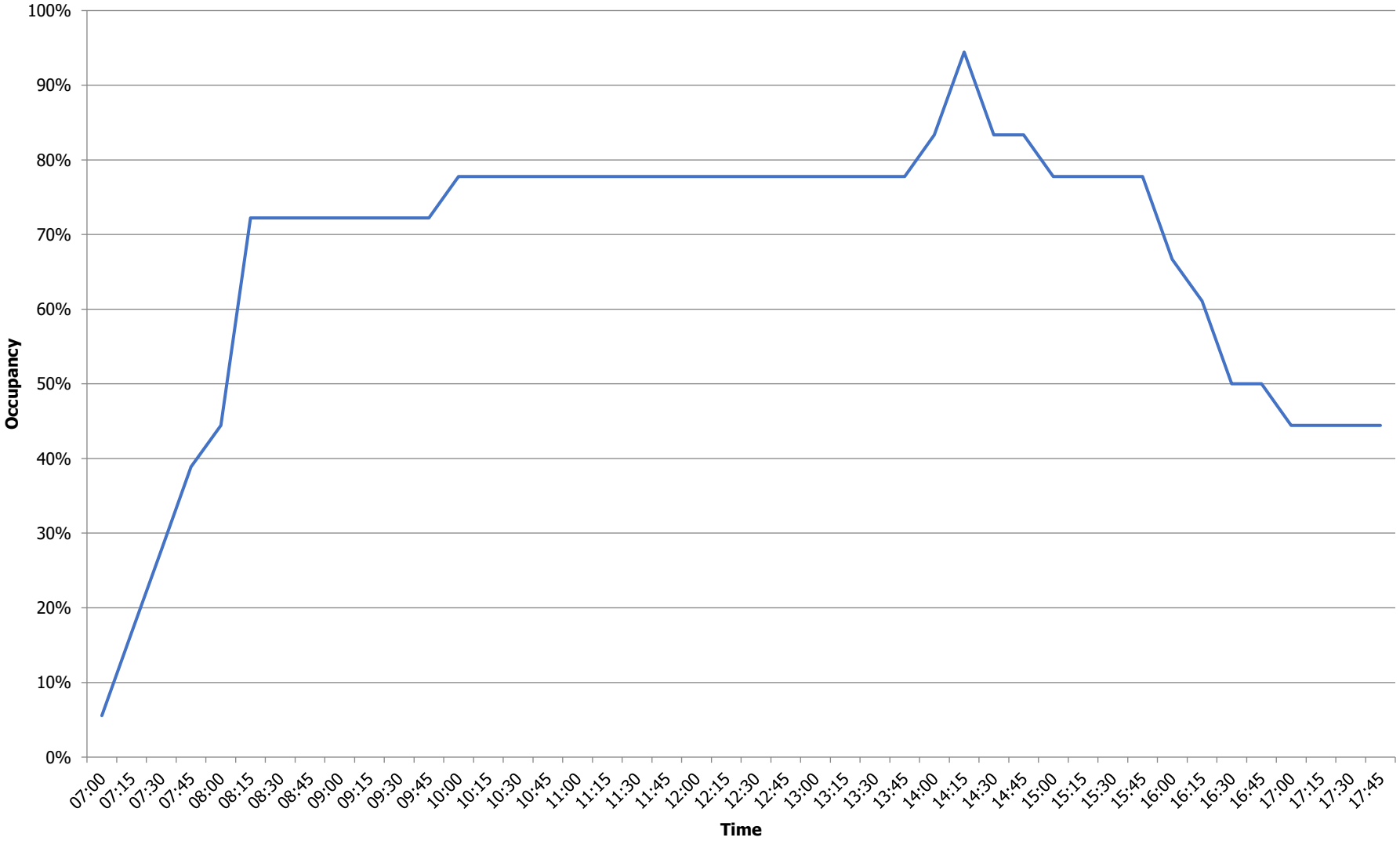


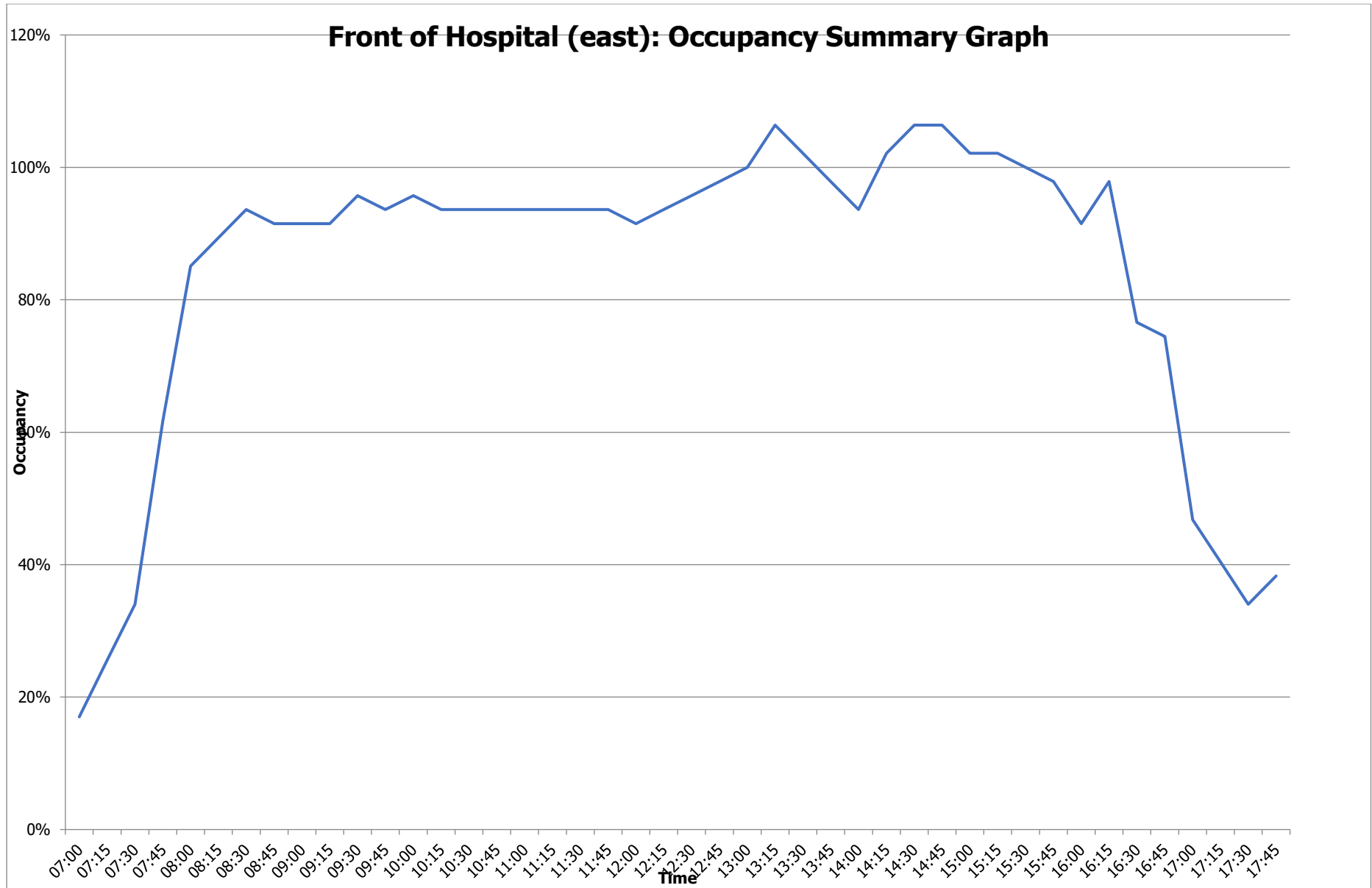
Rear of Hospital: Occupancy Summary Graph



Front of Hospital (west) Occupancy Summary Graph

Front of Hospital Central: Occupancy Summary Graph






















































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Appendix four - table 2 How people travelled to the ED at PCH on 29 January 2021. Between 9:00 and 12:30.

Time	Walked	Own Transport	Taxi	Bus	Ambulance	Time	Walked	Own Transport	Taxi	Bus	Ambulance
9:08						11:02					
9:31						11:20					
9:33						11:20					
9:35						11:26					
9:46						11:31					
9:49						11:35					
9:56						11:39					
10:02						11:46					
10:03						11:46					
10:04						11:51					
10:05						11:52					
10:06						11:54					
10:11						11:59					
10:17						12:02					
10:22						12:05					
10:25						12:06					
10:32						12:08					
10:33						12:13					
10:36						12:16					
10:38						12:19					
10:39						12:20					
10:41						12:23					
10:49						12:27					
10:53						12:27					
11:01											

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Appendix five - **Service specification for UTC**

The aims of the UTC are to:

- Play key role in the delivery of one simple, easily accessible urgent care pathway for patients in Peterborough.
- Reduce demand on acute emergency/ED services for minor injuries and ailments for patients in Peterborough.
- Actively market itself to patients, carers and members of the public as the most appropriate place to seek care and treatment for minor injuries and illness in the community.
- Work in partnership with all urgent care services (NHS 111, Adult Social Care emergency duty team, crisis intervention team and GP Out of Hours) to manage patients in the community and avoid unnecessary admissions and A&E attendances.

The UTC is a GP led service, under the clinical leadership of a GP, open for a minimum of 12 hours a day, seven days a week including bank holidays. The UTC will:

- provide both pre-booked same day and 'walk-in' appointments which can be booked by a single phone call to NHS111. Patients and the public should be actively encouraged to contact NHS 111 first whenever an urgent care need arises.
- Use streaming/navigation when patients present to ensure they are directed to the most appropriate service to meet their needs via 111, and that there is an effective and consistent approach to primary prioritisation of 'walk-in' and pre-booked appointments, and the allocation of pre-booked routine and same day appointment slots.
- see and treat patients who have a pre-booked appointment made by NHS111 within 30 minutes of their appointment time.
- deliver a clinical assessment within 15 minutes for patients who 'walk-in' to an UTC and following clinical assessment, patients will be given an appointment slot not more than two hours after the time of arrival. Patients should only be prioritised for treatment, over pre-booked appointments where this is clinically necessary.
- provide assessments by an appropriately trained, multidisciplinary staff (qualified and experienced specialist Emergency Practitioner or Medical practitioner) using accepted techniques in history-taking and clinical examination.
- ensure provision of suitable staffing to enable the requesting, taking and interpretation of x-rays, or have in place suitable arrangements which deliver the equivalent radiological services.
- treat adults and children of all ages who present with urgent minor injuries or illnesses who do not need the facilities and resources of an Accident and Emergency department.
- use a number of technical skills such as wound closure (including suturing), nail removal and incision and drainage of skin infections under local anesthetic, limb plastering and splinting and other dressing, bandaging and other associated techniques.
- refer those who require ED or primary care in line with their clinical need to those services. Where clinically appropriate, this may include arranging a patient's rapid transfer to specialist services on site at Peterborough City Hospital.
- protocols should be in place to manage critically ill and injured adults and children who arrive at an urgent treatment centre unexpectedly. A full resuscitation trolley and drugs, to include those items which the Resuscitation Council (UK) recommends as being immediately available in its guidance 'Quality Standards: Acute care equipment and drug lists'¹. At least one member of staff trained in adult and paediatric resuscitation should be always present in the UTC.

¹ <https://www.resus.org.uk/library/quality-standards-cpr/acute-care-equipment-and-drug-lists>

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HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
15 MARCH 2021	PUBLIC REPORT

Report of:	Cllr Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health	
Contact Officer(s):	Dr Liz Robin, Director Public Health	Tel. 01733 207175

**CABINET MEMBER FOR ADULT SOCIAL CARE, HEALTH AND PUBLIC HEALTH PORTFOLIO
PROGRESS REPORT INCLUDING MANAGING COVID-19 PUBLIC HEALTH UPDATE**

RECOMMENDATIONS	
FROM: Cllr Wayne Fitzgerald	
It is recommended that the Health Scrutiny Committee note and comment on the Portfolio Holder's Performance Report.	

1. ORIGIN OF REPORT

1.1 This report was requested by the Health Scrutiny Committee during planning of the Committee's annual work programme for 2020/21.

2. PURPOSE AND REASON FOR REPORT

2.1 This report provides an overview of the performance of the public health functions of the Council over the past year, including an update on the latest Covid-19 position and activity.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1. Public Health.

2.3 This report links to Corporate Priorities 6 and 7:

6. Keep all our communities safe, cohesive and healthy
7. Achieve the best health and wellbeing for the city

2.4 This report supports the Children in Care Pledge:

We will help encourage you to be **healthy**

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

4.1 In 2013 under the Health and Social Care Act (2012), upper tier local authorities were given a statutory duty to improve the health of their local population. The Councils' public health function supports this duty by:

- Providing public health system leadership, specialist advice and analysis, and practical support to the City Council and partner organisations, in order to improve the health and wellbeing of local communities.
- Commissioning and contract managing a range of public health programmes.

To maximise value for money and make best use of specialist staff, these functions are delivered by a joint public health directorate across Peterborough City Council and Cambridgeshire County Council. During 2020/21 the main focus of the Public Health Service in both Councils has been the response to the Covid-19 pandemic.

4.2 Public Health Funding

The majority of funding for the Council's public health functions comes from the national ring-fenced public health grant. The grant allocation to Peterborough City Council in 2020/21 is £11,124,105. This is an increase of £504,105 on the previous year's allocation in 2019/20, which is welcome following a series of reductions in the public health grant since 2014/15. However £308,000 of this increase is required to fund NHS Agenda for Change pay increases for public health commissioned services such as health visiting, school nursing and integrated contraception and sexual health services, which were previously funded by national government, which leaves a net increase to the grant of approximately £196,000.

Peterborough's ring-fenced public health grant allocation (originally based on historic funding transferred from the NHS) remains particularly low in relation to local levels of need, being at least 20% lower than target allocation, based on population size and public health needs.

During 2020/21 funding has been allocated to Peterborough City Council through the Test and Trace Grant and Contain Outbreak Management Fund, in order to deliver Covid-19 outbreak prevention and management. A detailed account of the allocation of this funding, which is overseen by the Health Protection Board chaired by the Director of Public Health, has been presented to the Local Outbreak Engagement Board meeting on March 2nd 2021.

4.3 Public health spend

In 2019/20, Peterborough City Council the ring-fenced public health grant on services as outlined in the table below:

Public health spend area	Forecast Spend £000
Children 0-5 Healthy child programme	4,074
Children 5-19 Healthy child programme	942
Sexual health	2,040
Substance misuse	2,214
Smoking and tobacco	295
Miscellaneous public health services	1,419

4.4 Delivery of commissioned public health services

Integrated Contraception and Sexual Health Services (iCASH)

iCASH services in Peterborough are commissioned from Cambridgeshire Community Services NHS Trust (CCS). In response to national directives related to COVID-19, the iCASH Service model changed and the service moved quickly to implement their Business Continuity Plans and identify the essential services.

During the earlier part of 2020/21, the service saw a decrease in activity due to the national Covid-19 measures in place, however many positive changes were introduced. These included:

- Continuation of the new telephone triage service which was established in Q1 to determine if intervention could be managed remotely or if a clinic visit was essential.
- For Long acting reversible contraception (LARC), the service continued to see women who were experiencing problems with devices in situ.
- Oral Contraception was supported remotely.
- HIV provision continued remotely.
- Express Test:
 - Opened up to include Peterborough
 - Moved to a symptomatic service (locally and nationally)
- Work was done with ChatHealth to support young people when the 'normal' mechanisms have not been in place.

From July 2020 the service re-introduced LARC.

iCaSH have maintained monthly meetings with commissioners to provide on updates on the service. Overall iCaSH continue to provide a good level of service to residents of Peterborough. Before the Covid-19 pandemic there was an intention to recommission the iCASH service as part of a joint integrated sexual and reproductive health service across Peterborough and Cambridgeshire, involving both Council and NHS commissioned services. Due to Covid-19 pressures, the decision has been taken to delay procurement and instead to use section 75 agreements, in order to progress the joint service.

Prevention of Sexual Ill Health

A new service to support vulnerable population groups at highest risk of poor sexual health, began on the 1st of October 2020. This is joint with Cambridgeshire and is led by the Terence Higgins Trust, working in partnership with other local voluntary sector groups. They have been affected by the range of changes and adaptations needed to deliver appropriate Covid-19 safe services during the pandemic. However, services have worked closely with the Council's public health commissioners and have adapted well.

Drug and alcohol services

Drug and alcohol services in Peterborough are commissioned from CGL (Aspire).

Overall, the Aspire service continues to perform well under challenging conditions. Successful completions are in the top quartile for 'opiates' and although there was a slight decline in Q2 this mirrored in the national trend. Successful completion rates for all other drug types are in the interquartile range and have increased in Q2.

CGL, in line with the rest of the sector, have prioritised harm reduction and stabilisation of clients, with reductions in detox medication ceasing. The service has focused on welfare checks with increased telephone contact with service users and the delivery of both structured and unstructured support groups online. Service users are being retained in the service rather than being completed. The benefits of the strong harm reduction approach are

- An increase in provision of safe storage boxes and Naloxone (penetration rates for opiate clients in receipt of naloxone were 67% in March 2020 and rose to 78% in Dec 2020).
- An increase in medical reviews

- Increased frequency of contacts with services users via phone and virtual methods during lockdown
- Reduced waiting times to initiate a new script
- Reduced numbers using street based drugs on top of prescribed medication

There has been a drop in Young People (YP) numbers in rolling numbers in treatment and the Qu 2 figures are lower than the Q2 position in 19/20. This is similar to the position in Cambridgeshire as the YP referral mechanisms have been significantly affected by Covid with school closures and professional contact points reduced.

Planned completions for YP continue to remain strong at 100% and all outcome (physical, psychological and substance use) measures are positive and in line with national rates.

Integrated Lifestyle Services

Integrated Lifestyle Services in Peterborough were commissioned from Solutions4Health until October 2020, and transferred to provider Everyone Health, following a procurement exercise.

The service was highly commended for their efficient and flexible response to the COVID-19 situation. All services where possible were delivered virtually.

The NHS Health Checks, Let's Get Moving and children's services were all stopped during Q1 but the Stop Smoking services, Weight Management services and Health trainer service continued to deliver. Delivery could resume for NHS Health Checks and Let's Get Moving in Q2 however there was a lack of availability of community venues for delivery and GP practices would not allow the team into the surgeries to deliver services.

The numbers starting treatment in weight management services are encouraging and these services have all been delivered via online platforms. In addition, the weight loss looks encouraging, however is self-reported so is not able to be validated.

Primary Care Services

Covid-19 has impacted on all services commissioned from GP practices in Peterborough including smoking cessation, long acting reversible contraception and health checks. This is the result of multiple factors including government directives, e.g. to cease health checks during wave one, competing pressures on GP practices during the pandemic, and the challenges of providing some of these services remotely. However support for successful smoking cessation was above the expected rate in Q2.

Healthy Child Services/

A single section 75 Agreement has been in effect as of 1st October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 service covering Cambridgeshire and Peterborough. A separate Delegation and Partnership agreement is in place delegating commissioning functions of the HCP by Peterborough City Council to Cambridgeshire County Council to enable this collaboration to work effectively. The existing arrangements are in place until 31st March 2024.

At the beginning of the pandemic the Healthy Child programme rapidly responded to the national guidance and amended its service delivery. Essential service delivery was maintained with families able to contact the service either by telephone or text messaging throughout. In terms of the clinical support available to families, all the 5 mandated contacts were maintained. the NHS.

In the 5-19 pathway the School nurses were also supported to consider and use their clinical judgement on the most appropriate mode of engaging with young people to address their health

needs. During this first national lock down many young people were not in education so in order to reach out to young people the service undertook a social media campaign to advertise Chathealth. During this time text messages received into the service from young people increased 3-fold.

The vision screening offer for year reception children was required to be paused at this point until an alternative delivery model could be considered and articulated. The service worked closely with the lead orthoptists and clinical experts to devise a parent led assessment and the offer of a follow up community clinic appointment to undertake the vision screening if indicated.

As the service became more aware of the increased level of vulnerability for the families across Cambridgeshire & Peterborough and the urgent requirements of amending service delivery due to the pandemic, one approach taken was to strengthen existing partnership relationships with a view to enable timely sharing of information and to update professionals regarding amended service delivery offers across the system. Monthly meetings were established with acute midwifery partners from all three providers; weekly meetings were established across health & children's social care and a similar forum set up with Child & Family centres and Early Help services.

During June-September 2020 the HCP continued with its blended approach to offering health support to children, young people and their families. As the pandemic progressed the service began to experience higher levels of parental anxiety. Telephone calls and text messages into the service began to rise and requests for support to new parents increased. There were increased requests to support with infant feeding issues; more requests for health assessment in young people; and support for families experiencing domestic abuse appeared to be on the increase. Nationally data began to emerge that due to parental pressures there was an increase in non-accidental injuries in babies. Whilst we had not seen this increase in Cambridgeshire and Peterborough the service did undertake an audit of all babies born during lockdown to ensure that an assessment had been undertaken of all infants. From the cohort of infants born during the Covid-19 period (16 March 2020 to 31 October 2020), only 9 babies out of a cohort of 5978 had not received a holistic Health Visitor assessment where the infant had been seen. The service has now contacted these families and assessed their health needs.

4.5 Public Health Partnership work

Much of the work carried out to address the Covid-19 pandemic has meant public health staff are working in close partnership with directorates across the Council, with external organisations, with employers, and with communities. However due to the pressure of the pandemic, some more formal elements of partnership work, such as the consultation on the joint Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy (2020-24) have been temporarily suspended.

4.6 Health Protection and Emergency Planning - Response to Covid-19

The key focus of the public health team during the past year has been the response to the Covid-19 pandemic. All public health staff have been involved in some way in this response and the majority of specialist public health capacity has been reallocated to it, in order to ensure that robust public health advice can be provided to a wide range of local organisations, and that outbreaks can be effectively prevented and managed.

The Local Outbreak Control Plan and Outbreak Management

There has been ongoing focus on implementation of the Local Outbreak Control Plan (LOCP), first published on 30th June, including joint work with the regional Public Health England Health Protection Team, Council Directorates and wider partners to directly manage local clusters and outbreaks.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

The public health led Surveillance Group meets daily to review the latest data from Public Health

England, NHS Test and Trace, the local NHS, and other relevant sources for Cambridgeshire and Peterborough. This information is summarised and passed on to the Outbreak Management Team which works closely with the Public Health England Health Protection Team to oversee the management of local clusters and outbreak of Covid-19, through the work of multi-agency 'cells'. These cells are:

- Care Home Cell
- Education Cell
- Workplace Cell
- Vulnerable Populations Cell
- NHS Healthcare arrangements.

The membership of each Cell includes the directorates and agencies relevant to prevent and control outbreaks in that area of work. For example the Care Home Cell includes CCG, Adult Social Care, Public Health and NHS Community Service representatives; while the Workplace Cell has strong input from City Council Environmental Health Officers, who can visit affected businesses and provide advice and monitoring of their infection control and other outbreak control measures. The Education Cell is chaired by the Director of Education and jointly staffed by the Education and Public Health directorates.

Governance

The overall implementation of the LOCP is overseen by the multi-agency Cambridgeshire & Peterborough Health Protection Board which meets weekly and is chaired by the Director of Public Health. This Board includes membership from Public Health England and has a strong focus on the local epidemiology of and trends for Covid-19, as well as current plans and actions to prevent and control outbreaks - in order to provide strategic leadership and planning for the future.

The Member-led Local Outbreak Engagement Board, jointly Chaired by Cllr John Holdich from Peterborough City Council and the Chair of the Cambridgeshire Health and Wellbeing Board, meets in public and provides political leadership and engagement with local residents for outbreak prevention, early identification and control. The meetings can be watched on YouTube on the Peterborough City Council YouTube page.

The Local Resilience Forum Strategic Co-ordination Group, co-chaired by Gillian Beasley and by Jan Thomas, the CCG Accountable Officer, plays an important role in supporting Covid-19 outbreak prevention and management through bringing together the resources of the wider public sector in Cambridgeshire and Peterborough, when the resources needed go beyond the scope of the Health Protection Board. A document describing the roles and responsibilities of a range of organisations involved in delivering the LOCP has been agreed through the LRF Strategic Co-ordination Group and published alongside our LOCP.

<https://www.peterborough.gov.uk/healthcare/public-health/coronavirus/coronavirus-covid-19-test-and-trace>

Enhanced contact tracing and Rapid Community Testing Services

As part of Covid-19 management, the Public Health Directorate has new operational delivery responsibilities - leading both the enhanced contact tracing service, which follows up people who have tested positive for Covid-19 who can't be effectively followed up by the national Test and Trace Service, and the recently introduced Community Rapid Testing Service. These services are both funded by the Contain Outbreak Management Fund. We expect further clarity on the future of these services when the updated Contain Framework is published by national government, and the expectation is that they will be in operation for a significant period.

Vaccination

Vaccination is a high priority, to help reduce the impact of Covid-19 and bring the pandemic under control. The Covid-19 vaccination programme is being managed nationally by the NHS, and co-

ordinated locally by the Cambridgeshire and Peterborough Clinical Commissioning Group. The City Council is playing an active role in communicating and engaging with all communities in order to promote vaccine uptake.

5. CONSULTATION

- 5.1 Engagement and consultation with stakeholders and service users is an ongoing process for commissioned public health services and has continued during this year as services have adapted to the pandemic.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

7. REASON FOR THE RECOMMENDATION

- 7.1 This paper enables the Health Scrutiny Committee to consider and comment on the delivery of the public health functions of Peterborough City Council and make appropriate recommendations.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's update report. However, the work of the Council's public health functions would not then have been submitted to the same level of democratic scrutiny in public.

9. IMPLICATIONS

Financial Implications

- 9.1 These are outlined in paragraphs 4.2 and 4.3

Legal Implications

- 9.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

Equalities Implications

- 9.3 There is a wider focus within public health services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

Rural Implications

- 9.4 The public health functions outlined should, where feasible, be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

Carbon Impact Assessment

- 9.5 Because this paper describes retrospectively the activities of public health services over 2020/21 and will not result in decisions about services or projects, the carbon impact will be neutral. However, the paper does outline progress in virtual delivery of some public health programmes which may have a beneficial impact on carbon in future.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information)

Act 1985

10.1 None

11, APPENDICES

11.1 An Appendix providing the latest Peterborough Epidemiology and Response for Covid-19 will be circulated shortly before the meeting in order to provide the most up to date information.

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
15 MARCH 2021	PUBLIC REPORT

Report of:	Director of Law and Governance	
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508

MONITORING SCRUTINY RECOMMENDATIONS
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R E C O M M E N D A T I O N S	
FROM: Director of Law and Governance	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report and provides feedback including whether further monitoring of each recommendation is required. 	

1. ORIGIN OF REPORT

1.1 The Health Scrutiny Committee agreed at a meeting held on 19 June 2017 that a report be provided at each meeting to note the outcome of any recommendations made at the previous meeting held thereby providing an opportunity for the Committee to request further monitoring of the recommendation should this be required.

2. PURPOSE AND REASON FOR REPORT

2.1 The report enables the Scrutiny Committee to monitor and track progress of recommendations made to the Executive or Officers at previous meetings.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. *Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:*

The Scrutiny Committees will:

- (a) *Review and scrutinise the Executive, Committee and officer decisions and performance in connection with the discharge of any of the Council's functions;*
- (b) *Review and scrutinise the Council's performance in meeting the aims of its policies and performance targets and/or particular service areas;*
- (c) *Question Members of the Executive, Committees and senior officers about their decisions and performance of the Council, both generally and in relation to particular decisions or projects;*
- (d) *Make recommendations to the Executive and the Council as a result of the scrutiny process.*

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND**

- 4.1 Appendix 1 of the report sets out the recommendations made to Cabinet Members or Officers at previous meetings of the Scrutiny Committee. It also contains summaries of any action taken by Cabinet Members or Officers in response to the recommendations.
- 4.2 The progress status for each recommendation is indicated and if the Scrutiny Committee confirms acceptance of the items marked as completed, they will be removed from the list. In cases where action on the recommendation is outstanding or the Committee does not accept the matter has been adequately completed it will be kept on the list and reported back to the next meeting of the Committee. It will remain on the list until such time as the Committee accepts the recommendation as completed.

5. **ANTICIPATED OUTCOMES OR IMPACT**

- 5.1 Timelier monitoring of recommendations made will assist the Scrutiny Committee in assessing the impact and consequence of the recommendations.

6. **REASON FOR THE RECOMMENDATION**

- 6.1 To assist the Committee in assessing the impact and consequence of recommendations made at previous meetings.

7. **BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 7.1 Minutes of meetings held on 5 November 2018, 18 September 2019, 7 January 2020, 20 May 2020, 3 November 2020

8. **APPENDICES**

- 8.1 Appendix 1 – Recommendations Monitoring Report

HEALTH SCRUTINY COMMITTEE

Updated: 5 March 2021

Outstanding recommendations from 2018/2019 and 2019/2020

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
5 November 2018	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group	PRIMARY CARE UPDATE PETERBOROUGH	The Health Scrutiny Committee RESOLVED to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.	At the Group Representatives meeting held on 18 January 2021 at which a representative of the CCG was in attendance it was agreed that a report to follow up on this recommendation would be presented to the Committee in the new municipal year.	Ongoing Item to be added to the 2021/2022 work programme.

18 September 2019	Director of Public Health	BEST START IN LIFE STRATEGY AND CHILDREN'S PUBLIC HEALTH SERVICES	The Health Scrutiny Committee RECOMMENDED that a letter be sent to the Local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough.	Dr Robin provided a verbal update at the meeting on 12 January 2021 as follows: Update: Discussions had taken place and the focus now was on lobbying for the overall funding for Peterborough part of which was the Public Health Grant rather than writing a separate letter to MP's to lobby for the Public Health Grant. This recommendation had therefore been completed. Dr Robin to provide an update on the funding at the March meeting if information available.	Complete
7 January 2020	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group / Chief Executive, North West Anglia NHS Foundation Trust	NORTH WEST ANGLIA NHS FOUNDATION TRUST - WINTER PREPARATIONS 19/20	The Health Scrutiny Committee considered the report and RECOMMENDED that the pilot scheme currently being used at Hinchingsbrooke Hospital was progressed further and implemented at Peterborough City Hospital.	The Committee received a report on the outcome of the consultation regarding the relocation of the Urgent Treatment Centre and GP Out of Hours Service at a meeting on 12 January 2021.	Complete
7 January 2020	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning	NORTH WEST ANGLIA NHS FOUNDATION TRUST FINANCIAL UPDATE	The Health Scrutiny Committee considered the report and RECOMMENDED that a report be presented to the Committee in the next	Report was presented to the Committee at its meeting on 3 November 2020.	Complete

	Group / Chief Executive, North West Anglia NHS Foundation Trust		Municipal Year on public transport access at the hospital and the progress made on the green transport plan.		
7 January 2020	Director of Public Health / Chairman of Health Scrutiny Committee	UPDATE ON QUALITY IN PRIMARY CARE SERVICES	It is RECOMMENDED that the Committee write to the Health Secretary and the local MP's outlining concerns that the national contract for GP surgeries was not specific enough. The letter to include specific examples of inconsistencies within the system, including the 8 o'clock appointment system.	Dr Robin provided a verbal update at the meeting on 12 January 2021 as follows: A letter had been sent but a response had not yet been received.	Ongoing.

RECOMMENDATION MONITORING REPORT 2020/21

HEALTH SCRUTINY COMMITTEE

Meeting date Recommendations Made	Portfolio Holder / Directorate Responsible	Agenda Item Title	Recommendation Made	Action Taken	Progress Status
20 May 2020 Joint Scrutiny Meeting – Response to COVID-19	Cllr Fitzgerald, Cabinet Member for Adult Social Care, Health & Public Health / Dr Liz Robin, Director of Public Health	Peterborough City Council’s Response to COVID-19	It is RECOMMENDED that the Director of Public Health explore the option of Peterborough joining the Department of Health’s pilot study of mass testing for COVID 19	Dr Robin provided a verbal update at the meeting on 12 January 2021 as follows: Update: This had moved forward with the use of lateral flow tests now being developed. There had been no further communication from the University of East Anglia inviting Peterborough to take part in the study.	Ongoing

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
15 MARCH 2021	PUBLIC REPORT

Report of:	Fiona McMillan, Director of Law and Governance		
Cabinet Member(s) responsible:	Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation		
Contact Officer(s):	Paulina Ford, Senior Democratic Services Officer	Tel. 01733 452508	

FORWARD PLAN OF EXECUTIVE DECISIONS

R E C O M M E N D A T I O N S	
FROM: Senior Democratic Services Officer	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> 1. Considers the current Forward Plan of Executive Decisions and identifies any relevant items for inclusion within their work programme or request further information. 	

1. ORIGIN OF REPORT

- 1.1 The report is presented to the Committee in accordance with the Terms of Reference as set out in section 2.2 of the report.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This is a regular report to the Health Scrutiny Committee outlining the content of the Forward Plan of Executive Decisions.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3:

The Scrutiny Committees will:

- (f) Hold the Executive to account for the discharge of functions in the following ways:
 - ii) By scrutinising Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions.

3. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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4. BACKGROUND AND KEY ISSUES

- 4.1 The latest version of the Forward Plan of Executive Decisions is attached at Appendix 1. The Forward Plan contains those Executive Decisions which the Leader of the Council believes that the Cabinet or individual Cabinet Member(s) can take and any new key decisions to be taken

after 29 March 2021.

4.2 The information in the Forward Plan of Executive Decisions provides the Committee with the opportunity of considering whether it wishes to seek to influence any of these executive decisions, or to request further information.

4.3 If the Committee wished to examine any of the executive decisions, consideration would need to be given as to how this could be accommodated within the work programme.

4.4 As the Forward Plan is published fortnightly any version of the Forward Plan published after dispatch of this agenda will be tabled at the meeting.

5. CONSULTATION

5.1 Details of any consultation on individual decisions are contained within the Forward Plan of Executive Decisions.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 After consideration of the Forward Plan of Executive Decisions the Committee may request further information on any Executive Decision that falls within the remit of the Committee.

7. REASON FOR THE RECOMMENDATION

7.1 The report presented allows the Committee to fulfil the requirement to scrutinise Key Decisions which the Executive is planning to take, as set out in the Forward Plan of Executive Decisions in accordance with their terms of reference as set out in Part 3, Section 4 - Overview and Scrutiny Functions, paragraph 3.3.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 N/A

9. IMPLICATIONS

Financial Implications

9.1 N/A

Legal Implications

9.2 N/A

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 None

11. APPENDICES

11.1 Appendix 1 – Forward Plan of Executive Decisions

PETERBOROUGH CITY COUNCIL'S FORWARD PLAN OF EXECUTIVE DECISIONS

PUBLISHED: 26 FEBRUARY 2021

FORWARD PLAN

PART 1 – KEY DECISIONS

In the period commencing 28 clear days after the date of publication of this Plan, Peterborough City Council's Executive intends to take 'key decisions' on the issues set out below in **Part 1**. Key decisions relate to those executive decisions which are likely to result in the Council spending or saving money in excess of £500,000 and/or have a significant impact on two or more wards in Peterborough.

If the decision is to be taken by an individual Cabinet Member, the name of the Cabinet Member is shown against the decision, in addition to details of the Councillor's portfolio. If the decision is to be taken by the Cabinet, this too is shown against the decision and its members are as listed below:

Cllr Holdich (Leader); Cllr Fitzgerald (Deputy Leader); Cllr Ayres; Cllr Cereste; Cllr Hiller; Cllr Seaton; Cllr Walsh; Cllr Allen and Cllr Farooq.

This Plan should be seen as an outline of the proposed decisions for the forthcoming month and it will be updated on a fortnightly basis to reflect new key-decisions. Each new Plan supersedes the previous Plan and items may be carried over into forthcoming Plans. Any questions on specific issues included on the Plan should be included on the form which appears at the back of the Plan and submitted to philippa.turvey@peterborough.gov.uk, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388039). Alternatively, you can submit your views via e-mail to or by telephone on 01733 452460. For each decision a public report will be available from the Democratic Services Team one week before the decision is taken.

PART 2 – NOTICE OF INTENTION TO TAKE DECISION IN PRIVATE

Whilst the majority of the Executive's business at the Cabinet meetings listed in this Plan will be open to the public and media organisations to attend, there will be some business to be considered that contains, for example, confidential, commercially sensitive or personal information. In these circumstances the meeting may be held in private, and on the rare occasion this applies, notice will be given within **Part 2** of this document, 'notice of intention to hold meeting in private'. A further formal notice of the intention to hold the meeting, or part of it, in private, will also be given 28 clear days in advance of any private meeting in accordance with The Local Authorities (Executive Arrangements) Meetings and Access to Information) (England) Regulations 2012.

The Council invites members of the public to attend any of the meetings at which these decisions will be discussed (unless a notice of intention to hold the meeting in private has been given).

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

For complete transparency relating to the work of the Executive, this Plan also includes an overview of non-key decisions to be taken by the Cabinet or individual Cabinet Members, these decisions are listed at **Part 3** and will be updated on a weekly basis.

You are entitled to view any documents listed on the Plan, or obtain extracts from any documents listed or subsequently submitted to the decision maker prior to the decision being made, subject to any restrictions on disclosure. There is no charge for viewing the documents, although charges may be made for photocopying or postage. Documents listed on the notice and relevant documents subsequently being submitted can be requested from Philippa Turvey, Democratic and Constitutional Services Manager, Legal and Governance Department, Town Hall, Bridge Street, PE1 1HG (fax 08702 388038), e-mail to philippa.turvey@peterborough.gov.uk or by telephone on 01733 452460.

All decisions will be posted on the Council's website: www.peterborough.gov.uk/executivedecisions. If you wish to make comments or representations regarding the 'key decisions' outlined in this Plan, please submit them to the Democratic and Constitutional Services Manager using the form attached. For your information, the contact details for the Council's various service departments are incorporated within this Plan.

PART 1 – FORWARD PLAN OF KEY DECISIONS

KEY DECISIONS FROM 29 MARCH 2021

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
Security Services Contract - KEY/29MAR21/01 Approval to enter into contract for the delivery of security services across the council estate	Councillor Seaton, Cabinet Member for Finance	April 2021	Growth, Environment and Resources Scrutiny Committee	All	Relevant internal and external stakeholders	Stuart Macdonald Property Manager Tel: 07715 802 489 Email: stuart.macdonald@peterboorugh.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>Approval for application of Government funding for a heat network - KEY/29MAR21/02</p> <p>The Peterborough Integrated Renewables Infrastructure (PIRI) is designing a low carbon heat network for Peterborough. In order to develop the designs an application for Government Grant funding will be required and this decision is to provide approval for that application.</p>	<p>Councillor Marco Cereste, Cabinet Member for Waste, Street Scene and Environment</p>	<p>June 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation have been undertaken with the engaged advisors</p>	<p>Elliot Smith - Commercial Manager; Energy, Infrastructure and Regeneration. Tel: 07506536565 Email; elliot.smith@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>A605 Whittlesey Access Phase 2 – KEY/29MAR21/03 The Council, in conjunction with the Cambridgeshire and Peterborough Combined Authority, is currently constructing a highway scheme at the above location. Unforeseen factors have led to an increased budget forecast from £5m to up to £5.5m. This decision seeks approval to enable this additional expenditure which it is anticipated will be met, in part, by the CPCA.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>April 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South</p>	<p>Ongoing consultation and engagement continues with relevant stakeholders</p>	<p>Martin Brooker, District Highway Maintenance Manager (Fenland & Peterborough), martin.brooker@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>Two CMDN's have already been taken for this. They will be referred to in this CMDN</p>
<p>Disposal of the former Fletton Pupil Referral Unit – KEY/29MAR21/04 Authority to dispose of a surplus property</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stanground</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation with the Department for Education has taken place.</p>	<p>Tristram Hill, ,07849 079787, tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PREVIOUSLY ADVERTISED KEY DECISIONS

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>1. Disposal of freehold in Centre of the City - KEY/12JUN18/01 To delegate authority to the Corporate Director of Growth and Regeneration to sell the property</p>	<p>Councillor Seaton, Cabinet Member for Finance</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@pe terborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION
<p>2. To approve the awarding of contracts to external providers following a competitive tender exercise led by Cambridgeshire County Council - KEY/25JUNE18/02 Cambridgeshire County has recently conducted a tendering exercise to establish a Dynamic Purchasing System for the provision Supported Living Services for Adults with a Learning Disability (Reference number: DN311905). Peterborough City Council is the named authority under this arrangement and would want to commission care and support packages (call-off).</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>March 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p> <p>Relevant consultations has been carried out with the service users, family carers, Health colleagues and care and support providers across Cambridgeshire and Peterborough.</p>	<p>Cris Green, Commissioner for Learning Disabilities & Autism, 0793261226 6419, cris.green@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>3. Adoption of the “Dynamic Purchasing System” (DPS) procedure for Public Health contracts with Primary Care providers – KEY/10DEC18/01 To seek the approval to adopt the “Dynamic Purchasing System” (DPS) procedure for contracts with Primary Care providers for the duration of up to five years. The proposals have been approved by the Cambridgeshire and Peterborough Joint Commissioning Board.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health & Public Health</p>	<p>March 2021</p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Val Thomas, Consultant in Public Health Val.Thomas@cambridge-shire.gov.uk 01223 703264/ 07884 183374</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
195	<p>4. Vehicle removal for Parking contravention – KEY/15APR19/02 To ask the Cabinet Member to approve the policy to implement a scheme to remove vehicles of persistent offenders in breach of parking restrictions in the City and to appoint the Local Authority Trading Company to act as the authorised agent of the policy.</p>	<p>Councillor Walsh, Cabinet Member for Communities</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Details of any consultation to be decided.</p> <p>Relevant internal and external stakeholders.</p>	<p>Adam Payton, PES Senior Officer, Parking Lead, 01733 452314 adam.payton@peterborough.gov.uk</p>	<p>Prevention and Enforcement Service Vehicle Removal For Parking Contraventions Policy and Guidance</p>
	<p>5. Contract for remedial works by PCC to the Stanground Bypass – KEY/2SEP19/02 To approve works to the Stanground bypass and authorise the associated package of work to be issued to Skanska Construction UK Limited under the Council's existing agreement with SKANSKA dated 18th September 2013 (the Highways Services Agreement).</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Stanground South and Hargate and Hempsted</p>	<p>Relevant internal and external stakeholders</p> <p>Standard consultation for highway schemes.</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, charlotte.palmer@peterborough.gov.uk</p>	<p>To be determined.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
196	<p>6. Approval of funding for the provision of accommodation to reduce homelessness KEY/14OCT19/01 – Following Cabinet Decision JAN18/CAB/18 this is a new project to increase the supply of housing and address the demand for accommodation resulting from the increase in homelessness.</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Relevant internal and external stakeholders.</p> <p>The issues associated with homelessness in Peterborough have been subject to significant discussion in various forums, including the Council's Adults and Communities Scrutiny, Cabinet and Full Council</p>	<p>Peter Carpenter, Acting Corporate Director of Resources Email: peter.carpenter@peterborough.gov.uk Tel: 01733 452520</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published. The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>7. Disposal of land at 7-23 London Road, Peterborough - KEY/06JAN20/01 Approval to dispose of surplus land to a registered provider for redevelopment to social housing The disposal will be conditional on a successful planning consent; the application has yet to be made.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>There will be an exempt annex with details of the commercial transaction.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER	
<p>8.</p> <p style="text-align: center;">198</p>	<p>The disposal of former playing fields at Angus Court, Westtown, Peterborough - KEY/06JAN20/02 Approval to dispose of former playing fields and Angus Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>West</p>	<p>A number of consultation events for local residents have been held for both the proposed disposal of land at Angus Court and the creation of new facilities at Thorpe Lea Meadows. Planning approval was secured for the new facilities at Thorpe Lea Meadows. These works are now completed. Consultation and information events to discuss the Council's plans to dispose of land at Angus Court and the creation of a new public play area, were held at West Town Academy took place on 1 November 2018 and 7 March 2019</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>9. Approval for Framework for Early Intervention and Prevention Services KEY/27APR20/02 - Approval for Pseudo Framework for the commissioning of Early Intervention and Prevention Services in Peterborough</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>March 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Sarah Bye, Senior Commissioner for Early Intervention and Prevention. Email: sarah.bye@camb ridgeshire.gov.uk Tel: 07468 718793</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>10. Re-implementation of the Millfield, New England, Eastfield and Embankment Public Space Protection Order – KEY/11MAY20/01 The current PSPO for Millfield, New England, Eastfield and Embankment expires in July 2020. Orders can be extended for a further 3 years provided that they are reviewed and extended prior to the order expiring. This decision request will consider the enforcement levels of the current order carried out in the last 3 years, current crime and anti-social behaviour levels for the order area and the outcomes of the consultation with the public and interested parties.</p>	<p>Councillor Irene Walsh, Cabinet Member for Communities</p>	<p>March 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>Central , North, Park and East Wards</p>	<p>Relevant internal and external stakeholders.</p> <p>A consultation will be carried out with the Police & Crime Commissioner, Chief Constable, Ward Councillors, Key Interested Parties directly. A 28 day public consultation will be made available to the public and all other interested parties online on the council's website, with hard copies available on request.</p>	<p>Laura Kelsey, Senior Problem Solving Officer, T: 01733 453563 laura.kelsey@pet erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
11.	<p>Award of Community Alarm (Lifeline) Contract to commence 1/4/2021 – KEY/8JUN20/01</p> <p>Award of Lifeline contract to successful bidder following formal procurement process.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>March 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards.</p>	<p>Relevant internal and external stakeholders.</p> <p>Public consultation through PCC medium term financial strategy 2020-21</p>	<p>Diana Mackay, Commissioner. diana.mackay@cambridgeshire.gov.uk, 07879 430819</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
12. 200	<p>Acquisition of a freehold commercial property in Peterborough City Centre – KEY/8JUN20/03 - Acquisition of a freehold property for a community hub.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Relevant internal and external stakeholders.</p>	<p>Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@peterborough.gov</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

KEY DECISION REQUIRED		DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
13.	<p>Disposal of Whitworth Mill – KEY/28SEP20/02</p> <p>The decision concerns a proposal to sell Whitworth Mill to an under bidder following the withdrawal of the previous bidder.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stangr ound</p>	<p>Relevant internal and external stakeholders.</p> <p>The proposal to dispose of the property was subject to an open market bidding process from November 2019 to January 2020</p>	<p>Dave Anderson Interim Development Director Tel: 07810 839657 Email: Dave.Anderson@peterborough.gov.uk</p>	<p>Property Agents report</p>

KEY DECISION REQUIRED	DECISION MAKER	DATE DECISION EXPECTED	RELEVANT SCRUTINY COMMITTEE	WARD	CONSULTATION	CONTACT DETAILS / REPORT AUTHORS	DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER
<p>14. Proposed transfer of the management for the Energy Hub from the CPCA to PCC – KEY/28SEP20/03 The Energy Hub is one of five hubs created and funded by Central Government, which aims to advance new energy schemes, energy saving programmes, carbon reduction and promote renewables. One of the partners of the Hub is required to act as the coordinating and employing organisation. Until now this has been the CPCA, but subject to agreeing suitable terms it is intended that this role will pass to PCC.</p>	<p>Councillor Marco Cereste , Cabinet Member for Waste, Street Scene and the Environment</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Elliot Smith, Commercial Manager - Smart Energy, Infrastructure and Regeneration, elliott.smith@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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203	<p>15. Sale of the freehold of the London Road Stadium and the Allia Business Centre – KEY/12OCT20/01 Sale of the freehold of the London Road Stadium and the Allia Business Centre</p>	<p>Councillor David Seaton, Cabinet Member for Finance</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Fletton and Stangr ound</p>	<p>Relevant internal and external stakeholders.</p>	<p>Pete Carpenter, Acting Corporate Director Resources, Tel: 01733 452520, Email: peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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<p>16. Recommission Children and Young People's Emotional Wellbeing and Mental Health Services in Peterborough and Cambridgeshire – KEY/16NOV20/01 To approve a Section 76 Agreement with Cambridgeshire and Peterborough Clinical Commissioning Group for the delivery and Children and Young People's Emotional Wellbeing and Mental Health Services.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University</p>	<p>March 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Helen Andrews, Children's Commissioner, 01223 728577 Helen.Andrews@cambridgeshire.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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205	<p>17. Decision to re-establish a Housing Revenue Account - KEY/16NOV20/03</p> <p>The decision recommended is that the Council agrees to re-establish a Housing Revenue Account, enabling the authority to begin a programme of housing development and acquisition of affordable social housing to meet local housing need.</p>	Cabinet	June 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	This decision follows and earlier decision of the Council to explore the option of re-opening the Housing Revenue Account. The decision to move forward with the proposal has been shared with local Housing Associations for comment.	Mohamed Hussein, mohamed.hussein@peterborough.gov.uk, 07866474953	Housing Revenue Account Business Case.
	<p>18. Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS - KEY/7DEC20/01 - Joint Cambridgeshire County Council and Peterborough City Council Transport Services DPS for all Education and social care transport procurement.</p>	Councillor Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University	March 2020	Children and Education Scrutiny Committee	All Wards	Relevant internal and external stakeholders. Agreed at RIT Board and Joint Commissioning Board	Bryony Wolstenholme - Passenger Transport Operations Tel: 01733 317453 Email: bryony.wolstenholme@peterborough.gov.uk	Joint Commissioning Board decisions 25.08.2020/ RIT Board 19.02.2020

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206	<p>19. Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - KEY/7DEC20/02 - Variation to the Council's Operational Services Agreement (Peterborough Serco Strategic Partnership Contract): Modification to scope of the PSSP Contract - Business Transformation & Strategic Improvement Service Support element</p>	<p>Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Relevant internal and external stakeholders.</p>	<p>Christ Yates, Finance, 01733 452527, chris.yates@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
	<p>20. Approval of City Parking Strategy – KEY/21DEC20/01 Cabinet approval is sought for the findings and recommendations of a City Parking Strategy commissioned by the Council from external subject matter experts Royal Haskoning.</p>	<p>Cabinet</p>	<p>June 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All City Centre Wards</p>	<p>Consultation has not yet commenced</p>	<p>Dave Anderson Interim Development Director, 01733 452468 Dave.Anderson@Peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>21. Mechanism selected for the supply of agency workers – KEY/21DEC20/02 – Options appraisal being undertaken for the Council's future supply of agency workers beyond expiry of the current contracts. This decision recommends the option that should be taken forward in the long term.</p>	<p>Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>N/A</p>	<p>Legal, procurement, market analysis.</p>	<p>Peter Carpenter, Acting Corporate Director, Resources Tel: 07920160122 Email: Peter.carpenter@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
<p>22. Procurement of 22 one bedroom flats for the accommodation of people who have previously been rough-sleepers – KEY/04JAN21/01 - The decision is to approve the use of £625K capital grant towards the purchase of 22 one bedroom flats. There is a further decision to approve borrowing of up to £1,675,000 from Public Works Loan Board towards the purchase of the 22 one bedroom flats.</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All</p>	<p>Consultation with MHCLG and Homes England</p>	<p>Mohamed Hussein Interim Director of Housing: Needs and Supply, Tel:07866 474953, Email: mohamed.hussein@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>23. Note the approval by the Combined Authority of £800k capital grant to PCC to develop a “Cafe Culture” in the City - KEY/04JAN21/02 - Note the successful collaboration with the local business community which enabled the successful CPCA grant application. To recognise the potential for the cafe culture project to alter the fortunes of the city Approve the Capital Review Group recommendation to support the project with £183k capital funding Authorise the Director of Law and Governance in consultation with the Acting Corporate Director Resources, to enter into such legal agreements as may be required to give effect to the recommendation above and the development and operation of the cafe culture project in the city centre including a grant agreement with CPCA and any property agreements</p>	<p>Councillor David Seaton, Cabinet Member for Finance</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Central</p>	<p>Ongoing consultation with businesses in the city, including surveys and face to face engagement</p>	<p>Jay Wheeler, Economic Development, Tel: 07951 942995, Email: jay.wheeler@pete.rborough.gov.uk</p>	<p>CMDN Build Back Better: Cafe Culture Project</p>

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<p>24. Transfer of undertaking relating to Local Transport Functions, from Peterborough City Council to the Cambridgeshire and Peterborough Combined Authority - KEY/04JAN21/05 - Return by way of transfer to Cambridgeshire and Peterborough Combined Authority (CPCA) of the local transport functions (set out at Article 8 of the Cambridgeshire and Peterborough Combined Authority Order 2017 (SI 2017/251)) which were delegated to Cambridgeshire County Council and Peterborough City Council by way of the CPCA Board Decision of 29.01.2020. The delegation ends on 31 March 2021, after which the undertaking will be delivered by the Cambridgeshire and Peterborough Combined Authority.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Charlotte Palmer, Group Manager - Highways and transport, Tel:01733 453538, Email: charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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25.	Purchase of a property in Peterborough City Centre to be used for housing – KEY/18JAN21/02	Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation	March 2021	Growth, Environment and Resources Scrutiny Committee	Central	Relevant internal and external stakeholders Consultation is in its early stages as commercial negotiations are still in progress.	Tristram Hill, Strategic Asset Manager, Tel: 07849 079787 Email: tristram.hill@pete.rborough	The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).

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<p>26. Approval for contract to be awarded to Skanska to deliver detailed design and full business case for Eastern Industries access improvement scheme – KEY/18JAN21/03 The Council has previously received funding of £319k from the Cambridgeshire and Peterborough Combined Authority (CPCA) to deliver the strategic outline business case for Eastern Industries access improvement scheme. Now that these stages are complete, the CPCA is in the process of awarding a further £531k so that the detailed design and full business case can be undertaken. The additional funding for the scheme subject to approval will now total £850k. Approval is required for the contract to be awarded to Skanska to undertake detailed design and full business case for the scheme.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>East</p>	<p>Relevant internal and external stakeholders</p> <p>Consultation will be undertaken with members of the public and relevant to inform the detailed design.</p>	<p>Lewis Banks, Principal Sustainable Transport Planning Officer, 01733 317465, lewis.banks@peterborough.gov.uk</p>	<p>Meeting minutes confirming award and Strategic Outline Business Case detailing objectives and proposals of scheme to be delivered.</p>

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27.	<p>Novation of the IS Highways Service from Skanska to M Group Services – KEY/18JAN21/04</p> <p>Permission is sought to honour the Novation of contracts from Skanska to M Group Services following its acquisition</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Charlotte Palmer, Group Manager – Transport and Environment, Email: charlotte.palmer@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
28.	<p>Approval to enter Section 76 Agreement with Cambridgeshire and Peterborough Clinical Commissioning Group for the provision of Speech and Language Therapy – KEY/15FEB21/01 -</p> <p>Approval to enter into a Section 76 Agreement with Cambridgeshire and Peterborough Clinical Commissioning Group, for the joint delivery of Speech and Language Therapy Services. Decision required to continue to financially contribute to the delivery of Speech and Language Therapy, as part of a jointly commissioned service with the Clinical Commissioning Group.</p>	<p>Councillor Lynne Ayres, Cabinet Member for Children’s Services and Education, Skills and University</p>	<p>March 2021</p>	<p>Children and Education Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Pam Setterfield, Commissioning Manager, Children and Families, tel 07920 160394, pam.setterfield@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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<p>29. To approve the 2021/22 Transport Programme of Works – KEY/15MAR21/01 To approve the 2021/22 Transport Programme of Works, as follows:</p> <ul style="list-style-type: none"> • The 2021/22 Integrated Transport Programme; • The 2021/22 Highway Maintenance Programme • The 2021/22 Street Lighting Maintenance Programme; and • The 2021/22 Bridge Maintenance Programme. 	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p> <p>Appropriate consultation will be undertaken on individual schemes in the programme as required.</p>	<p>Lewis Banks, Transport & Environment Manager, 01733 317465, lewis.banks@pet-erborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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30.	<p>Extension of the Delivery of Leisure and Cultural Services – KEY/15MAR21/02 Extension of the delivery of Cultural Services by City Culture Peterborough, and Leisure Services by Peterborough Limited for three years to rationalise and reorganise service delivery in light of the effects of COVID-19. The 3-year extension will give time to properly reorganise, and allow time for the culture and leisure sectors to rebuild in time for future delivery options to be explored from 2024, including direct provision, working with partners, the establishment of a cooperative delivery model, or a public tender exercise..</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Pete Carpenter, Corporate Director Resources, 01733 452520, Peter.Carpenter@Peterborough.Gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>
31.	<p>£1m Parks Project – KEY/15MAR21/03 Awarding external grant funding to Aragon Direct Services to manage the parks improvement projects following their competitive tendering exercise.</p>	<p>Councillor Marco Cereste, Cabinet Member for Waste, Street Scene and Environment</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders Consultation with Aragon Direct Services Parks and Open Space team and regular updates to Ward Councillors</p>	<p>James Collingridge Head of Environmental Partnerships 01733864736 james.collingridge@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published</p>

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<p>32. Bretton Court Redevelopment Scheme – KEY/15MAR21/04 1. Approve the surrender of the Council's lease for the ground floor retail units of Bretton Court dated 28th June 2019, subject to the conditions to set out below and to be formalised within the Deed of Surrender</p> <p>2. Approve the Council entering in to an Agreement for Lease for the ground floor retail units of the new development scheme at Bretton Court, subject to the terms set out below</p> <p>3. Subject to the terms of the above Agreement for Lease being satisfied, to approve the Council entering in to a New Lease or the ground floor retail units of the new development scheme at Bretton Court</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Bretton</p>	<p>Relevant internal and external stakeholders</p>	<p>Helen Harris, Senior Estates Surveyor, NPS Peterborough Email: helen.harris@nps.co.uk Tel: 01733 384534 Mobile: 07920 160181</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

PART 2 – NOTICE OF INTENTION TO TAKE DECISIONS IN PRIVATE

KEY DECISIONS TO BE TAKEN IN PRIVATE

<i>KEY DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER</i>
None.							

PART 3 – NOTIFICATION OF NON-KEY DECISIONS

NON-KEY DECISIONS							
<i>DECISION REQUIRED</i>	<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
No new items.							

PREVIOUSLY ADVERTISED DECISIONS

<i>DECISION REQUIRED</i>		<i>DECISION MAKER</i>	<i>DATE DECISION EXPECTED</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
1.	<p>Disposal of former Barnack Primary School caretaker house - Delegate authority to the Corporate Director of Growth and Regeneration to dispose of the property.</p>	<p>Councillor Seaton, Cabinet Member for Finance</p>	<p>March 2021</p>	<p>Growth, Environment & Resources Scrutiny Committee</p>	<p>NVA</p>	<p>Relevant internal and external stakeholders.</p>	<p>Stuart Macdonald, Property Manager. Tel: 07715 802 489. Email: stuart.macdonald@peterborough.gov.uk Bill Tilah (Bill.Tilah@nps.co.uk)</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p> <p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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219	<p>2. Approval of the leasehold disposal of a brownfield site to a care provider – A site has been found for a care home and the Council are currently looking into a leasehold disposal to a care provider who will build a care facility and then contract to provide services to the Council.</p>	<p>Councillor Peter Hiller, Cabinet Member for Strategic Planning and Commercial Strategy and Investments</p>	<p>March 2021</p>	<p>Growth, Environment and Resources Scrutiny Committee</p>	<p>Park Ward</p>	<p>Relevant internal and external stakeholders.</p> <p>A forum has been set up by the Combined Authority involving representatives from finance, legal, property and social care.</p>	<p>Tristram Hill - Strategic Asset Manager, 07849 079787, tristram.hill@nps.co.uk</p>	<p>The decision will include an exempt annexe. By virtue of paragraph 3, information relating to the financial or business affairs of any particular person (including the authority holding that information).</p>

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220	<p>3. Modern Slavery Statement To review and agree for publication an updated Statement in compliance with the Modern Slavery Act 2015.</p>	<p>Councillor Walsh, Cabinet Member for Communities</p>	<p>March 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>All wards</p>	<p>Relevant internal and external stakeholders.</p>	<p>Rob Hill, Assistant Director: Public Protection, rob.hill@peterborough.gov.uk</p> <p>Amy Brown, Senior Lawyer and Deputy Monitoring Officer, Amy.brown@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>
	<p>4. Leisure Facility Options Appraisal - Cabinet Member approval to proceed with the development of a business case to test the viability of a new leisure facility in the city</p>	<p>Councillor Steve Allen, Cabinet Member for Housing, Culture and Recreation</p>	<p>March 2021</p>	<p>Adults and Communities Scrutiny Committee</p>	<p>N/A</p>	<p>None at this stage</p>	<p>Dave Anderson Interim Development Director Tel: 07810 839657 Email: Dave.Anderson@peterborough.gov.uk</p>	<p>It is not anticipated that there will be any documents other than the report and relevant appendices to be published.</p>

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5.	COVID Local Economic Recovery Strategy (LERS) - Comment on the draft strategy prepared by Cambridgeshire and Peterborough Combined Authority (CPCA)	Cabinet	May 2021	Growth, Environment and Resources Scrutiny Committee	All Wards	Relevant internal and external stakeholders.	Tom Hennessy (tom.hennessy@opportunitypeterborough.co.uk) and Steve Cox (steve.cox@peterborough.gov.uk)	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.

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<p>222</p> <p>6. Variation to the delegation agreement between Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) regarding the delivery of the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire This decision seeks authorisation to vary the Delegation and Partnering agreement to account for the increase in the value of PCC financial contributions to CCC in respect of the Agenda for Change pay increase. Agenda for Change is a nationally agreed UK-wide package of pay, terms and conditions for NHS staff. Under this deal, which came into effect in 2018, was the agreement for all NHS staff employed at the top pay points at bands 2-8c were to receive a 6.5% cumulative pay increase over a 3 year period.</p>	<p>Councillor Fitzgerald, Deputy Leader and Cabinet Member for Integrated Adult Social Care and Health and Public Health</p>	<p>March 2021</p>	<p>Health Scrutiny Committee</p>	<p>All Wards</p>	<p>Relevant internal and external stakeholders</p>	<p>Amy Hall, Children's Public Health Commissioning Manager, 07583040529</p>	<p>CMDN to authorise delegation of HCP commissioning functions from PCC to CCC - https://democracy.peterborough.gov.uk/mglssueHistoryHome.aspx?Id=22331&PlanId=395&RPID=0</p>

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223	7. Selective Licensing of Private Rented Property - Approval to consult on Selective Licensing of Private Rented Property	Councillor Irene Walsh, Cabinet Member for Communities	March 2020	Adults and Communities Scrutiny Committee	All Wards	Minimum of 10 week public consultation with persons likely to be affected by the designation and consider any representations made in accordance with the consultation	Kerry Leishman, Head of Operations for Environmental Health & Licensing Tel: 01733 453502 Email: kerry.leishman@peterborough.gov.uk	It is not anticipated that there will be any documents other than the report and relevant appendices to be published.
	8. Joint PCC and CCC IT Service Management System To approve the procurement of a new joint Peterborough City Council [PCC] and Cambridgeshire County Council [CCC] IT Service Management [ITSM] system.	Councillor Mohammed Farooq, Cabinet Member for Digital Services and Transformation	March 2021	Growth, Environment and Resources Scrutiny Committee	N/A	Relevant internal and external stakeholders. G-Cloud Procurement Process	Damian Roberts, Project Manager. T: 07485 594522 E: damian.roberts@peterborough.gov.uk	CMDN and PID

PART 4 – NOTIFICATION OF KEY DECISIONS TAKEN UNDER URGENCY PROCEDURES

<i>DECISION TAKEN</i>	<i>DECISION MAKER</i>	<i>DATE DECISION TAKEN</i>	<i>RELEVANT SCRUTINY COMMITTEE</i>	<i>WARD</i>	<i>CONSULTATION</i>	<i>CONTACT DETAILS / REPORT AUTHORS</i>	<i>DOCUMENTS RELEVANT TO THE DECISION SUBMITTED TO THE DECISION MAKER INCLUDING EXEMPT APPENDICES AND REASONS FOR EXEMPTION</i>
None.							

DIRECTORATE RESPONSIBILITIES

RESOURCES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

City Services and Communications (Markets and Street Trading, City Centre Management including Events, Regulatory Services, Parking Services, Vivacity Contract, CCTV and Out of Hours Calls, Marketing and Communications, Tourism and Bus Station, Resilience)

Strategic Finance

Internal Audit

Schools Infrastructure (Assets and School Place Planning)

Waste and Energy

Strategic Client Services (Enterprise Peterborough / Vivacity / SERCO including Customer Services, ICT and Business Support)

Corporate Property

BUSINESS IMPROVEMENT AND DEVELOPMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Transformation and Programme Management Office, Business Intelligence, Commercial, Strategy and Policy, Shared Services

CUSTOMER AND DIGITAL SERVICES Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

IT, Customer Services – contact centres, walk-in customer service sites, reception services and web & digital services;

Communications;

Emergency Planning, Business Continuity and Health and Safety.

PEOPLE AND COMMUNITIES DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Adult Services and Communities (Adult Social Care Operations, Adult Social Care and Quality Assurance, Adult Social Care Commissioning, Early Help – Adults, Children and Families, Housing and Health Improvement, Community and Safety Services, Offender Services)

Children's Services and Safeguarding (Children's Social Care Operations, Children's Social Care Quality Assurance, Safeguarding Boards – Adults and Children's, Child Health, Clare Lodge (Operations), Access to Resources)

Education, People Resources and Corporate Property (Special Educational Needs and Inclusion, School Improvement, City College Peterborough, Pupil Referral Units, Schools Infrastructure)

Business Management and Commercial Operations (Commissioning, Recruitment and Retention, Clare Lodge (Commercial), Early Years and Quality Improvement)

Performance and Information (Performance Management, Systems Support Team)

LAW AND GOVERNANCE DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Democratic Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Electoral Services (Town Hall, Bridge Street, Peterborough, PE1 1HG)

Human Resources (Business Relations, HR Policy and Rewards, Training and Development, Occupational Health and Workforce Development)

Information Governance, (Coroner's Office, Freedom of Information and Data Protection)

PLACE AND ECONOMY DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Development and Construction (Development Management, Planning Compliance, Building Control)

Sustainable Growth Strategy (Strategic Planning, Housing Strategy and Affordable Housing, Climate Change and Environment Capital, Natural and Built Environment)

Opportunity Peterborough

Peterborough Highway Services (Network Management, Highways Maintenance, Street Naming and Numbering, Street Lighting, Design and Adoption of Roads,

Drainage and Flood Risk Management, Transport Policy and Sustainable Transport, Public Transport)

PUBLIC HEALTH DEPARTMENT Sand Martin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

Health Protection, Health Improvements, Healthcare Public Health.

