



## Sustainable Communities Overview and Scrutiny Committee

<b>Date:</b>	Wednesday, 17 November 2010
<b>Time:</b>	6.00 pm
<b>Venue:</b>	Committee Room 1 - Wallasey Town Hall

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### AGENDA

**1. DECLARATIONS OF INTEREST/PARTY WHIP**

Members are asked to consider whether they have personal or prejudicial interests in connection with any item(s) on this agenda and, if so, to declare them and state what they are.

Members are reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they are subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement.

**2. MINUTES (Pages 1 - 8)**

To receive the minutes of the meeting held on 14 September, 2010.

**3. HIGHWAYS AND TRAFFIC REPRESENTATION PANEL - MINUTES**

The minutes of the meeting of the Highways and Traffic Representation Panel on 8 November, 2010 will be circulated separately.

**4. ARROWE PARK HOSPITAL TRAVEL PLAN (Pages 9 - 142)**

5. **OBJECTIONS TO TRAFFIC SIGNAL JUNCTION IMPROVEMENT - UPTON ROAD/NOCTORUM AVENUE, UPTON (Pages 143 - 148)**
6. **ROAD SAFETY - REDUCING DEATH AND SERIOUS INJURY ON THE ROADS (Pages 149 - 154)**
7. **GREEN SPECIFICATION AND RENEWABLE ENERGY GENERATION BY THE COUNCIL (Pages 155 - 172)**
8. **PROTECTING THE VULNERABLE FROM DOORSTEP CRIME (Pages 173 - 184)**
9. **FOOD SAFETY AND NUTRITION (Pages 185 - 190)**
10. **DOG FOULING (Pages 191 - 196)**
11. **SECOND QUARTER PERFORMANCE REPORT 2010/11 (Pages 197 - 218)**
12. **UPDATED WORK PROGRAMME 2010/11 (Pages 219 - 224)**
13. **FORWARD PLAN**

The Forward Plan for the period November 2010 to February 2011 has now been published on the Council's intranet/website. Members are invited to review the Plan prior to the meeting in order for the Committee to consider, having regard to the Committee's work programme, whether scrutiny should take place of any items contained within the Plan and, if so, how it could be done within relevant timescales and resources.

14. **DECISIONS TAKEN UNDER DELEGATED POWERS (Pages 225 - 226)**
15. **SITE VISITS - UPDATE**
16. **ANY OTHER URGENT BUSINESS APPROVED BY THE CHAIR**

Members' views are requested on suitable dates for the above.

To consider any other business that the Chair accepts as being urgent.

## **SUSTAINABLE COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**

Tuesday, 14 September 2010

<u>Present:</u>	Councillor	J Hale (Chair)
	Councillors	A Bridson (In place of AR McLachlan D Mitchell) H Smith T Anderson R Wilkins A Brighthouse S Williams D McCubbin
<u>In attendance:</u>	Councillors	G Gardiner (Cabinet Member) L Rennie (Cabinet Member)
<u>Apologies</u>	Councillors	KJ Williams

### **73 DECLARATIONS OF INTEREST/PARTY WHIP**

Members were asked to consider whether they had personal or prejudicial interests in connection with any item(s) on this agenda and, if so, to declare them and state what they were.

Councillor T Anderson declared a personal interest in respect of minute 80 Merseyside Waste Disposal Authority by virtue of his membership of the Authority.

Members were reminded that they should also declare, pursuant to paragraph 18 of the Overview and Scrutiny Procedure Rules, whether they were subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement. No such declarations were made.

### **74 MINUTES**

The Director of Law, HR and Asset Management submitted the minutes of the meeting held on 21 June, 2010.

Resolved – That the minutes be received.

### **75 HIGHWAYS AND TRAFFIC REPRESENTATION PANEL - MINUTES**

The Director of Law, HR and Asset Management, submitted the minutes of the panel meeting held on 8 July, 2010 when it was resolved that the panel:-

(1) Recommend that the residents' parking scheme in Manor Lane, Liscard, be approved for advertisement. (Note that the petitioners' request is an exemption to the

Criteria for the Introduction of Resident Parking Schemes and review the criteria regarding the minimum number of residential properties that are required for such schemes).

(2) Recommend that no further action be taken in relation to the petition regarding the operation of Stoneacre Garage, New Brighton, that the area continue to be monitored for any enforceable breaches of highways, planning or environmental legislation, and that officers respond appropriately to any specific enforceable matters that are raised with them.

(3) Recommend that no further action be taken regarding the request for additional parking facilities in Berrylands Road, Moreton, on the basis that there is no specific budget provision for this type of scheme.

(4) Defer consideration of petitions requesting the introduction of an articulated vehicle restriction to prevent such vehicles utilising Berwyn Drive and Hillfield Drive, Heswall, for further negotiations with the company and yard owners.

(5) Note the relative feasibility of a puffin crossing or a pedestrian refuge at Seabank Road, Liscard, and endorse the previous recommendation approved by the Overview and Scrutiny Committee to proceed with the proposed pedestrian refuge scheme.

In response to a Member's question regarding the progress of item (4) Heavy Goods Vehicles - Berwyn Drive and Hillfield Drive, Heswall, the Director of Technical services reported that officers were seeking a meeting with company and yard owners and he would report back to committee on the outcome of these discussions.

Resolved –

(1) That the minutes of the panel be received.

(2) That the Committee recommend to the Cabinet Member that the residents' parking scheme in Manor Lane, Liscard, be approved for advertisement .

## 76 **UNITED UTILITIES - OPERATIONS**

Further to minute 7 (Cabinet - 27/5/2010) Gary Dixon, Customer Operations Director, Stuart Atkinson, Network Manager, and Niall Clarke, Emergency Planning and Resource Manager, attended the meeting to discuss the loss of supplies incident in Wallasey Village area last May, and outline improvements being made based on the lessons learnt.

Mr Atkinson explained that the loss of water supplies had been caused by a fault on a valve which was required to maintain water pressure on the network. The repair of the valve was a very difficult engineering task which required the use of specialist contractors to work with the company's own maintenance crews. The situation was further complicated due to the close proximity of high voltage electricity cables and the resulting health and safety implications, which had considerably slowed the progress of the repair works.

As a priority, the company had arranged for bottled water to be provided to its most vulnerable extra care customers and alternative supplies were also provided to other residents whilst repairs were ongoing.

Arrangements had been made to communicate regular updates on the situation through press releases, local radio, and the Council and partner agencies.

Mr Dixon and his team responded to questions from Members including the company's records and mapping systems, its communications strategy for Major Events, feedback and lessons learnt from the in-depth review of this particular incident, and arrangements for compensation payments.

Councillor Lesley Rennie, ward councillor, thanked Mr Dixon and his colleagues for their co-operation in sharing information with the Council regarding this particular incident, and emphasised the need for them to involve ward councillors and use their special local knowledge when co-ordinating their response to any future emergencies.

She also asked the company to look into the issue of compensation payments for local businesses that were affected by the loss of water supplies. Mr Dixon agreed to pursue this matter.

Mark Camborne, Health, Safety and Resilience Manager, reported that arrangements had been made with the company for a pilot scheme whereby his team would in future be notified of all interruptions to water supplies. This was a major improvement for cascading information and engaging relevant local authority service areas and also elected members at the earliest opportunity.

The Chair thanked Mr Dixon and his team for their attendance at this meeting. He welcomed the opportunity to share the lessons learnt from this particular incident and noted the improved liaison arrangements.

Resolved –

(1) That the reports be noted.

(2) That Mr Dixon and his colleagues be thanked for their attendance at this meeting.

## 77 **SCOTTISH POWER - STREET LIGHTING**

Further to minute 64 (21/6/2010) Mr Bob Wales, Scottish Power Network Manager, attended the meeting and answered questions from members regarding the provision of street lighting services by Scottish Power, the number of jobs outstanding and site specific faults within Members' wards. He explained that his company provided a good level of service and a new work management computer system had been installed earlier this year as part of its investment programme. The computer spreadsheet which was produced on a weekly basis showed that there were no street lighting works currently outstanding, but he agreed to look into any specific complaints raised by members.

Mr Bob Clifford, Highway Maintenance Service Manager, referred to a report produced by the street lighting section showing average response times for each of the service faults on the street lighting network. He would prepare a further report to the committee after Scottish Power had an opportunity to comment on his report.

The Chair thanked Mr Wales for his attendance at this meeting. He commented that there was longstanding dissatisfaction with street lighting services and repairs as demonstrated by complaints from received constituents. He asked for a further report to be presented to the January meeting of this committee comparing the Council's list of outstanding work with the reports produced by Scottish Power.

Resolved –

(1) That Mr Wales be thanked for his presentation.

(2) That a further report be prepared for the January meeting of this committee to include the latest information and works schedules from both Scottish Power and the Council in respect of street lighting services and repairs, and that Scottish Power be invited to attend this meeting.

78 **HIGHWAY AND ENGINEERING SERVICES CONTRACT - LOCAL PARTNERSHIPS GATEWAY REVIEW 5**

Further to minute 61 (21/6/2010) the Director of Technical Services reported upon progress in addressing the recommendations of the Gateway 5 Review carried out in respect of the Highway and Engineering Services Contract.

The Gateway 5 Review which was carried out by the external Local Partnerships Organisation considered the operational arrangements in place and looked to establish the extent to which the qualitative and quantitative benefits that were identified during the procurement exercise had been realised. It highlighted a range of good practice and innovation that had taken place to date, together with the operational achievements of the service. The Review Team further noted the identification and tracking of benefits "to be highly systemised and exemplary".

The Review Team found that despite the challenges of introducing a contract of this scale that the contract was now running much more smoothly, and was delivering value for money and improving levels of both technical quality and customer care. The Team found that the Council had achieved the benefits expected from the new contract, at the time of the Review, including significant cost reduction. However, they recognised that there were significant risks associated with the contract which would need to be resolved to secure future benefits realisation.

The Reviewers made a number of recommendations, which together with a commentary on progress in acting upon those recommendations (Appendix 1 refers).

The Reviewers concluded that the Delivery Confidence Assessment was measured as Amber/Green, and defined as "Successful delivery appears probable. However constant attention would be needed to ensure risks did not materialise into major issues threatening delivery."

Resolved – That the Committee:

(1) Note the contents of the Report.

(2) Request a further report on the completion of actions required to meet the Gateway 5 Review recommendations, and for this to be presented the January meeting of this committee.

**79 HIGHWAY AND ENGINEERING SERVICES - ANNUAL PRESENTATION**

Further to minute 26 (18/11/09) the Director of Technical Services referred to his previous report outlining the next phase of the Gateway review process in terms of benefits realisation and partnership working to assess the various issues affecting the development of the contract.

Mr Cameron Neill, Regional Manager for Colas, gave a presentation outlining: the Colas group structure; its vision to provide quality services in a streetscene partnership with the Council; management and governance arrangements; successes to date; and future investment plans covering its fleet, people, and new depot at the North Cheshire Trading Estate.

Mr Neill responded to questions from members including:

- the removal of redundant highway line markings
- quality assurance and inspection of finished works
- the interface between Colas and the Council
- the computerised referrals and inspection process

Resolved – That Mr Neill be thanked for his presentation.

**80 MERSEYSIDE WASTE DISPOSAL AUTHORITY**

The Director of Law, HR and Asset Management, reported receipt of a letter from Merseyside Waste Disposal Authority concerning arrangements for their representatives to attend the meeting of this committee on 10 March 2011 to discuss the Joint Municipal Waste Management Strategy.

Resolved – That the report be noted.

**81 SITE VISITS - UPDATE**

Members' views were requested on the dates suggested by Merseyside Waste Disposal Authority for a site visit to the MRF, Bidston.

Resolved – That arrangements be made for this site visit on Monday 11 October 2010.

**82 CARBON REDUCTION - PROGRESS UPDATE REPORT 2**

The Director of Technical Services reported upon the progress of the various projects currently being undertaken by the Council, its LSP and other partners, to 'Reduce Wirral's Carbon Footprint', which was a Corporate Priority in the Council's Corporate Plan 2010/11, and supported NI 186, one of Wirral's LAA Targets.

The Committee was requested to note and endorse the progress made to date on these ongoing projects as highlighted in the Wirral Wide Carbon Reduction Action Plan (Appendix A refers).

In response to questions from members regarding the promotion and take up of the home insulation scheme, the Director explained the scheme had been advertised and was now underway. Arrangements had been made for the most deprived areas to be targeted directly through the Energy Projects Plus Organisation.

It was noted that funding beyond March 2011 from HMRI was uncertain, but there was still a need to provide heating grants in priority areas to low income households that did not qualify for the government's grant scheme.

It was moved by the Chair and seconded by Councillor Williams:

"That the Committee:

- (1) Note the performance and progress of the various Wirral-wide 'Carbon Reduction' projects undertaken by the Council and its LSP and other partners.
- (2) Endorse the various joint 'Carbon Reduction' projects being undertaken, and support future proposed projects."

It was moved by Councillor Smith and seconded by Councillor McLachlan that the motion be amended by the addition of the following paragraph:

"That the Council lobby the Government with a view to ensuring that HMRI funding continues past March, 2011 failure to do so will lead to the previous funding being wasted and other areas will not receive the benefit of this investment."

The amendment was put and lost (2:7)

The motion was put and carried (9:0)

Resolved (9:0) – That the Committee:

- (1) Note the performance and progress of the various Wirral-wide 'Carbon Reduction' projects undertaken by the Council and its LSP and other partners.
- (2) Endorse the various joint 'Carbon Reduction' projects being undertaken, and support future proposed projects.

### 83 **BEACH MANAGEMENT**

With the permission of the committee, this item was withdrawn.

### 84 **FIRST QUARTER PERFORMANCE REPORT**

The Director of Technical Services presented an overview of progress made against the indicators for 2010/2011 and key projects which were relevant to the Sustainable Communities Overview and Scrutiny Committee covering the first quarter, from April



to June 2010. Appendix 1 provided the detail of the performance indicators that were reported for the first quarter and included the context and corrective action as requested by the committee.

In summary, 20 of the 28 indicators that were reported to this committee were green and only 8 were amber/red. The overall performance against the 2010/11 projects showed that 31 were green, 4 were amber (corrective action to bring these projects back on track was provided), and 2 had been withdrawn.

In terms of achievements:

- A new composting scheme had recently been launched, aimed at reducing the amount of waste being sent by residents to landfill
- Wirral Council's Road Safety team and Merseyside Fire and Rescue Service had organised a series of events across Wirral to provide advice and guidance on car seat safety.
- Technical Services accounted for 79% (659) of all Councilor/MP contacts received (increase from 72.5% (652) in previous quarter) and resolved 97% of those contacts within the corporate target (99% in the last quarter), with an average time taken of 5 working days. Road (100) and Pavement (96) defects and Traffic Issues (89) accounted for 34% of all contacts received.
- Wirral's numbers of Green Flag parks had increased from 11 to 12 (the target for 2010/11 was 11, again exceeding the target).
- The Family Safety Unit continued to reduce levels of repeat incidents of high risk domestic violence.
- The Wirral Joint Community Safety Team continued with its partners to reduce crime and disorder in the borough, compared to the other Merseyside boroughs overall Wirral was the best performing with its residents being less victimised than others in the country.

The financial monitoring focused on those areas of the budget that were identified as key risks in delivering the objectives of the department within available resources. At this stage the projected variations were:

(a) Regeneration - There were no significant variations identified but the volatile areas of the budget were being closely monitored. Employees' costs and income targets, particularly within Cultural Services, were expected to be at variance with the agreed budget and were being reviewed by the Department.

(b) Technical Services - The Government announcement on reduction in grant support to local authorities had seen a £1 million reduction in the capital programme and this had been reported to Cabinet on 22 July 2010.

There was a projected overspend of £300,000 relating to bridges and in particular, works at The Dell underpass where substantial additional substructure work had been identified. The Department for Transport had been approached with a request to grant aid the additional costs and this application was currently being considered. The M53 junction 3 scheme, was underway and scheduled for completion in October 2010.

The Department for Transport was offering one-off grant funding of £297,300 to help address the effect of the adverse weather conditions and this would be used to support schemes identified in the Structural Maintenance Programme. The car parking enforcement and cash collection contract was being re-tendered and the Streetscene contract inflationary uplift was due in August 2010. Due to fluctuating workload and uncertainty over the capital programme, Architects' fee income was unlikely to achieve the budget.

Resolved – That the report be noted.

85 **DECISIONSTAKEN UNDER DELEGATED POWERS**

The Director of Technical Services submitted a report informing Committee, in accordance with the Approved Scheme of Delegation, of those instances where delegated authority had been used for the appointment of contractors or consultants.

Resolved – That the report be noted.

## **WIRRAL COUNCIL**

### **SUSTAINABLE COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE – 17 NOVEMBER 2010**

#### **REPORT OF THE DIRECTOR OF TECHNICAL SERVICES**

#### **WIRRAL UNIVERSITY TEACHING HOSPITALS (WUTH) NHS FOUNDATION TRUST - TRAVEL PLAN REVIEW 2010**

##### **1.0 EXECUTIVE SUMMARY**

- 1.1 This report presents the Wirral University Teaching Hospital (WUTH) NHS Foundation Trust's Travel Plan Review 2010. This is the fourth annual review since the original Travel Plan was implemented as part of the Planning Approval for car parking provision at Arrowe Park Hospital in March 2006. The Travel Plan review details progress to date and an action plan for the coming year including a number of proposed amendments to the plan.
- 1.2 The report recommends that Members note the contents of the report and attachments and endorse the Travel Plan Review 2010 and the Traffic Management and Parking Policy Report. It is also recommended that in future the reporting of the Travel Plan Review is undertaken on a bi-annual basis to committee whilst reporting an update to the action plan on an annual basis to officers.

##### **2.0 BACKGROUND**

- 2.1 WUTH originally submitted a Travel Plan in support of its planning application to increase the on-site car parking provision at Arrowe Park Hospital in 2005. This eventually became an integral part of the overall scheme through a Section 106 Agreement. The original Travel Plan was developed following negotiation and coordination with WUTH, the Council's Sustainable Transport Co-ordinator and Merseyside TravelWise who continue to provide on-going support and advice. The Plan covers both Arrowe Park Hospital and Clatterbridge Hospital and aims to reduce the levels of travel generated by the hospitals and sets out the Trust's aspirations for reducing the use of single occupancy private cars as the mode of choice when travelling to the hospitals.
- 2.2 WUTH as one of the largest employers in Wirral can make a major contribution to Wirral's commitment to develop and implement a sustainable transport strategy, and indeed to the delivery of the objectives set out in the Merseyside Local Transport Plan 2006-2011. The Travel Plan also supports other national and local policies such as encouraging healthy lifestyles and the reduction in obesity through increased exercise.

2.3 For reference, a site plan of the Arrowe Park Hospital and car parks is attached in **Appendix 1**.

### **3.0 TRAVEL PLAN REVIEW 2010**

3.1 The main aims of the review of the Travel Plan are:

- To provide an update on the Travel Plan implementation
- To demonstrate what has been achieved since the last review
- To identify and make changes to the plan
- To review future actions and target dates

3.2 WUTH commissioned Mott MacDonald to undertake a review of the Travel Plan and the associated Traffic Management and Parking Policy, this review has been undertaken in consultation with the Councils Sustainable Transport Coordinator. Copies of the Travel Plan Review 2010, **Appendix 2**, and Traffic Management and Parking Policy Report, **Appendix 3**, are attached and form the main part of this report.

3.3 In summary the review includes:

- The results of a staff and patient/visitor travel survey and confirms that future surveys will be undertaken every two years.
- Highlights key achievements and progress on delivery of the previous action plan.
- A breakdown of the costs of delivering the travel plan and a proposal that public parking charges are increased in line with the increases in charges in other hospitals and public car parks in Wirral since 2005. It also proposes that in future parking charges are increased periodically in line with inflation or the increase in parking charges in Wirral Council car parks, subject to coin of the realm limitations.
- Confirms that 300 free public parking spaces will continue to be provided and details the control measures to be implemented to ensure these spaces remain available for public use.

3.4 The review remains subject to approval by the WUTH Trust's Board and should there be any significant changes to the review this will be reported to Members.

3.5 There is a requirement through the Section 106 Agreement that WUTH undertake a review of the Travel Plan on an annual basis and currently this review is also reported to members annually. It is proposed that the requirement for an annual review, including consultation with Wirral's Sustainable Transport Co-ordinator remains but that future reporting to Members is undertaken on a bi-annual basis. Members are reminded that WUTH cannot alter or amend the Travel Plan without prior written

approval from Wirral Council, as such the integrity of the Plan will not be diminished by this proposal.

#### **4.0 FINANCIAL AND STAFFING IMPLICATIONS**

4.1 There are no financial or significant staffing implications arising directly from this report.

4.2 Staff from the Technical Services Department, and Merseyside TravelWise, as part of the Local Transport Plan Strategy, will continue to provide support to WUTH Trust in the development of their Travel Plan.

#### **5.0 EQUAL OPPORTUNITIES IMPLICATIONS**

5.1 There are no specific equal opportunities implications arising directly from this report.

#### **6.0 PLANNING IMPLICATIONS**

6.1 There are no specific planning implications arising directly from this report.

#### **7.0 COMMUNITY SAFETY IMPLICATIONS**

7.1 There are no specific community safety implications arising directly from this report.

#### **8.0 HUMAN RIGHTS IMPLICATIONS**

8.1 There are no specific human rights implications arising directly from this report.

#### **9.0 LOCAL AGENDA 21 IMPLICATIONS**

9.1 There are no specific Local Agenda 21 Implications arising directly from this report.

#### **10.0 ACCESS TO INFORMATION ACT**

10.1 No background papers have been used in the preparation of this report.

#### **11.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

11.1 The Travel Plan covers both Arrowe Park and Clatterbridge Hospitals, which are in the Pensby/Thingwall Ward and Clatterbridge Ward respectively. However, these hospitals are key destinations for healthcare and employment not only for all Wirral residents, but also for people from outside the Borough.

## **12.0 RECOMMENDATION**

- 12.1 It is recommended that Members note and endorse the contents of the Wirral University Teaching Hospital NHS Foundation Trust's Travel Plan Review 2010 and Traffic Management and Parking Policy Report.
- 12.2 Members are also recommended to endorse the reporting of future Travel Plans on a bi-annual basis to committee whilst reporting an update to the action plan on an annual basis to officers.

DAVID GREEN, DIRECTOR  
TECHNICAL SERVICES

- STAFF PARKING
- GENERAL PARKING
- PUBLIC PARKING
- DISABLED PUBLIC PARKING

Car Park A1 300 free public spaces

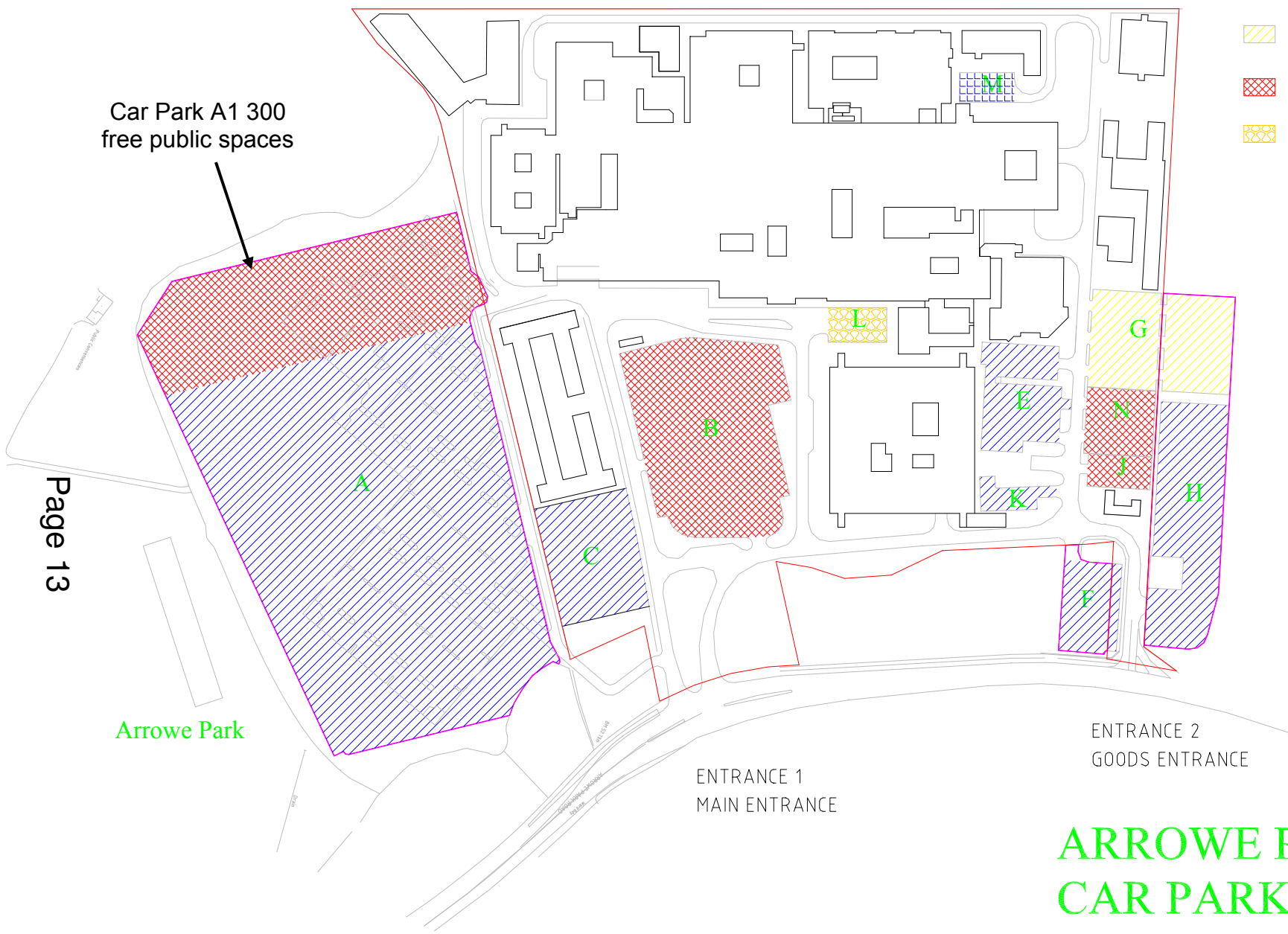
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Arrowe Park

ENTRANCE 1  
MAIN ENTRANCE

ENTRANCE 2  
GOODS ENTRANCE

# ARROWE PARK HOSPITAL CAR PARKING



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# Travel Plan Review 2010

October 2010

Wirral University Teaching Hospital

# Travel Plan Review 2010

October 2010

Wirral University Teaching Hospital

Arrowe Park Hospital, Arrowe Park Road, Upton, Wirral, CH49 5PE

# Issue and revision record

<b>Revision</b>	<b>Date</b>	<b>Originator</b>	<b>Checker</b>	<b>Approver</b>	<b>Description</b>
A	October 2010	JK	BB	EM	FINAL ISSUE

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# Executive Foreword

## Forward for the Travel Plan 2010

Welcome to the 2010 Travel Plan Review for Wirral University Teaching Hospitals. We understand that travel is a fundamental aspect of the patient experience and also for people that work or visit our hospitals therefore we have developed this Travel Plan which is intended to offer the widest choice of transport options for anyone wishing to access the site.

We have introduced the salary sacrifice scheme last year so that staff are able to purchase bicycles at a discounted rate with a similar arrangement this year and planning a further opportunity in April 2011.

In addition to cycling, we will also look to introduce measures to encourage staff to walk and car share, and implement initiatives to increase the attractiveness of public transport.

The Government's report 'Making Smarter Choices Work' has encouraged organisations to promote sustainable transport initiatives through workplace travel planning, supporting public transport and increasing travel awareness. We firmly support this initiative and feel that we should be leading by example.

We know that we cannot implement the plan without the help of Merseyside TravelWise, Merseytravel, Wirral Borough Council and the local transport operators, which is why we are working closely with these organisations in order to achieve the objectives of the travel plan. Furthermore, to be successful, we need to win the hearts and minds of our staff.

Our plan will aim to manage our transport impacts in order to reduce the impact we have on the local community and also the environment. We will regularly monitor the plan to ensure that we are on target to deliver these objectives so that we can introduce new measures as we progress.

John Foster

Director of Estates & Facilities

# Executive Summary

Since 2006, Wirral University Teaching Hospitals NHS Foundation Trust is obliged to submit an Annual Travel Plan Progress Update to Wirral Council in relation to its Arrowe Park Hospital site. This document is the fourth annual review and covers the period from August 2009 to October 2010.

Key achievements since the last review include:

- An overall increase in non car modes from 15% in 2008 to 21% in 2010.
- Achieving the Trust's 2010/12 target of 35% of staff using sustainable modes to travel to work.
- A 10% increase in the number of staff which car share from 4% to 14%.
- Doubling the numbers of staff that walk to work.
- A 4% increase in the number of staff that travel by bus to work.
- Increasing the response to the staff travel survey by 14%.
- An increase in the park and ride utilisation figures.
- Producing a 'How to Get to Guide for Arrowe Park' and sending it to over 12,000 patients.
- Producing a 'How to Get to Guide' poster which will be displayed within GP surgeries.
- Including transport information within the Trust's new patient guides which is issued to all new patients.
- 49 Staff purchased a bicycle via the salary sacrifice scheme in the 2009/10 financial year.
- Holding an awareness raising event to support TravelWise and In Town Without My Car Day.

Since the last review, the Trust has predominately concentrated on travel awareness raising as the majority of infrastructure and financial measures have already been implemented. The Trust now faces the challenge of making best use of existing transport infrastructure and encouraging sustainable travel behaviour through marketing and communications strategies.

Awareness raising measures have included the production and distribution of a 'How to Get to Guide', which provides information on bus travel, walking and cycling to Arrowe Park Hospital; and a new patient guide which contains information on transport and car parking. Furthermore, a staff travel awareness event was held to promote sustainable and active travel choices and information on the travel plan is to be included in the next staff induction handbook.

In addition to these measures, the Transport Strategy Group continues to meet quarterly to discuss travel and accessibility to and from the Trust sites, with the aim of reducing single occupancy car use and improving accessibility for staff, visitors, patients and contractors.

The Trust has also introduced a salary sacrifice scheme for staff to purchase bicycles called 'Cycle to Work'. The scheme enables staff to purchase a bike at a discount cost due to income tax and national insurance contributions through salary sacrifice. The Trust will continue to offer this scheme to staff and will undertake awareness raising to promote the next salary sacrifice scheme window.

The Trust continues to liaise with local bus operators to identify potential ticket discounts for staff and promote public transport services. The Trust also continues to work with TravelWise to identify future grant schemes and funding streams for travel initiatives.



# 1. Introduction

## 1.1 Background

Since 2003 Mott MacDonald MIS have been providing assistance to Wirral University Teaching Hospitals (WUTH) NHS Foundation Trust on car park management and Travel Plan development.

The Travel Plan Strategy for the Trust was formally approved via a Section 106 agreement with Wirral Council in March 2006. The Trust is therefore obliged to submit an Annual Travel Plan Progress Update to Wirral Council. The Trust's Travel Plan covers Arrowe Park Hospital and Clatterbridge Hospital sites, however it should be noted that the Section 106 agreement is specific to the Arrowe Park site.

This document is the fourth annual review and covers the period from August 2009 to October 2010. In addition to this, we propose actions which will be implemented during the period October 2010 to August 2011. It is proposed that a technical report will be submitted to Wirral Borough Council in 2011 to provide an overview of activities from the past year and the next formal review will be undertaken in 2012.

The Traffic Management and Car Parking Policy Version 2 accompanies this Travel Plan and contains revised information relating to car parking charges and measures to manage the 300 free patient spaces.

## 1.2 What is a Travel Plan?

A Travel Plan is a package of measures designed to reduce the number and length of car trips generated by an organisation. A Travel Plan can address a range of travel types such as staff commuting, business trips, journeys made by patients and visitors to the site, how an organisation's fleet is managed and travel made by suppliers. Travel Plans have a number of benefits and the bullet points below give a brief summary.

- Address transport problems, including:
  - Parking issues
  - Road safety
  - Public transport accessibility
  - Congestion
  - Recruitment & retention
- Corporate & social responsibility
- Secure planning permission
- Environmental credibility
- Reduce the need for expensive car parks

- Reduce the need to travel
- Address social exclusion
- Healthier work force
- Financial savings
- Community relations
- Employee Benefit Packages

It is important to note that the main objective of a TP is to change human behaviour and in order to do so a combination of key skills is required. These include:

- Marketing & Communications;
- Human Resources;
- Market Research;
- Facility Management;
- Project Management; and
- Transport Planning.

Research has found that the most successful way of managing an organisation's transport impacts is through improving the quality of non car modes and providing disincentives for the use of the car. This has been taken into account when developing the plan for the Trust.

### **1.3 Travel Plan Objectives**

The Trust has identified five overarching objectives for the travel plan which will be addressed over the short, medium and long term. These objectives are the high-level aims of the plan, which will give direction and provide a focus.

Our objectives are set out below.

- Reduce the level of traffic accessing the site by encouraging greater use of sustainable modes.
- Offer an improved choice of travel options to all staff, visitors and patients.
- Improve the health, fitness and well-being of our staff, by encouraging greater use of active travel modes.
- Reduce our environmental impact through encouraging greater use of sustainable modes.
- Be a good neighbour to the local community by reducing our overall transport impacts.

### **1.4 Structure of the Report**

This report is structured as follows:

1. An appreciation of the issues is described in Section 2;
2. Issues raised at the 2009 committee meeting are presented in Section 4;
3. A summary of the 2010 monitoring exercise, including the staff travel survey results.
4. An overview of the achievements since August 2009 are presented in Section 5;
5. The Trust's Marketing and Communications Strategy is discussed in Section 6;
6. The agreed future action plan is presented in Section 7;
7. The agreed future travel plan targets for both the medium and long term are included within Section 8; and
8. A short conclusion to the review report is included in Section 9.

## 2. Appreciation of the Issues

### 2.1 Introduction

As one of the largest employers in Wirral, the Trust makes a major contribution to Wirral's and Merseyside's commitment to reducing congestion through its Travel Plan. The Trust continues to actively engage with Merseytravel, TravelWise and Wirral Council, in addition to this the travel plan is supported by the borough's main bus operators - Avon Buses, First Group and Arriva.

The Travel Plan also indirectly supports other national and local policies such as reducing obesity and encouraging exercise. Some of these initiatives/policies are detailed below.

### 2.2 The Government White Paper

The Government White Paper 'The Future of Transport – A Network for 2030', published in July 2004, looks at the strategic development of travel and the transport network over the next thirty years. It builds on and expands the strategic goals outlined in the Ten Year Plan for transport, 'A New Deal for Transport: Better for Everyone', which was published in July 2000.

The White Paper notes that travel plans, which are produced by employers and aimed at reducing car use for travel to work and travel for business, can reduce commuter car driving by between 10% and 30% at a cost to the Local Authority of £2 to £4 per head per annum. As such it is recognised that local transport can be enhanced by:

*"Promoting the use of school Travel Plans, workplace Travel Plans and personalised journey planning to encourage people to consider alternatives to using their cars"<sup>1</sup>*

### 2.3 NHS Carbon Reduction Strategy

The NHS has developed a carbon reduction strategy in response to the need to take action on climate change.

*'The NHS has a carbon footprint of 18 million tonnes CO2 per year This is composed of energy (22%), travel (18%) and procurement (60%). Despite an increase in efficiency, the NHS has increased its carbon footprint by 40% since 1990. This means that meeting the*

<sup>1</sup> 'The Future of Transport – A Network for 2030', page 15, Department for Transport, July 2004

*Climate Change Act<sup>2</sup> targets of 26% reduction by 2020 and 80% reduction by 2050 will be a huge challenge. This strategy establishes that the NHS should have a target of reducing its 2007 carbon footprint by 10% by 2015. This will require the current level of growth of emissions to not only be curbed, but the trend to be reversed and absolute emissions reduced. Interim NHS targets will be needed to meet the government targets.'*

The Trust's Travel Plan supports this carbon reduction strategy.

## **2.4 Department of Health**

In February 2006, the Department of Health published "Health Technical Memorandum 07-03: Transport Management and car parking". This document describes a Travel Plan as "a package of practical measures designed to influence transport to an individual site or within an organisation." It states that Travel Plans are designed to lessen the environmental impact of transport arrangements, including the reduction of emissions from exhausts and reducing single occupancy car travel. They also aim to reduce transport journeys to NHS sites for employee business requirements and reduce congestion through improvements in transport management.

When developing a Travel Plan for an NHS Trust, consideration should be given to the selection of the following measures, as appropriate:

- Staff commuting to and from work
- Staff travel on work business
- Patient and visitor transport and access to trust sites
- Public transport facilities
- Utilisation and provision of fleet vehicles
- Deliveries and contractors
- Peripatetic / community visits
- Reimbursing travel and subsistence expenses and rewarding the use of small-engine vehicles or cycle mileage
- The needs of visually or mobility impaired people.

In December 2006, the Department of Health published "Income Generation: Car Parking Charges – Best Practice for Implementation" The document "provides advice on the issues to be considered when setting up a car parking scheme or when reviewing existing ones, including the key components of a scheme, what charges to impose and what concessions to consider."

It considers issues such as:

- Car parking facilities in the context of improving site congestion, security and conditions for local residents;
- Parking charges and the promotion and advertising of the scheme;
- Method of control, management, operation and enforcement of the parking facility; and
- Commercial viability and business case for the scheme.

It also refers to a report published by the Select Committee in July 2006, which recommends that “trusts be advised to:-

- Issue all regular patients, or their visitors, with a ‘season ticket’ that allows them reduced price, or free parking;
- Introduce a weekly cap on parking charges for patients;
- Provide free parking for patients who have to attend on a daily basis for treatment; and
- Inform patients before their treatment begins of the parking charges, exemptions and reduced rates that will apply.”

In 2009, the previous government proposed the abolishment of patient car parking charges, similar to the system in place in Scotland and Wales. In September 2010, the Health Minister Simon Burns MP, announced that hospitals should take responsibility for their own car parking arrangements, abandoning the previous’ government’s commitment and Appendix A provides a copy of the statement and accompanying material.

The Health Minister reported that:

*“That consultation set out proposals to introduce mandatory free parking for many inpatients and outpatients. Those proposals would cost the NHS in excess of £100m. The impact assessment states that it would lead to a net disbenefit to patients valued at almost £200m. This negative impact arises from substantial health benefits foregone from not investing this income in healthcare, offset by lower financial benefits to favoured car park users. The impact also does not include environmental costs associated with the policy, which would also clearly be adverse. At a time when the NHS needs to make every penny of its budget count the government cannot support such a proposal.”*

The Health Minister recommended that hospitals work with local groups to ensure that current car parking policies are genuinely fair. Priority should be given to patients whose health needs require frequent visits

to the hospital and this group should not be penalised for their illness. This is in line with the Trust's current car parking exemption policy, see Appendix B for details.

## **2.5 Merseyside Local Transport Plan**

The second Local Transport Plan (LTP2) for Merseyside covers the period 2006-2011 and was produced by the five local authorities of Knowsley, Liverpool, Sefton, St. Helens and Wirral in partnership with Merseytravel and was published in July 2006.

LTP2 contains a range of targets that the Merseyside Authorities seek to achieve with respect to cutting the use of the car and increasing the use of public transport, walking and cycling.

Merseyside TravelWise is a partnership between the five Merseyside Local Authorities and Merseytravel and is part of the national TravelWise Association. The aim of TravelWise is to raise awareness of the effects that increased car use has on the environment, health and society. TravelWise supports businesses in Merseyside by providing information and organising several meetings a year so that businesses can learn about best practice from other organisations, meet with partners who can help their plans succeed and network with a range of colleagues.

## 3. Third Annual Review

### 3.1 Introduction

The previous Travel Plan Update report (Aug 08 - Aug 09) was reviewed at the Sustainable Communities Overview and Scrutiny Committee on the 21<sup>st</sup> September 2009.

The members expressed a number of concerns which are listed below:

1. Hospital car parking charges.
2. DDA compliant blue badge parking.
3. The location of bus stops at Arrowe Park Hospital, which result in people walking across the car park to the hospital main entrance.
4. Promotion of patient and visitor car parking exemptions.
5. Improved signage for the drop off facility at both the front and rear of the hospital.
6. Promotion of the liftshare scheme.
7. Timescales for achieving the short/long term targets.
8. Costs associated with the implementation of the plan.

Points 1 – 6 are discussed in-turn below whilst points 7 and 8 are considered in sections 7 and 8 of the report.

### 3.2 Car Parking Charges

Car parking charges were first introduced at the Trust in 2005 as part of the Traffic Management and Parking Policy in order to fund:

1. Travel plan measures;
2. Car park management interventions; and
3. Car park maintenance.

In addition to this, the car parking charge was also intended to disincentivise driving to the hospital and encourage greater use of sustainable modes of transport. It should be noted that the most successful travel plans contain both incentives and disincentives, and this was taken into consideration whilst developing the policy.

Currently the cost of visitor parking at the hospital is £2.00 per day, this is significantly lower than at other similar sized trusts within Merseyside and Cheshire. The table below provides a comparison of visitor car parking charges in place at other Trusts.



*The Department for Transport calculated<sup>2</sup> that the cost of maintaining a service level car parking space is £400 per year. Taking this into account, the Trust would spend approximately £1.2m on car park maintenance..*

Table 3.1: Car Parking Charges in Place at Other NHS Trusts

Hospital	Charge
The Countess of Chester Hospital	£2.50 per visit
Warrington Hospital	£2.50 for 4 hours
Broadgreen Hospital	£2.20 0 -2 hours £2.70 for 2 – 4 hours £5.40 for 4 – 24 hours
Whiston Hospital	0 – 3 hours £1.50 3 – 6 hours £3.00 Over 6 hours £10
Halton General Hospital	£2.50 for 4 hours

Staff wishing to park at the hospital are able to apply for a car parking permit and an administration charge is deducted directly from staff salaries on a monthly basis.

As previously discussed, the introduction of car parking charges in 2005 was intended to partly act as a deterrent which could be used to encourage the use of sustainable modes of travel. However, it should be noted that whilst the cost of car parking has remained constant since 2005, public transport fares have increased significantly. The average peak fare for bus travel has increased 41% from £1.36 in 2005 to £1.92<sup>3</sup> whilst a saveaway ticket for the Wirral area has increased by 57% from £2.10 in 2005 to £3.30 in 2010.

The Trust's gross total revenue from car park charges from 1st April 2009 to 31st March 2010 was £1,128,074. This revenue, plus additional finance from the Trust (£164,723), was used to fund car park management and travel plan measures, which are presented in the table below.

Table 3.2: Expenditure of Car Parking Income

Item	Spend
VAT for Car Parking Income	£168,011
Exemptions & Refunds	£3,045
Security Management	£82,888
Clerical Assistant/Cash Office	£27,202
Traffic management	£70,559
Security staff	£724,100

<sup>2</sup> Department for Transport, Making Travel Plans Work 2002

<sup>3</sup> Merseyside Annual Passenger Services Monitor 2009/10

Item	Spend
Consultancy costs	£12,500
Parking permits/ all admin	£12,999
Lease of Land	£53,000
Park & ride (in house)	£41,393
Inter site transport	£39,917
Maintenance/repairs	£57,183
Total Spend	£1,292,797
Additional Trust Funding	+£164,723
Car Parking Revenue	+£1,128,074

The Trust proposes to increase the visitor day rate by 25% to £2.50. It is important to note that this will be the first increase since the launch of car parking charges in 2005. It is intended that the additional revenue will be used to address the VAT increase to 20% and fund additional measures to safeguard the 300 free patient spaces discussed in the accompanying car park management and traffic policy. Further information is provided within the Traffic Management Policy.

### 3.3 Blue Badge Parking

The majority of blue badge parking continues to be free of charge at Arrowe Park hospital. A parking charge applies in car park B which has 21 blue badge spaces, the remaining 67 blue badge spaces are free of charge.

An additional 18 spaces were created at the hospital in 2008 in response to the car parking survey and consultation.

In addition to the blue badge parking, all pay stations are DDA compliant.

### 3.4 Bus Stop Location

Merseytravel undertook an assessment to understand the impact of relocating the bus stop to a location closer to the hospital main entrance. They found that whilst there would be some benefits, the cost and disbenefits of relocating the bus stop would outweigh the positive gains. Appendix C provides a summary of their response.

As alternative to relocating the bus stop, Merseytravel proposed to undertake improvements to the existing bus stop including the provision of an additional lay-by and upgrading the existing stop to become DDA compliant. Funding for this would predominantly be provided by

Merseytravel however it was agreed that the Trust and Wirral Council would contribute. Unfortunately due to financial restrictions, Merseytravel were forced to withdraw funding, however the Trust and Wirral Council are investigating other options.

### **3.5 Car Parking Exemptions**

Information relating to the Trust's car parking policy for patients and visitors is provided with ward managers, departmental managers and is also included within the patient information guide and on the intranet.

### **3.6 Drop Off Points**

The Trust has undertaken the following actions in relation to drop off facilities at the hospital:

- The Trust has installed an additional drop off point and associated signage adjacent to the Ophthalmology department.
- Signage is displayed within the main public car park to promote the free 20 minute drop off period.
- Additional signage at the front and rear of the hospital.

### **3.7 Liftshare**

The latest travel survey revealed that car sharing has increased by over 100% however the number of staff registered on the liftshare website is minimal. The trust has undertaken awareness raising of the scheme through the monthly briefs and has also promoted the scheme to all car park permit applicants.

Internet based car share systems are perhaps best implemented at organisations where the majority of staff are desk based and in addition to this, our experience has found that these schemes are also more popular with males and younger people. With this in mind, it is perhaps unsurprising that the scheme has proved to be unpopular at Arrowe Park and it is important that the Trust considers additional measures to raise awareness of the benefits of car sharing.

## 4. Monitoring

### 4.1 Introduction

It is important that the travel plan is not regarded as a static document, instead it should evolve following a process of monitoring and review to ensure that it remains relevant to the staff, visitors and patients that use the hospital site.

In order to assist with the review, a travel survey was carried out in September 2010 which captured staff, patients and visitor travel patterns and the results are discussed below.

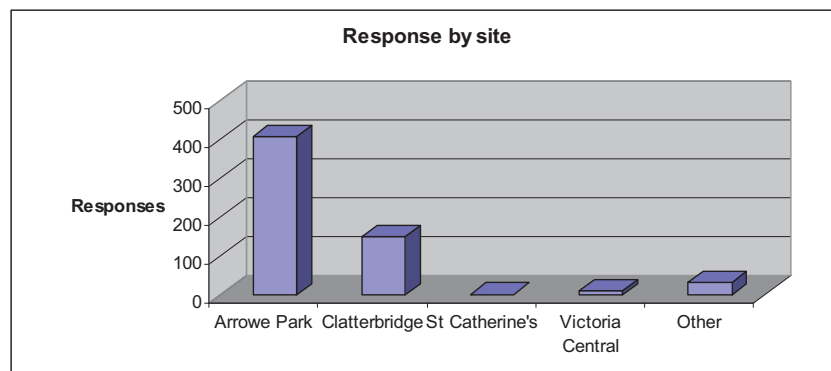
#### 4.1.1 Staff travel survey - to be updated following paper surveys

The staff travel survey was conducted using a combination of TravelWise's online Wise Moves survey and paper forms. Appendix D contains a copy of the questionnaire. The survey was launched in September and all staff were emailed a link to the Wise Moves survey.

A total of 606 staff completed the survey of which 474 completed via the weblink representing a web response rate of 20% and an overall total response of 11%. It is important to note that the 2008 survey received a 6% response, which highlights an overall increase in survey participants.

In order to increase the response from staff that found it difficult to access a computer, 131 paper surveys were handed out at the Trust's TravelWise week event and via line managers. Figure 4.1 provides an illustration of the breakdown of responses by site.

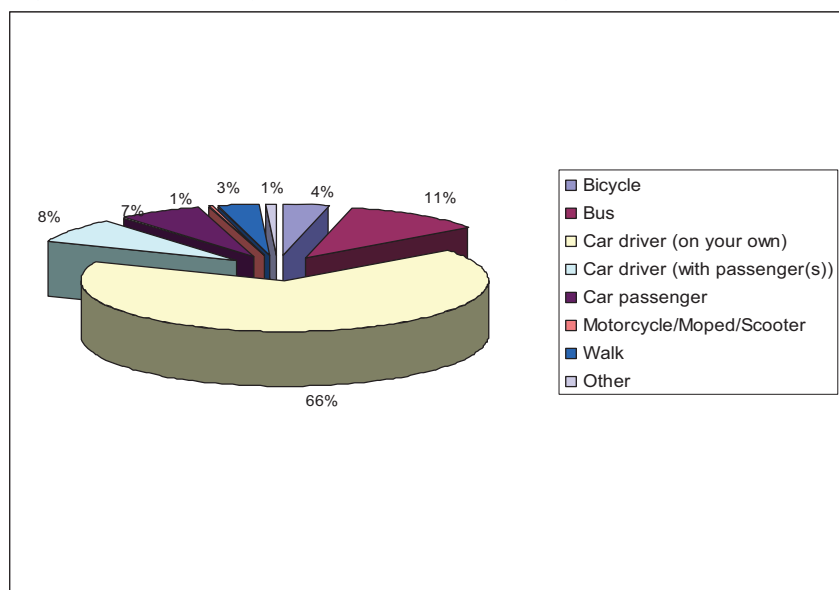
Figure 4.1: What site do you work at?



Number of responses = 606

Travelling by car alone was the most popular form of transport (66%) at all of the Trust's sites. Almost one in five staff (19%) travel to work using non car based modes, of which bus was the most popular mode (11%) followed by bicycle (4%). A similar figure (15%) reported that they car shared either as a driver (8%) or a passenger (7%). Figure 4.2 presents the results for journey to work for all Trust sites and Table 4.1 summarises the results by site.

Figure 4.2: How did you travel to the hospital today?



Number of responses = 606

Table 4.1: Main mode of travel by site

Mode of Transport	Arrowe	Clatterbridge	St Catherine's	Victoria Central	Other
Bicycle	16	4	0	0	1
Bus	43	16	0	2	3
Single Occupancy Car Driver	263	103	3	7	22
Car Driver with Passengers	27	13	0	1	5
Car Passenger	30	9	0	0	1
Motorcycle/Moped/Scooter	1	2	0	0	0
Taxi	0	0	0	0	0
Train	0	1	0	0	0
Walk	17	0	0	2	1
Other	4	0	0	0	1

Mode of Transport	Arrowe	Clatterbridge	St Catherine's	Victoria Central	Other
Total	407	151	3	12	33

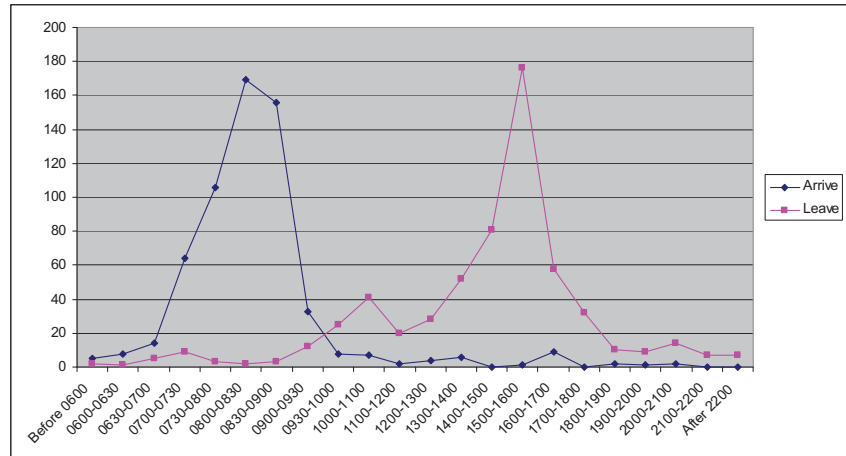
Table 4.2 below presents the mode share results for Arrowe Park against the targets set out in the previous travel plan review. The table highlights that the Trust has achieved the walking target and is close to achieving both the car share and sustainable modes targets; however more work is required to achieve the target for cycling.

Table 4.2: Main mode of travel by site

Mode of Transport	2008 Survey	2010 Survey	2010/12 Target	Mode shift
Cycle	4%	4%	8%	0
Walk	2%	4%	4%	+2%
Car Share	4%	14%	15%	+10%
Sustainable Modes	20%	35%	35%	+15%

Respondents were asked to state the time they arrived at the hospital on the day of completing the survey, in addition to this participants were asked to estimate their departure time and the results are summarised in the chart below. The survey found that the peak arrival time was between 8am – 8.30am and departure time between 5pm – 5.30pm.

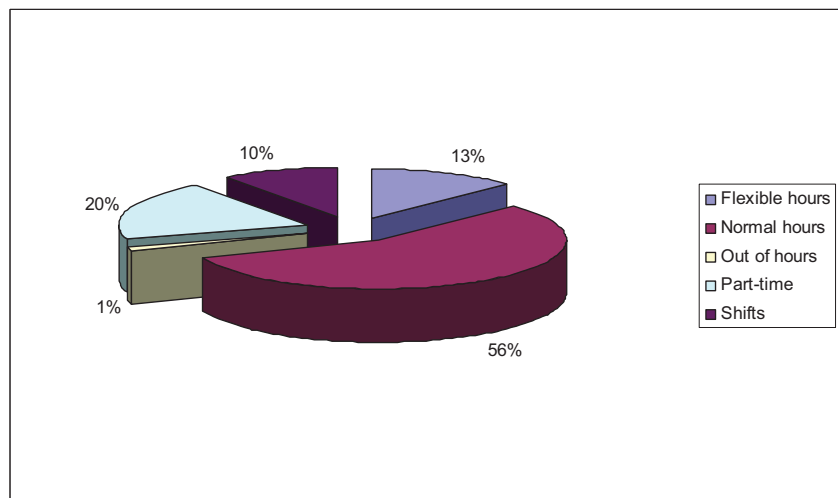
Figure 4.3: Arrival and Departure Times



Number of responses = 597

The majority of participants (56%) reported that they worked normal hospital hours. This represents an opportunity for the travel plan as it is less challenging to encourage sustainable modes when the bulk of the workforce work normal hours (e.g. 9am – 5pm) when public transport provision is high.

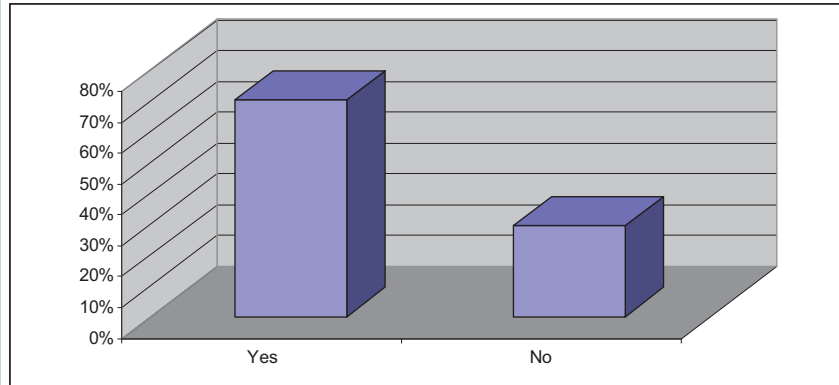
Figure 4.4: Hours worked



Number of responses = 597

Over two thirds of participants (70%) reported that they held a parking permit and this is illustrated in the chart below.

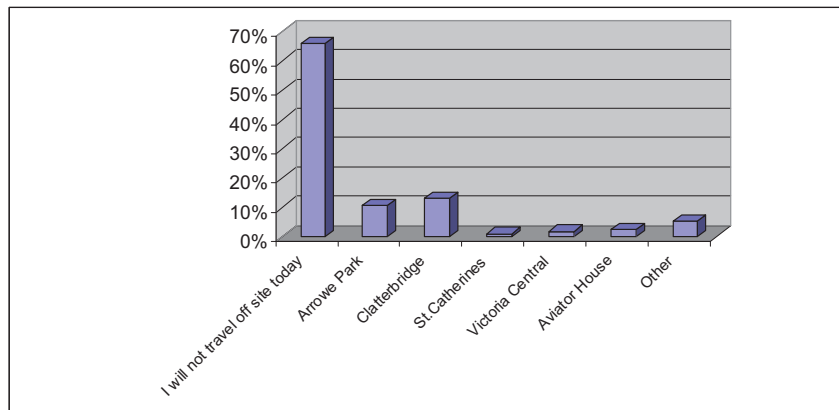
Figure 4.5: Are you a car park permit holder?



Number of responses = 597

Most participants reported that they were not required to travel off site on the day they completed the survey (66%). Those that did travel off site predominantly travelled to Clatterbridge (13%) or Arrowe Park (11%).

Figure 4.6: Inter-site travel

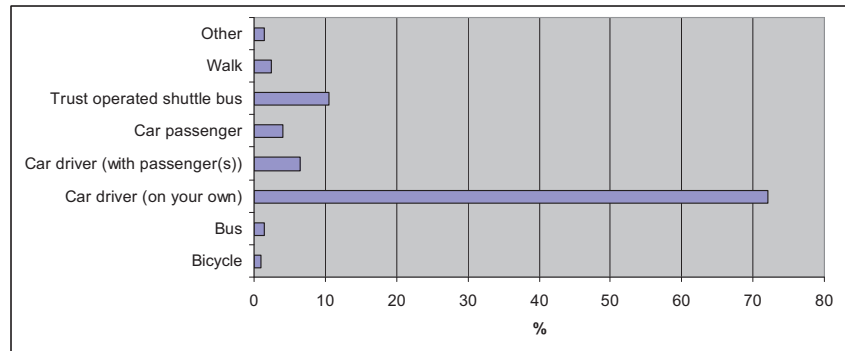


Number of responses = 628

Staff mainly drove on hospital business either alone (72%) or car shared (10%). One in ten respondents that reported to travelling on Trust business used the Trust operated shuttle bus (10%).



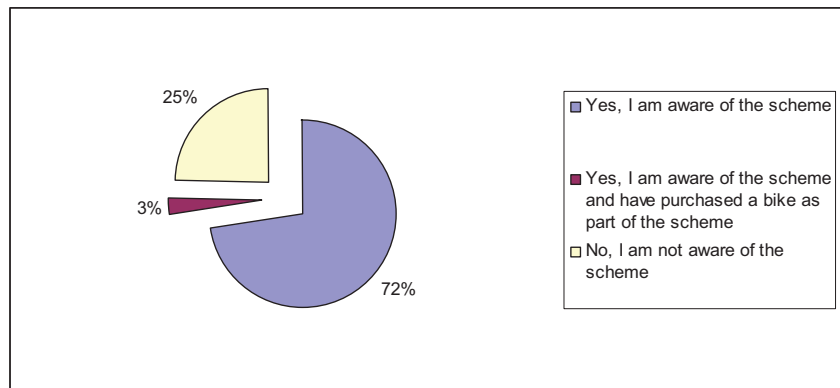
Figure 4.7: Mode of Travel for Business Travel



Number of responses: 201

Staff were asked if they were aware that the Trust operated a salary sacrifice scheme for purchasing bicycles. Almost three quarters (72%) reported that they were aware and a further 3% had purchased a bicycle through the scheme. A quarter of respondents reported that they were unaware highlighting the need for greater promotion.

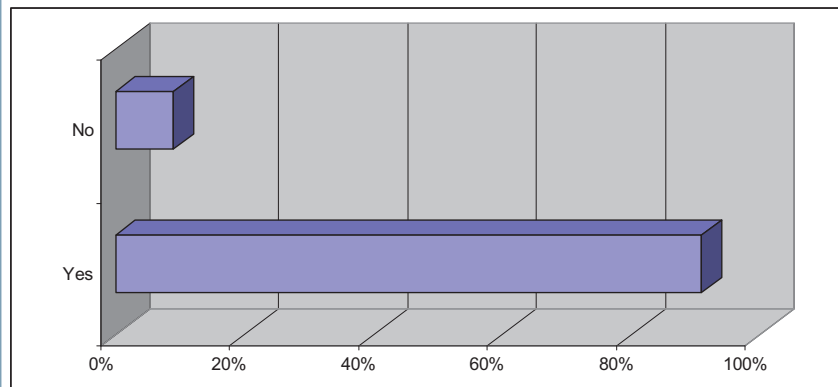
Figure 4.8: Awareness of Cycle to Work Scheme



Number of responses = 597

Participants were asked if they were interested in a public transport season ticket loan which could be offered by the Trust. Just over nine out of ten respondents reported (91%) that they were uninterested in such a scheme and this is presented in Chart 4.7 below.

Figure 4.9: Level of Interest for Public Transport Season Ticket Loans



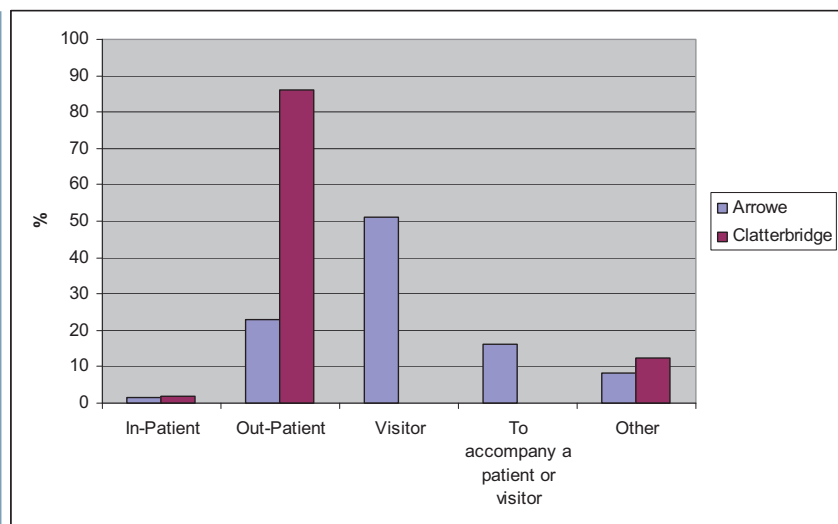
Number of responses = 597

#### 4.1.2 Patient & Visitor Travel Survey

A snap shot survey was undertaken at both Clatterbridge and Arrowe Park Hospitals to identify how patients and visitors travel to the hospitals. Hospital volunteers and Mott MacDonald interviewers collected information and Appendix E contains an example of the questionnaire. Face to face surveys were carried out at Arrowe Park on Tuesday 14<sup>th</sup> September between 2.00pm and 19.00pm and on Tuesday 21st September 9am - 12pm at Clatterbridge.

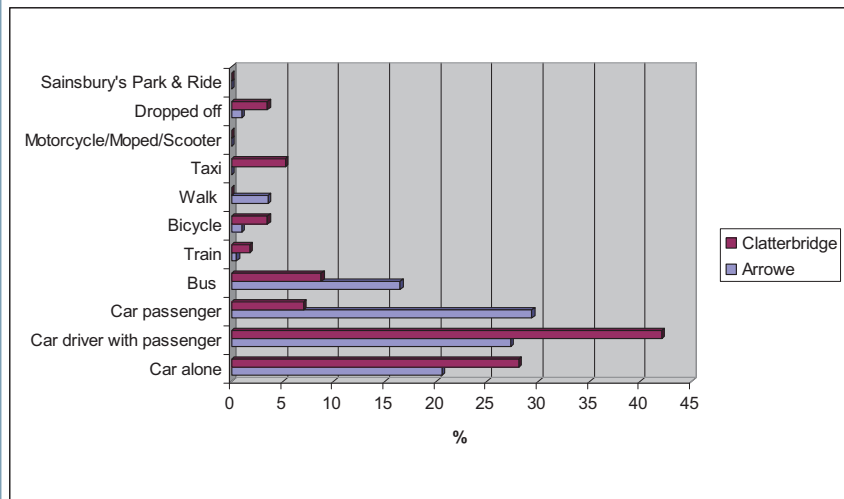
197 questionnaires were completed at Arrowe Park and 57 were completed at Clatterbridge. The figures below provide a summary of the results.

The most popular reason for travelling to Arrowe Park Hospital was as a visitor (51%), whilst respondents from Clatterbridge were more likely to be an out-patient (86%).



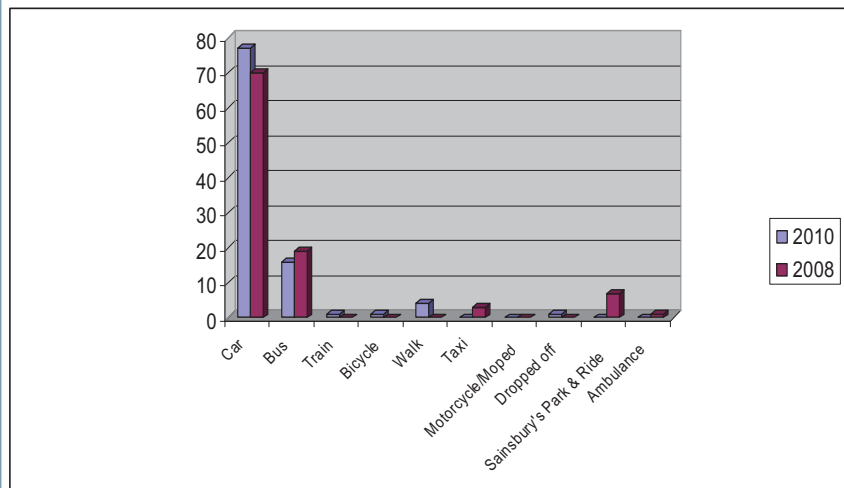
Number of Arrowe Park responses = 197 Number of Clatterbridge responses= 57

Respondents were asked to state how they travelled to the hospital on the day of the survey. The majority of participants at both hospitals reported that they arrived by car with over half (57%) of Arrowe Park and almost half (49%) of Clatterbridge (49%) respondents car sharing. Arrowe Park had a higher number of bus users (16%) than Clatterbridge (9%) however cycle use was higher at Clatterbridge (4%) than at Arrowe (1%). It should be noted that none of the respondents reported using the Trust park and ride service to travel to the hospital, however this is perhaps attributed to the low number of out patients (22%) that completed the survey for whom the service is largely aimed at.



Number of Arrowe Park responses = 197 Number of Clatterbridge responses= 57

When compared to travel data collected in 2008, more patients and visitors are travelling to Arrowe Park by car, however it is important to note that the 2008 survey was carried out over a greater time period and therefore achieved a higher response rate.



Number of 2008 Responses = 785 Number of 2010 Responses = 197

#### 4.2 Park and Ride

A Park & Ride service is provided between Arrowe Park Hospital and the Sainsbury's car park in Upton on weekdays. The service operates between 9.30am and 5pm Monday to Thursday and, following a request from Sainsbury's to reduce services on Friday afternoons, between

9.30 am and 12noon on Friday mornings. The service operates approximately every twenty minutes using a 17 seater minibus.

Regular records kept by the Trust indicates an average utilisation rate of the park and ride vehicle to be approximately 53% for the period April 2009 – August 2010. This is an increase on utilisation figures from 2007 (33%) and 2008 (50%) and highlights that progress is being made towards achieving the objectives of the travel plan.

The Trust will continue to monitor utilisation to ensure that the size of the vehicle and level of service is sufficient to meet demand. Any changes to the facility will be discussed by the Transport Strategy Group and ultimately be determined by the Trust Executive Group.

## 5. Travel Plan Review

### 5.1 Introduction

Since the last review, the Trust has predominantly concentrated on awareness raising as the majority of physical and financial measures were implemented in previous years. In addition to this, the Trust has continued to address the short term targets and table 5.2 provides a summary of activities in relation to this.

#### 5.1.1 Awareness Raising

Supporting Merseyside  
TravelWise Week at Arrowe Park



The Trust, in partnership with TravelWise, has produced a 'How to Get to Guide' which provides information on bus travel, walking and cycling to Arrowe Park hospital. 20,000 leaflets have been produced and to date, 12,000 have been sent to existing patients to promote alternatives to driving, the leaflet is also available as a downloadable document on the Trust's website. Using the information contained within the guide, a poster has also been produced this summarises the key bus routes and will be issued to GP's on the Wirral.

The Trust has developed a guide which is sent to all new patients. This guide has recently been updated to provide information on the Trust, advice on staying in hospital, how to travel to the hospital and details on the car park exemption policy.

A staff travel event was held on September 20th, to support Merseyside TravelWise's TravelWise Week. A travel kiosk was set up in the main entrance and information and goodies were made available for both staff and visitors.

Information is regularly provided within the Trust's monthly global emails on the salary sacrifice scheme, Bike Week, TravelWise week and the Trust's car share scheme.

All new staff receive a staff handbook as part of their induction process. Information containing the travel plan will be included within the next addition.

#### 5.1.2 Transport Strategy Group

The Transport Strategy Group (TSG) continues to meet every quarter to discuss travel to and from the Trust sites. The TSG has the following aims and objectives:

The Transport Strategy Group will work to ensure that visitors, staff and contractors can gain access to and from the Trust's site, safely,

efficiently, and healthily. In particular the Group will seek to reduce over dependence on the car, especially driver travelling alone, as the means for getting to and from the hospital.

The Group will play a positive role in addressing issues for access to healthcare identified through the Merseyside Accessibility Strategy and will assist in developing solutions to overcome identified accessibility problems.

The Group will seek to coordinate effort across all the organisations affected by the hospital and its activities.

The Transport Strategy Group will act as the reference group for the Travel & Transport Coordinator and other member(s) of staff appointed to assist with the implementation of the Hospital's Travel Plan

In addition to the Trust the TSG is attended by representatives from the following parties:

- Wirral Council
- TravelWise
- Wirral Transport Users Association
- Unite
- The cycle opportunities group, bus users group and car park policy group report to the TSG.

### **5.1.3 Salary Sacrifice**

The Trust introduced a salary sacrifice scheme to purchase bicycles in 2009. The scheme, named Cycle to Work, enables staff to purchase a bike at a reduced cost and in some cases, can cut the cost of purchasing a bike by half. The initiative operates through a salary sacrifice scheme, where finance purchase and collect repayments over a twelve month period. The cost of the bike is reduced because employees save money on income tax and national insurance (NI) contributions through the salary sacrifice scheme.

The scheme is available in May each year, however the Trust are reviewing interest to identify the need for additional application windows.

In 2009, 61 staff took part in the scheme and in 2010 49 staff purchased a bike through the scheme.

#### **5.1.4 Cycle User Group**

Since the introduction of the salary sacrifice scheme the Trust has found it difficult to attract attendance at the cycle user group. In order to address this, the Trust has promoted alternative methods of communication and has informed members that they are able to raise cycle specific issues directly to the facilities department.

#### **5.1.5 Bus Operators**

The Trust continues to liaise with the local bus operators to identify potential measures and marketing campaigns.

First Bus have offered the Trust the opportunity to join their 'Corporate Travel Club' which enables staff to purchase monthly season tickets at a discounted price. The Trust are currently considering how the scheme could be introduced.

#### **5.1.6 Season Ticket Loans**

The Trust has undertaken investigations to identify the feasibility of offering staff a season ticket loan to purchase an annual season ticket. Unfortunately the travel survey revealed minimal interest in such a scheme, however the Trust will continue to monitor this in the future.

#### **5.1.7 TravelWise Grant**

The Trust applied for a TravelWise grant for match funding for additional cycle parking facilities. Unfortunately, due to financial constraints, the scheme was terminated, however the Trust will continue to liaise with TravelWise to monitor future grant schemes.



**5.2 Progress table**

Table 5.2 show the previous short term targets from the Travel Plan review 2009. The table highlights progress by the use of green (on track), yellow (broadly on track) or red (behind) progress bars as illustrated in the table below.

Table 5.1: Progress Table

	<b>Target on track/achieved</b>
	<b>Target broadly on track</b>
	<b>Target behind progress</b>

Table 5.2: Short Term Progress Table

<b>August 2008 - August 2009/10 Action Plan Schedule</b>						
Target No	Initiative/Measure/Action:	Responsibility:	How Monitored / Measured:	Proposed Progress / Revised Target Date:	2010 Review	Progress
S1	Update all surveys on a biannual basis	NHS Trust	Presentation of updated results at annual review	Spring 2010, repeat every two years	Undertaken in September 2010	
S2	Repeat 'Car Free Day'	Travel Plan Co-ordinator	Hold such an event and monitor attendance and events used	Annually	Event held in September 2010 as part of TravelWise week	
S3	Provide 'Green Travel Publicity Day' and general Travel Plan promotion	Travel Plan Co-ordinator	Hold such an event and monitor attendance and events held	Annually	Event held in September 2010 and regular email promotions included within the Trust monthly brief	
S4	Continue discussions with local bus operators via bus users group	Travel Plan Co-ordinator	Hold regular meetings with operators	Trust maintains regular contact with Avon, First and Arriva	Discount negotiated with First, currently undertaking review for implementation	
S5	Continue work of Cycle User Group	Travel Plan Co-ordinator		Ongoing	Low attendance at meetings since launch of salary sacrifice scheme however cyclists contacted regularly via email to maintain communication	
S6	Continue work of Car Park Policy Group	Travel Plan Co-ordinator	Maintain regular meetings	Ongoing	Group continues to meet	

	Continue Transport Strategy Group	Travel Plan Co-ordinator (in association with TravelWise)	Quarterly meeting - propose new targets for Travel Plan	Ongoing	Quarterly meetings held
<b>S7</b>	Establish salary sacrifice scheme or interest free loans or packages for cycles/public transport tickets with possible outside partner	Travel Plan Co-ordinator	Appointment of outside partner or running scheme in-house	Complete, windows for staff to purchase a bike through salary sacrifice are ongoing	Salary sacrifice available for bikes on an annual basis. Loop hole closed for public transport tickets. Travel survey revealed little interest in season ticket loans.
<b>S8</b>	Apply for Travelwise funding for cycle parking	Travel Plan Co-ordinator	Update outcome in annual review	Ongoing, new funding streams to be identified	Trust applied however funding was withdrawn
<b>S10</b>	Include information on bus services, parking reimbursement and access to the hospitals in appointment letters to patients	Travel Plan Co-ordinator	Scheme up & running	Complete	Unable to provide within appointment letter due to space restrictions however information is included within the patients' information leaflet and how to get to guides
<b>S11</b>	Survey and update the number of total vehicle trips into the hospitals	Arrowe Park Car Parks Manager	Presentation of updated results at annual review	Autumn 2010, repeat every two years	Travel survey snapshot carried out in September
<b>S12</b>	Review reimbursement allowance for use of car for work purposes, allocation of parking permits and parking spaces etc..	NHS Trust	Use results from parking and travel study and car park policy groups recommendations	Complete Spring 2011, ongoing	Review in progress
<b>S13</b>	Undertake patient and visitor surveys	NHS Trust	Presentation of updated results at annual review	Complete Autumn 2010, repeat every two years	Undertaken in September

<b>S14</b>	Undertake new staff surveys, increase response rate from 6% to 12% of staff	NHS Trust, Transport strategy group	Presentation of updated results at annual review	Bi-annual	Undertaken in September, 20% response to web survey	
<b>S15</b>	Travel Plan Review	Travel Plan Co-ordinator	Annual Review Report	Complete Autumn 2010, undertake annually	Ongoing	
<b>S16</b>	Provide information on the Travel Plan in the staff induction pack	Travel Plan Co-ordinator	Information in induction pack	Complete Autumn 2010	Complete	
<b>S17</b>	Increase membership of Lifshare database	Travel Plan Co-ordinator	Grow membership to 100 staff	Ongoing	Trust looking to provide car share matching as part of the car park permit process as very low interest in website.	
<b>S18</b>	Develop car share policy - taxi ride homes, dedicated car park etc.	Travel Plan Co-ordinator	Develop proposals for Transport Strategy Group	Spring 2011	Ongoing	
<b>S19</b>	Evaluate Park and Ride service from Sainsbury's	Travel Plan Co-ordinator	Patronage figures provided in review	Annually	Service continues to operate with increase in utilisation from 2009 figures	
<b>S20</b>	Review marketing and communication of Travel Plan	Travel Plan Co-ordinator	Presentation of activities and strategy provided in review	Update annually	Developed strategy in collaboration with the marketing and comms department – see chapter 6	

# 6. Marketing and Communications Strategy

## 6.1 Introduction

Lack of information about travel alternatives such as public transport, car sharing and cycling is often one of the most significant barriers to their use. Therefore, marketing and communications is a crucial element of the travel plan and the Trust should spend a significant amount of time raising awareness of the travel plan.

The communications and marketing strategy will cover methods of engaging with staff, patients and visitors in order to raise the profile of different travel options, including the benefits of more sustainable or efficient travel.

## 6.2 Marketing and Communication Strategy

Marketing professionals claim when promoting an initiative it needs to be said seven times before individuals decide whether to buy in to the idea. When introducing a new initiative at the Trust it is important that resources are available to undertake regular communication as it will increase the likelihood success of any scheme.

Prior to any marketing exercise it is important that the Trust establish what the overall aims are which will help to focus activities and evaluate the success of each campaign. Some ideas include:

- Explaining measures such as car sharing or salary sacrifice;
- Letting staff know the benefits of using certain modes of transport such as the health benefits or cost savings;
- Encouraging greater use of sustainable modes of transport; and
- Reducing the number of single occupancy vehicles.

The table below provides marketing and communications guidance which should be taken into account when implementing the travel plan.

**Table 6.1: Marketing and Communications Strategy**

Task	Action	Timescale
Re-launch the Travel Plan and Initial Promotion	Re-launch the Strategy to all employees via Trust Monthly Brief (team brief) cascade process and other Trust-wide publications e.g. Insite staff magazine (quarterly) and Public Membership News (bi-annually).  Ensure that the launch is as high profile as possible. Recommend Chief Executive or Executive Team involvement, with photo opportunity and	April 2011

Task	Action	Timescale
	<p>story in Insite, on website and possibly some local media PR.</p> <p>Organise events to make the event enjoyable such as competitions and free gifts utilising the 'kiosk' at Arrowe Park Hospital and other venues such as staff restaurants at Arrowe Park and Clatterbridge Hospitals.</p> <p>Utilise the following channels of communication.</p> <ul style="list-style-type: none"> <li>Poster campaign</li> <li>Global email</li> <li>Trust Monthly Brief</li> <li>Intranet and public website</li> <li>Features within the hospitals' newsletters</li> <li>The staff induction process</li> </ul> <p>It is recommended that the following measures are launched at the same time so that participation is incentivised:</p> <ul style="list-style-type: none"> <li>Consider launching a preferential car share spaces scheme</li> <li>Open the salary sacrifice for bikes window</li> </ul> <p>Launch travel plan intranet site to provide further information</p>	
<p>Maintain the momentum</p>	<p>The Trust should look to launch a campaign at least every quarter with key events held over the Spring &amp; Summer months. TravelWise are able to provide marketing advice and materials.</p> <p>We recommend promoting:</p> <ul style="list-style-type: none"> <li>Active travel modes over the spring and summer months.</li> <li>Car sharing over autumn and winter months.</li> <li>Smarter working such as teleconferencing, videoconferencing and home working in the winter.</li> <li>Public transport in the spring.</li> </ul> <p>Key events could coincide with the following:</p> <ul style="list-style-type: none"> <li>Walk to Work Week – April</li> <li>Bike to Work Week – June</li> <li>Car Share Day – June</li> <li>In Town Without My Car Day – September</li> <li>TravelWise Week - September</li> <li>National Work from Home Day – May</li> </ul>	<p>Every quarter</p>

Task	Action	Timescale
	<p>Where possible base campaigns around the launch of new travel plan measures. For example, public transport discount/loans or cycle maintenance service.</p> <p>Furthermore, look to promote the travel plan through other campaigns including the transport phase of a Trust-wide awareness campaign around energy efficiency and environmental impacts as well as the Trust's proposals for encouraging health lifestyles which is aimed at encouraging 2,012 members of staff to take up or return to some form of sport or physical activity during the build-up to the London Olympics in 2012.</p>	
Monitoring	<p>As part of the planning requirement, the Trust monitors the travel plan bi-annually. Following each survey it will be important to promote the results amongst staff. This will promote the value of staff participation in the survey and can be done using the Trust Monthly Brief route, intranet and regular meetings.</p> <p>Where possible act upon the findings of the survey when launching a travel plan measure, highlighting the role of staff in identifying the measure.</p>	Bi-annually in November

The purpose of marketing is to match the right product to the right market, to provide an optimum return. Marketing will increase the likelihood that staff will change their travel behaviour through raising awareness of the alternatives to driving alone. If measures can be targeted at specific groups, such as distance catchment areas, then the overall impact of any campaign will be increased. Where appropriate the Trust will aim to focus:

- Walking campaigns focussed at staff which live within 1.5 miles of the site;
- Cycling campaigns at staff which live within 3 miles of the site; and
- Public transport aimed at staff which live within 400m of a direct bus service.

### 6.3 Patient & Visitors

In addition to the information issued to new patients and the how to get to guide, the Trust will continue to raise awareness of the alternatives to

driving utilising the local press. Press releases will be used to highlight the large numbers of bus services which serve the hospital, cycle facilities and the park & ride service to promote low cost options to driving to the hospital.

The Trust will further promote and raise the profile of travel discounts and exemptions in its Hospital Information for Patients and Carers in hard copy, on the website and at 'point of sale' areas such as pay stations, the cashpoint and bank. Discount information will also be made available to ward and department managers. Possibilities for promoting discounts on tickets and receipts will be investigated.



## 7. Action Plan 2010 - 2012

### 7.1 Introduction

It is important that the travel plan does not remain static and regular reviews will allow the trust to update the plan to meet the needs of staff, patients and visitors.

This section of the plan sets out how the Trust intends to address mode share in order to encourage greater use of sustainable travel modes.

### 7.2 Active Travel Modes

Going forward, the main focus of the plan will be encouraging greater use of active travel modes to promote healthy lifestyles benefiting both staff and the Trust. In addition to the benefits, active travel presents the Trust with the greatest opportunity for mode shift as:

- It is not reliant upon a public transport network for which the Trust has little control over;
- It is free so compares competitively with car travel; and
- It provides a mode of transport where the user has complete control presenting an attractive alternative to driving.

We are mindful that over two fifths of staff live within 3 miles of Arrowe Park Hospital however only 8% walk or cycle to work. Targeting this group of people is more cost effective than widespread measures and will also increase the overall likelihood of mode shift.

Making best use of expertise within the Trust and aligning measures with the Trust's proposals for encouraging healthy lifestyle will increase the overall impact of interventions.

### 7.3 Public Transport

The Trust will continue to work closely with the bus operators to identify opportunities to increase bus use. Staff who live on high frequency, direct bus routes will be targeted using personalised campaigns to raise awareness of the alternatives available to them. These campaigns will be underpinned by the traffic management and car park management policy, which will restrict permits to staff which live on direct, high frequency routes.

### 7.4 Car Share

Car sharing or lift-sharing can be an effective way to reduce congestion, especially at peak times, and involves two or more people sharing a car for a particular journey such as to work or to the shops. The main benefits associated with car sharing are financial due to the shared fuel

cost and reduced parking charges, table 7.1 details the potential cost savings.

**Table 7.1 - Annual Fuel Costs per person for Car-Sharing**

Distance from work (Miles)	Sole Occupant(£)*	Sharing with one other(£)	Sharing with two others(£)
10 miles**	715	357	239
20 miles**	1,430	715	477
40 miles**	2,859	1,430	953

\* Based on a 1400cc engine running at 31.3 miles /gallon & petrol costs of £4.76/gallon and 47 working weeks of 5 days per week.

\*\*In order to calculate a round trip figure, the distance from work has been doubled.

Currently 14% of staff car share, however there has been little interest in the liftshare website. The Trust is looking to increase membership of liftshare by undertaking promotional campaigns with existing car park permit holders.

It is recommended that the Trust does not solely rely upon the liftshare web based database as experience has shown that hospital staff are not receptive of internet based matching schemes. Alternatively, paper and electronic application forms will offer a more personal matching service, which hospital staff may feel more comfortable using. An example of Liverpool John Lennon Airport's car share application form is provided in appendix F and the Trust will look to produce a similar document. Completed forms should be returned to the travel co-ordinator, who will use this information to find a suitable sharer.

Raising awareness will be a key component of the scheme and it is recommended that the Trust utilises a variety of communication channels to raise the profile such as:

- High profile launch
- Poster campaign
- Global email
- Trust Monthly Brief
- Intranet
- Features within the Trust newsletter
- Application forms attached to payslips
- Staff induction

## 7.5 Car park management

Please see the Traffic Management and Car Park Policy for further details.

**7.6 Action Plan 2010 - 2012**

The table below provides an overview of travel plan activities for 2010 - 2012.

Table 7.2: Action Plan 2010-2012

<b>October 2010 - October 2012 Action Plan Schedule</b>						
<b>Ongoing measures</b>						
<b>Target No</b>	<b>Initiative/Measure/Action:</b>	<b>Responsibility:</b>	<b>How Monitored / Measured:</b>	<b>Proposed Progress / Revised Target Date:</b>	<b>Medium/Long Term Targets Supported</b>	
<b>S1</b>	Update all surveys on a biannual basis	NHS Trust	Presentation of updated results at annual review	<b>Spring 2012</b>	<b>All</b>	
<b>S2</b>	Repeat 'Car Free Day' / TravelWise Week	Travel Plan Co-ordinator	Hold such an event and monitor attendance and events used	<b>Annually</b>	<b>All</b>	
<b>S3</b>	Provide 'Green Travel Publicity Day' and general Travel Plan promotion	Travel Plan Co-ordinator	Hold such an event and monitor attendance and events held	<b>Annually</b>	<b>All</b>	
<b>S4</b>	Continue discussions with local bus operators via bus users group	Travel Plan Co-ordinator	Hold regular meetings with operators	<b>Trust maintains regular contact with Avon, First and Arriva</b>	<b>M4, L4</b>	
<b>S5</b>	Continue work of Cycle User Group	Travel Plan Co-ordinator	Maintain regular meetings	<b>Ongoing</b>	<b>M1, L1, L5</b>	
<b>S6</b>	Continue work of Car Park Policy Group	Travel Plan Co-ordinator	Maintain regular meetings	<b>Ongoing</b>	<b>All</b>	
<b>S7</b>	Continue Transport Strategy Group	Travel Plan Co-ordinator (in association with TravelWise)	Quarterly meeting - propose new targets for Travel Plan	<b>Ongoing</b>	<b>All</b>	

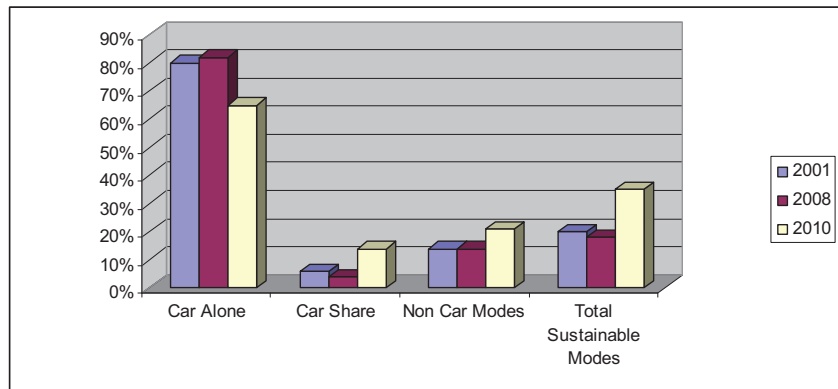
<b>S12</b>	Review reimbursement allowance for use of car for work purposes, allocation of parking permits and parking spaces etc..	NHS Trust	Use results from parking and travel study and car park policy groups recommendations	Complete Spring 2010	M3, L3
<b>S13</b>	Undertake patient and visitor surveys	NHS Trust	Presentation of updated results at annual review	Complete Autumn 2010, repeat every two years	All
<b>S14</b>	Undertake new staff surveys, increase response rate from 6% to 12% of staff	NHS Trust, Transport strategy group	Presentation of updated results at annual review	Bi-annual	All
<b>S15</b>	Travel Plan Review	Travel Plan Co-ordinator	Annual Review Report	Autumn 2011 & 2012	All
<b>S16</b>	Provide information on the Travel Plan in the staff induction pack	Travel Plan Co-ordinator	Information in induction pack	Complete Autumn 2010	All
<b>S17</b>	Increase membership of Liftshare database	Travel Plan Co-ordinator	Grow membership to 100 staff	Ongoing	M3, M4, L3, L4
<b>S18</b>	Develop car share policy - taxi ride homes, dedicated car park etc.	Travel Plan Co-ordinator	Develop proposals for Transport Strategy Group	Spring 2011	M3, M4, L3, L4
<b>S19</b>	Evaluate Park and Ride service from Sainsbury's	Travel Plan Co-ordinator	Patronage figures provided in review	Annually	M4, L4
<b>Additional Measures 2010 - 2012</b>					
<b>Target No</b>	<b>Initiative/Measure/Action:</b>	<b>Responsibility:</b>	<b>How Monitored / Measured:</b>	<b>Proposed Progress / Revised Target Date:</b>	<b>Medium/Long Term Targets Supported</b>
<b>S21</b>	Work in partnership with Wirral Council and Wirral PCT to promote the health	Travel Plan Co-ordinator	Travel Survey results	Annually	M1, M2, L1, L2, M4

	and Wirral PCT to promote the health benefits of walking and cycling to work.	ordinator			
<b>S22</b>	Undertake a pedometer challenge to encourage staff to walk more	Marketing Team, HR & Travel Plan Co-ordinator	Record number of participants	Annually	M2, L2, M4
<b>S23</b>	Undertake monitoring of cycle parking on a monthly basis.	Travel Plan Co-ordinator	Record number of bikes	Monthly	M1, L1, M4
<b>S24</b>	Provide a Dr. Bike clinic maintenance service	Travel Plan Co-ordinator	Record number of participants	2 per year	M1, L1, M4
<b>S25</b>	Work with TravelWise and Wirral PCT to provide cycle training	Travel Plan Co-ordinator	Record number of participants	Complete Spring 2012	M1, L1, M4
<b>S26</b>	Investigate becoming an agent for Merseytravel, Arriva and First by selling season tickets	Travel Plan Co-ordinator, HR & Finance	Develop proposals for Transport Strategy Group	Complete Spring 2012	M4, L4
<b>S27</b>	Promote the liftshare database by directly targeting permit holders	Travel Plan Co-ordinator	Record number of application forms sent	Annually	M3, M4, L3
<b>S28</b>	Provide a paper alternative to the liftshare website	Travel Plan Co-ordinator	Record number of application forms	Ongoing	M3, M4, L3

## 8. Travel Plan Targets 2010 - 2012

It is important that the travel plan is continually reviewed and updated to ensure that the plan remains relevant to the Trust. The latest survey information has enabled the Trust to develop a new action plan and in order to give direction, a series of new medium and long term targets have been set.

The travel survey revealed that the Trust has considerably increased the number of staff travelling to Arrowe Park using sustainable modes (35%), meeting its 2010/2012 target two years early. The graph below presents the Trust's progress, comparing the latest survey results with 2001 and 2008 data.



In consultation with the Trust has set new targets for both the medium and long term and these are presented in table 8.1 on the next page.

Table 8.1: Medium Term Targets

		August 2010 to August 2012 - Medium Term Targets				2010 Review		
Target No	Previous Initiative/Measure/Action:	Responsibility:	Previous Target Date:	How Monitored / Measured:	2010 Survey Results	Revised target/	Revised target date	
<b>M1</b>	<b>Medium Term: 2 years</b> Increase the proportion of staff cycling to work by 100% from 4% to 8% modal share	NHS Trust	<b>Spring 2010</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey	4%	6%	Spring 2012	
<b>M2</b>	Increase the proportion of staff walking to work by 100% from 2% to 4% modal share	NHS Trust	<b>Spring 2010</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey	4%	6%	Spring 2012	
<b>M3</b>	Increase the proportion of staff who car share from 4% to 15% modal share	NHS Trust	<b>Spring 2010</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey	14%	16%	Spring 2012	
<b>M4</b>	Reduce the number of single occupancy car trips to the hospital and achieve a 35% modal share of travel to the hospital by sustainable modes	NHS Trust	<b>Spring 2010</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey	35%	41%	Spring 2012	

Table 8.2: Long Term Targets

	<b>Long Term: 4 years</b>			
<b>L1</b>	Increase the proportion of staff cycling to work from surveyed 2012 level by a further 50%	NHS Trust	<b>Spring 2012</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey



<b>L2</b>	Increase the proportion of staff walking to work from surveyed 2012 level by a further 50%	NHS Trust	<b>Spring 2012</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey
<b>L3</b>	Increase the proportion of staff who car share from surveyed 2012 level by a further 50%	NHS Trust	<b>Spring 2012</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey
<b>L4</b>	Increase the proportion of staff using public transport to travel to work from surveyed 2012 level by a further 50%	NHS Trust	<b>Spring 2012</b>	2-yearly formal survey and alternate 2-yearly 'snap-shot' modal split survey
<b>L5</b>	Re-investigate the option of cycle mileage for business travel	NHS Trust	<b>Spring 2012</b>	Complete

## 9. Conclusions

The Trust has made significant progress in reducing the number of staff which drive alone to the Arrowe Park site, achieving the short term 2010/12 travel plan target of 35% of staff arriving by sustainable modes two years early. This could be attributed to the Trust implementing a series of incentives and disincentives, intended to raise awareness and increase the attractiveness of sustainable modes whilst penalising single occupancy car use. It is important to note that the most successful travel plans contain both types of measures and the Trust should continue to incentivise sustainable transport and use prohibitive measures to manage demand for car travel to achieve greater modal shift in the future.

The Trust has not increased car parking charges since the introduction of the system in 2005, however car parking in Birkenhead and the cost of public transport have both seen significant increases over the past five years. In addition to this, the Trust has not made a net profit since the system was introduced and uses all revenue generated from car parking to contribute towards the operation of the car park management & traffic policy and the travel plan. With the Trust looking for £28million in savings over the next two years, it is important that the cost of car parking truly reflects its operational cost in order to reduce the impact upon patient care budgets. Increasing car parking charges will address the VAT increase in January 2011, whilst continuing to provide funds for both the travel plan and the car park & traffic management policy, reducing the amount of additional funding provided by the Trust.

The Trust found great success utilising TravelWise's Wise Moves online survey, increasing the staff response rate from 6% in 2008 to 20% in 2010. In addition to this, paper forms distributed via line managers to members of staff with no access to a computer proved to be a successful method of distributing to the survey. The Trust should look to utilise these methods for future surveys to build upon the 2010 response rate.

The Trust has introduced a number of physical and financial measures, accompanied by car parking control, to manage the demand for car parking at Arrowe Park. Going forward, the emphasis should be upon greater awareness raising with the Trust looking to engage with stakeholders such as Wirral Council, TravelWise, Wirral PCT and the bus operators, to develop joint campaigns. In addition to this, current restrictions upon the car park could be further increased to address the number of staff which drive but could realistically use alternatives.

In terms of patients and visitors, the Trust will look to raise greater awareness of alternatives to driving to Arrowe Park, providing information to both new patients and GP's to encourage a more informed travel choice.

# Appendices

# Appendix A. Written Ministerial Statement and Car Parking Q&A

## WRITTEN MINISTERIAL STATEMENT

### DEPARTMENT OF HEALTH

#### NHS Parking: Response to Consultation

Thursday 16 September 2010

**The Minister of State, Department of Health (Mr Simon Burns):** I am today publishing the government's response to the recent public consultation on car parking at National Health Service hospitals issued by the previous administration before the election.

That consultation set out proposals to introduce mandatory free parking for many inpatients and outpatients. Those proposals would cost the NHS in excess of £100m. The impact assessment states that it would lead to a net disbenefit to patients valued at almost £200m. This negative impact arises from substantial health benefits foregone from not investing this income in healthcare, offset by lower financial benefits to favoured car park users. The impact also does not include environmental costs associated with the policy, which would also clearly be adverse. At a time when the NHS needs to make every penny of its budget count the government cannot support such a proposal.

Moreover, the government has embarked on a very clear strategy for the NHS that reduces central control and intervention in operational decisions, giving NHS managers the autonomy to make decisions that reflect the needs of their local community. Telling the NHS how to run their car parks would be inconsistent with this principle.

However, our strategy also puts patients at the centre of decision making, and supports patients to be able to make informed choices. It is clear from the consultation feedback that the parking policies and practices in some trusts fall short of these standards. Patients undergoing extended outpatient treatment, and long-stay inpatients, should not be further disadvantaged, and nor should their health needs be possibly compromised by high cumulative parking costs. A fair scale of concessionary rates should be offered, and all eligible patients should be fully informed and helped to take advantage of them. These standards are fundamental to patient centred care and informed choice.

Through our announcement today we are:

- ensuring that the NHS is made aware of patients' concerns;
- asking trusts to work with local groups to examine their current policies and practices and ensure that they are genuinely fair;
- emphasising the importance of promoting these fully to eligible patients, prior to and during their treatment; and

- asking the NHS Confederation, who already provide best practice guidance on parking policy, to engage further with parking providers and patient advocate groups to respond to the concerns identified through the consultation.

Local autonomy requires local accountability. It is for trust boards to ensure that their policy is fair and patient centred, and has the support of its local community. The challenge now is for the NHS collectively and locally, to take action to deliver the fair access that their patients expect.

The government's response and a summary of the responses to the consultation have been placed in the Library. Copies of the government's response are also available to hon Members in the Vote Office.

## **Car Parking Q&A**

### **Are you just going to stand by and do nothing?**

No. Through our announcement today we are:

- o ensuring that the NHS is made aware of patients' concerns;
- o asking trusts to work with local groups to examine their current policies and practices and ensure that they are genuinely fair;
- o emphasising the importance of promoting these fully to eligible patients, prior to and during their treatment;
- o asking the NHS Confederation, who already provide best practice guidance on parking policy, to engage further with parking providers and patient advocate groups to respond to the concerns identified through the consultation.

But local autonomy requires local accountability. It is for trust boards to ensure that their policy is fair and patient centred, and has the support of its local community. The challenge now is for the NHS collectively and locally, to take action to deliver the fair access that their patients expect.

### **Aren't you compromising your principle of local autonomy now by telling the NHS what to do?**

No, we are highlighting that the provision of concessions as a standard is part of patient centred healthcare, and their active promotion is necessary for informed patient choice. The details of any scheme are for each trust to determine taking account of their local circumstances (engaging with their local community).

### **Why are you abandoning the previous administration's commitment to free parking?**

This Government has never committed to a policy of mandated free parking. The proposals in consultation are estimated at £200 million in lost benefits to patients and would mean that hospitals have to divert money from patient care. At a time when the NHS must make every penny count, we simply cannot support such a proposal.

Labour said that each hospital would fund the reduction through (unspecified) local efficiencies in back office operations. Assuming that they could realise these, we want all available efficiency gains to be used to reinvest in patient care.

There simply isn't enough capacity at many hospitals to cope with the increase in demand for spaces that widespread free parking would generate. Priority patients would be unable to park, as has happened in a number of hospitals in Scotland and Wales.

We can't be in favour of decentralisation, and greater autonomy for NHS and then tell them how to run their car parking.

### **In response to the allegation that MS(H) has done a 'u-turn' on parking:**

This is not a u-turn, this Government has never committed to a policy of mandated free parking. In an ideal world parking and all sorts of other ancillary services and facilities would be free. However, we are in unprecedented economic circumstances. The proposals in consultation are estimated at £200 million in lost benefits to patients and would mean that hospitals have to divert money from patient care. Labour said that each hospital would fund the reduction through (unspecified) local efficiencies in back office operations. Assuming that



hospitals can find these, we want all available efficiency gains to be used to reinvest in and protect patient care.

But the priority has to be patients whose health needs require frequent visits to the hospital. They are the ones who should not be penalised for their illness. That is why we have said clearly to the NHS that these patients must not be disadvantaged by cumulative parking charges.

### **Do you still think that parking charges are a 'tax on the sick'?**

It is unreasonable for patients and visitors to pay a nominal charge on the few occasions they visit a hospital. However, for those who have to attend on a long term basis, if they incur high cumulative charges that could be seen as a cost of being sick.

That is why the NHS must ensure that a fair policy on concessions addresses the needs of this small but vitally important group of patients.

### **Explaining the policy cost calculations**

#### **Where does the cost (for Labour's policy) of £117m come from?**

This was the estimated cost in the Impact Assessment of the original proposal by Andy Burnham for the visitors of all inpatients to receive a voucher for free parking.

They subsequently also consulted on options for outpatients that, if combined, would have increased this cost further

#### **How do you get the 200m figure?**

The previous government's plans set out proposals to introduce mandatory free parking for many inpatients and outpatients. Those proposals would cost the NHS in excess of £100m (£117). The impact assessment states that it would lead to a net disbenefit to patients valued at almost £200m. This negative impact arises from substantial health benefits foregone from not investing this income in healthcare, offset by lower financial benefits to favoured car park users. The impact also does not include environmental costs associated with the policy, which would also clearly be adverse.

#### **How have you calculated that there is a 'net disbenefit' for this proposal?**

In the absence of any evidence that free car parking for visitors to inpatients offer any health benefit, the main components of this calculation come from estimating the value of healthcare benefits that would have been foregone by spending this money on providing free car parking rather than on healthcare. This is only partially offset by the money saved by those car park users who would no longer have to pay to park.

#### **What are the other 'environmental costs' that you have referred to?**

These relate to the consequence of increased car journeys that would be encouraged by the provision of free parking, with resulting increase in CO2 emissions and related impacts

Provision of Concessions for Frequent Users

#### **So which patients are eligible for concessions?**

It would be wrong to specify a rigid central rule on what constitutes a 'regular patient' who justifies concessions, and what the rate should be, but each trust should be prioritising its

most frequent patients and providing a level of concession that their local circumstances can sustain. (These circumstances might include car park capacity, number of priority patients, location & available public transport)

But we would expect all cancer and renal dialysis outpatients, as well as others, to benefit from concessions.

**Aren't you just centrally mandating concessions?"**

No, we are simply saying that the principle of concessions for some patients is consistent with patient centred healthcare. That is not the same as mandating specific subsidies for particular groups.

**Won't this just create the extra cost burden that you say that you can't afford?**

No, we are talking about a small proportion of total patients and visitors for most hospitals. And they should already be providing and promoting fair concessions in line with existing guidance.

**Are all hospitals providing concessions currently?**

Those who responded to the consultation all tell us that they are providing some form of concession. What that doesn't tell us is whether they are fair, and whether patients are being informed and assisted to take advantage of them. Patients and patient groups tell us this is variable and that is unacceptable.

**How will you ensure that all hospitals provide these without making them mandatory?**

Trusts know that a policy of fair concessions is vital to patient-centred care. If they are failing to provide this, their local community should hold them to account. Through our announcement today we are:

- o ensuring that the NHS is made aware of patients' concerns;
- o asking trusts to work with local groups to examine their current policies and practices and ensure that they are genuinely fair;
- o emphasising the importance of promoting these fully to eligible patients, prior to and during their treatment;
- o asking the NHS Confederation, who already provide best practice guidance on parking policy, to engage further with parking providers and patient advocate groups to respond to the concerns identified through the consultation.

**Who pays for the current Hospital Transport scheme, and how is eligibility is determined.**

The Healthcare Travel Cost Scheme is funded by Primary Care Trusts (PCTs). Most commonly the provider unit will pay the patient at the cashiers office on the day of the appointment.

The eligibility criteria are:

- o Be in receipt of particular qualifying benefits such as Income Support, or Pension Credit
- o Be named on a NHS low income certificate

### Why should anybody have to pay parking charges?

Most members of the public only use a hospital car park for a very few days in a year. It is not unreasonable for them to pay a small amount towards the facility. However, such charges should not result in patients and visitors being unable to access NHS services where their care needs required extended access to hospital services.

Car parking facilities do carry costs such as maintenance, lighting and security. Without charging users, the NHS would need to divert funding from front line services. Many hospitals have invested in increased capacity and improved facilities in recent years. Without income future such investment is likely to dry up — in the consultation people told us that what they value most is sufficient convenient parking above free parking.

The NHS does not subsidise patients or visitors who travel by other means to attend the hospital, or those who park in nearby facilities provided by commercial operators.

### Do all hospitals currently charge for car parking?

Of NHS respondents to the consultation 88% of Trusts charge. This is consistent with other historical data. Of course some London hospitals don't have any car parks for which they could charge.

### And do they make profits?

We don't have any record of accounts that would confirm this. A few say they make a profit that they reinvest into local services.

### What do you mean when you say there is a legislative issue that may require profits to be generated? ( this line to subject legal clearance)

Car parking charges are part of generating income which legislation requires to at least break even. This applies to sensible local business activities that make use of their spare resources, such as renting out spare buildings or running a shop.

However, operating a car park is not the same — patients expect parking facilities if the site allows for them to be provided.

We are looking at options to relax the requirement to break even to give hospitals the flexibility to set charges suit their local circumstances.

### Shouldn't 'regular' patients get free parking?

We can't go as far as specifying a rigid rule on what constitutes a 'regular patient' who justifies free parking. Trusts will need to consider locally issues, for example longer travel distances, patients attending several locations, as well as their available capacity and the needs of other priority patients.

### Why is a local solution better?

Each NHS organisation has different locations, services and local populations. Therefore, the arrangement they make to provide access to their services will have different costs. It is both inappropriate and impossible for us to mandate centrally how they charge for their parking. For example, in some areas increased car usage will result in congestion and could hinder efforts to meet carbon reduction targets. In other areas, patients have little option than to use their car for transport.

We can't be in favour of decentralisation, and greater autonomy for NHS and then tell them how to run their car parking. But through our announcement today we are:

- o ensuring that the NHS is made aware of patients' concerns;
- o asking trusts to work with local groups to examine their current policies and practices and ensure that they are genuinely fair;
- o emphasising the importance of promoting these fully to eligible patients, prior to and during their treatment;
- o asking the NHS Confederation, who already provide best practice guidance on parking policy, to engage further with parking providers and patient advocate groups to respond to the concerns identified through the consultation.

#### *Handling the Announcement*

Q Why have you published this response today when parliament is about to rise for almost a month?

There is significant public interest and we were keen to ensure our response was published as soon as possible. Today was the first day this could be achieved.

#### **If other countries can do it, why can't we?**

Scotland and Wales have made their own choice to spend part of their finite NHS budget on subsidising the costs of car parks. That means less money on patient care.

A number of hospitals in Scotland and Wales have also had situation where priority patients haven't been able to park. There simply isn't enough capacity at many hospitals to cope with the increase in demand for spaces that widespread free parking would generate.

We can't be in favour of decentralisation, and greater autonomy for NHS and then tell them how to run their car parking.

#### **If the responses say that people want free car parking — why aren't you listening to people?**

The responses did not simply tell us that people want free parking. Respondents also told us that convenient access, and not the cost of parking, was their most important access concern. We believe that what most people want is not necessarily free parking for all or most patients and visitors, but good access to parking, with fair and reasonable charges and significant concessions (up to free parking) focused on those patients who have to attend regularly.

The NHS does not require central regulation to provide this.

#### **What Best Practice Guidance and Codes of Practice exist?**

The NHS Confederation represents over 95% of NHS organisations. One of its key roles is influencing policy, implementation and debate. In early 2010, it issued its best practice guidance to its members *Fair for all not free for all: principles for sustainable hospital car parking*<sup>[1]</sup>. This describes many examples of good practice based on a set of principles that build on the Select Committee recommendations on concessions. The Confederation's Guide can be found at: <http://www.nhsconfed.org/OurWork/latestnews/Pages/fair-car-parking.aspx>

Also in 2010, the British Parking Association, in partnership with the Confederation, issued a Hospital Parking Charter. This charter, to which trusts have since signed up, acts as a kite mark, guaranteeing compliance to its standards<sup>[2]</sup>. Other patient organisations have also described what they would see as good practice in running car parks. For instance *Which?* recently published their *Ten Demands for Hospital Car Parking*.<sup>[3]</sup> The BPA's Charter can be found at: [http://www.britishparking.co.uk/info\\_page.php?id=74&info\\_id=39](http://www.britishparking.co.uk/info_page.php?id=74&info_id=39)

We believe that these resources together offer NHS organisations a broad range of information about standards, and will support the spread of best practice more effectively than guidance from government. However, we would encourage organisations representing NHS trusts and patients to consider whether existing publications could be refreshed to take account of the issues raised in response to this consultation, and clearly reflect both the needs of patients and the constraints of NHS.

## Appendix B. Policy Reference: Car Parking Charging

Policy Reference:

## **CAR PARKING CHARGING**

**For Patients & Visitors to Wirral University Teaching Hospital  
NHS Trust Foundation Trust**

Version 1.2

<b>Name and Designation of Policy Author(s)</b>	Mr J W Realey, Facilities Manager
<b>Name of Approving Committee</b>	Car Park Policy Group
<b>Ratified By</b>	Hospital Management Board
<b>Date Ratified</b>	
<b>Date Policy Published</b>	(To be updated once published)
<b>To Be reviewed By</b>	(To be updated once published)
<b>Target Audience</b>	All staff, patients and visitors to Arrowe Park and Clatterbridge Hospitals
<b>Associated Documents</b>	

## DOCUMENT HISTORY

### Version History

Date	Version	Responsibility	Comments
Mar 2007	1.0	J W Realey	Draft version – currently in process of writing.
Aug 2007	1.1	J W Realey	Amended exemption information
September	1.2	J W Realey	Document for consultation as per policy guidance

### Approvals

The following staff are identified as key individuals who represent a high level of expertise in fields relating to the content of the policy. All of these staff must review relevant sections of the policy and confirm that they approve the policy to go live.

The name of the person holding over-all responsibility for this policy is highlighted in **bold** text.

To save space, approvals of old versions will be summarised as one entry. Only the most recent approvals of the current version will be shown in full.

Approval Type Required	Approval Given By	Date Approved	Comments
Screened for Impact			
Impact Assessment			
Car Park Policy Group	P Holt	8 <sup>th</sup> August 2007	
Pharmacy (Only if medicines included in policy)			
Finance (Only if financial implications in policy)	R Fair	16 <sup>th</sup> August 2007	
HR/OD (Only if workforce/development implications in policy)			
<b>Facilities and Operations Department</b>	<b>J W Realey</b>	<b>20<sup>th</sup> September 2007</b>	



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## 1.0 INTRODUCTION

This Policy is primarily designed to provide guidance and advice to staff on who is entitled to exemption or partial exemption from car parking charges.

Wirral University Teaching Hospital, NHS Foundation Trust charges a parking fee to park in the designated parking areas for patients and visitors. This is based on a payment for each parking visit up to a maximum duration not exceeding 5 hours.

All staff should remember that a sympathetic and helpful approach should be adopted for patients and visitors regarding car-parking charges.

It is important to note that the exemption system agreed for car park charges needs to be applied and managed on a consistent basis at both hospital sites.

## 2.0 SCOPE

This policy covers both operational sites and is to assist staff who deal with patients and visitors in knowing who may or may not be entitled to exemptions or partial exemptions from car parking charges.

## 3.0 CAR PARKING FEES FOR PATIENTS AND VISITORS

The charge for patient and visitor parking at Arrowe Park and Clatterbridge Hospitals is £2.00 per visit, with a maximum visit of 5 hours - this limit is set in order to prevent staff from using patient / visitor car parks.

Anyone exceeding 5 hours must contact Security to enable them to exit the car park.

Car Parks that issue a ticket to gain access (summary list below) have a 20 minute drop off allowance for the driver to drop off a relative or friend and no charge will be incurred to exit the car park.

### **Arrowe Park Hospital**

Car Park 'B'                      Car Park 'G'

### **Clatterbridge Hospital**

Car Park 'B'                      Car Park 'F'  
Car Park 'K'                      Car Park 'L'

The review of the charge per visit will be undertaken by the Car Park Policy Review Group on an annual basis in accordance with our agreement with the local authority. The review process will involve consultation with the Trust's Membership and with the Assembly of Governors.

## 4.0 FREE CAR PARKING SPACES

As part of the legal agreement with Wirral Metropolitan Borough Council, the Trust agreed to identify and maintain 300 free parking spaces at Arrowe Park Hospital.

The Trust is responsible for the enforcement of use of these spaces and as such the measures identified in Section 8 of this Policy will apply to any member of staff who use the available free spaces allocated for the use of members of the public only.

## 5.0 EXEMPTION OR PARTIAL EXEMPTION FROM PARKING CHARGES

### 5.1. EXEMPTIONS FOR VISITORS

The following exemptions for visitors will apply:

- **Immediate Families of Patients in ITU/HDU**  
The one immediate family of critically ill patient in ITU/HDU will be entitled to free car parking whilst the patient is in ITU/HDU.
- **Parents of patients in Neonatal Unit**  
The one immediate family member of the patient in Neonatal Unit will be entitled to free parking for the remainder of the stay.
- **Parents of patients in Paediatric Wards**  
The one immediate family member of the patient in a Paediatric Ward who assists in their care will be entitled to free parking for the remainder of the stay.
- **Immediate Family of Terminally Ill Patients**  
The one immediate family member of the patient will be entitled to free parking for all visits to the hospital to attend to their relative.
- **Families of Patients Who Have Been in Hospital for Over Two Weeks**
  - *Arrowe Park Hospital*  
Will make use of one of the 300 free spaces or, alternatively, the Ward or Department Manager will contact the Cash Office who will then arrange for them to purchase a multi-day pass at a reduced cost (i.e. a seven-day pass at a cost of £5 or thirty day pass at a cost of £16 – Refer to Appendix 1).
  - *Clatterbridge Hospital*  
The Ward or Department Manager will contact the Cash Office who will then arrange for them to purchase a multi-day pass at a reduced cost (i.e. a seven-day pass at a cost of £5 or thirty day pass at a cost of £16 – Refer to Appendix 1), which can be used in car parks 'B', 'K' and 'L'.

In each case the Ward or Departmental Manager will inform the Cash Office on the respective site by e-mail confirming the visitor's details on the Authorisation for Car Park Concession form (Appendix 1).

(Refer Appendix 3 – Public Information Notice)

A list of relatives, who have been authorised for exemption to car parking charges, will be maintained in the Cash Office and this will be used to verify the application for free parking.

Visitors who are able to claim travel reimbursement from their Job Centre Plus Office should also be able to reclaim their parking fee as part of that cost from their Job Centre Plus Office.

## 5.2. EXEMPTIONS FOR PATIENTS

The following exemptions / partial exemptions for patients will apply:

- **Frequent Attendees**  
Patients who are required to attend hospital more than twice per week for an episode of care, i.e. dressings clinic, will be able to purchase a weekly multi-day car park pass at a reduced cost (£5.00). Similarly, patients who are required to attend more than eight times per month for an episode of care, i.e. dermatology, dialysis, will be able to purchase a monthly multi-day car park pass (£16.00).  
(Refer to Appendix 1)
- **Patients on Benefits**  
Patients attending for outpatient appointments or treatment who meet the criteria under the Hospital Travel Costs Scheme will be entitled to claim a refund of their car parking charges from the respective hospital cash office (Refer to Appendix 2).

Such patients will have to provide the relevant documentation in relation to eligible benefit (Refer to Appendix 2) and evidence of an appointment or treatment at the relevant hospital Cash Office.

(Refer Appendix 3 – Public Information Notice)

The following also applies:

- **Arrowe Park**  
Patients must have proof of identity before their car park ticket will be validated at the Cash Office to enable them to exit the car park free of charge.
- **Clatterbridge**  
Patients must have proof of identity and confirmation of their visit from the hospital with an appointment card or letter before the £2 parking fee will be reimbursed at the Cash Office.

Carers who provide assistance to patients will be afforded the same facilities as identified in Section 5.1 above.

## 5.3. EXEMPTIONS FOR VOLUNTEERS

Volunteers will be offered free car parking on the hospital sites. In exceptional circumstances where a free space cannot be provided, reimbursement will be available if a parking fee has been paid by a volunteer.

## 6.0 BLUE BADGE HOLDERS

There are a number of blue badge parking spaces, which are external to the main car parks and are available to blue badge holders without charge.

In addition there are a number of blue badge car parking spaces within all of the patient / visitor barriered car parks, however a charge of £2 per visit is applicable.

Traffic Advisors who are present on both operational sites will ensure that blue badge spaces are reserved specifically for the use of blue badge holders. However, it is recognised that a number of patients attending hospital have acute or chronic disability due to either their illness or the result of surgery. These patients will be directed sympathetically to blue badge spaces within barriered car parks.

## 7.0 COLLECTION OF FEES FROM EXIT BARRIERS AND PAY STATIONS

The collection of car park fees from exit barriers or pay stations is the responsibility of each of the Cash Offices under the direction of the Manager of Paymaster Services.

The Security Manager will ensure that a Security Officer will accompany a member of the Cash Office staff when collecting cash from either the exit barriers or the pay stations.

The Manager of Paymaster Services will ensure that there is an auditable process for the collection of fees from exit barriers and pay stations and that the Director of Finance has approved the procedure (Refer to Car Park Fee Collection Procedure).

## 8.0 ROAD TRAFFIC CONTROL (SUMMARY)

In order to maximise the effectiveness of the access controls, it is vital that traffic flow is not adversely affected. In order to facilitate the smooth and efficient flow of traffic in terms of movement on site, access and egress, it is necessary to implement a comprehensive traffic management system, which involves both the clear direction of all vehicles and enforcement of parking restrictions (within the car parks and outside designated parking areas).

There will therefore be a fixed-penalty notice and wheel clamping operation implemented which will be applied appropriately dependant upon the circumstances. There will be two systems of control, both of which will be undertaken by Trust Staff:

- General control of the road systems will be by using the fixed-penalty ticket control system. Parking tickets for vehicles parked on double yellow lines will be issued and controlled by Trust traffic advisors, with an appointed specialist third party operator acting on behalf of the Trust to collect the appropriate parking fine and any necessary recovery procedures.
- Vehicles parked in a position that would cause a road hazard, safety issue or unauthorised in a blue badge parking bay will be wheel clamped by our Staff, as is the case now.

**Note** that Wirral University Teaching Hospital NHS Foundation Trust are not registered with the Security Industry Authority and cannot charge a release fee.

Both systems will be carefully monitored to ensure that they are operated correctly and are robust enough to ensure the free movement of vehicles around our operational sites at all times.

For further details, please refer to the Road Traffic and Illegal Parking Control Policy.

## 9.0 REVIEW OF CAR PARKING CHARGES POLICY

The Car Park Policy Group will review this policy on an annual basis following consultation with the Trust's membership. A report will be submitted for consideration and approval by the Trust's Board of Directors and ratified by the Assembly of Governors.

**AUTHORISATION FOR CAR PARK CONCESSION**

Ward / Department: .....

Date of Request: .....

Type of Concession Required	✓	Notes
Patient Discounted Pass	<input type="checkbox"/>	A <b>Discounted Pass</b> can only be provided to <b>patients</b> having to attend more than twice per week (eight times per month).
Visitor Free Pass	<input type="checkbox"/>	A <b>Free Pass</b> can only be provided to <b>visitors</b> in respect of those patients in ITU/HDU, Neo-Natal Unit, Paediatric In-Patients and terminally ill patients. One pass only will be issued per patient. Please complete the visitor details section below.
Visitor Discounted Pass	<input type="checkbox"/>	A <b>Discounted Pass</b> can only be provided to <b>visitors</b> attending on a daily basis where the patient's length of stay has exceeded fourteen days. One pass only will be issued per patient. Please complete the visitor details section below.

Patient's Name: ..... Patient No: .....

Address: .....

.....

Date of Admission / First Attendance: .....

Anticipated Length of Stay / Treatment: .....

Vehicle Registration No: .....

**IF VISITOR PASS, PLEASE COMPLETE BELOW:**

Visitor's Name: .....

Relationship to Patient: .....

Address: .....

.....

Vehicle Registration No: .....

**TO BE COMPLETED BY THE AUTHORISING MANAGER**

Manager's Name: .....

Manager's Signature: ..... Date: .....

## Patients on Benefits – Hospital Travel Costs Scheme

All patients who meet the criteria contained in the Hospital Travel Costs Scheme will be able to claim a refund of their car parking charges from the respective hospital Cash Office by providing the correct documentary evidence.

Such patients will need to provide the relevant documentation in relation to qualifying benefit and evidence of an appointment or treatment at the relevant hospital Cash Office.

### Exemption Benefits:

- Guarantee Pension Credit
- Income Support
- Tax Credit NHS Exemption Certificate
  - Working Tax Credit
  - Child Tax Credit
- Income Based Job Seekers Allowance
- Holders of HC2 and HC3 Forms

## **PATIENTS/VISITORS CAR PARKING CONCESSION SCHEME**

### **OUT-PATIENTS WEEKLY CONCESSION :**

Patients who have to attend for treatment more than **TWICE PER WEEK** for an episode of care are entitled to apply for a **DISCOUNTED WEEKLY MULTI-DAY PASS** for the period of that treatment.

### **OUT-PATIENTS MONTHLY CONCESSION :**

Patients attending for more than **EIGHT TIMES PER MONTH** for an episode of care are entitled to apply for a **DISCOUNTED MONTHLY MULTI-DAY PASS** for the period of that treatment.

### **VISITORS CONCESSIONS :**

**ONE** nominated family member or carer is entitled to exemption of parking charges in respect of the following categories of patients:

**NEO-NATAL PATIENTS**

**PAEDIATRIC PATIENTS**

**TERMINALLY ILL PATIENTS**

**PATIENTS WHILST IN ITU/HDU**

In respect of **ALL OTHER IN-PATIENTS** : following **TWO WEEKS** hospital stay a nominated visitor/carers is entitled to apply for a **VISITORS DISCOUNTED PARKING PASS**.

**ALL APPLICATIONS FOR CONCESSIONS SHOULD BE MADE TO THE WARD/DEPARTMENT MANAGER**

Current concession charges: £5.00 per week      £16.00 per month

**300 FREE SPACES ARE PROVIDED FOR PATIENTS & VISITORS IN CAR PARK 'A' AT ARROWE PARK**

Patients on **Low Income** who have evidence of an eligible benefit can be reimbursed for their parking charges under the **HOSPITAL TRAVEL COSTS SCHEME**.



## Appendix C. Letter from Principal Projects Officer, Merseytravel

**Our ref:** CS/SC/JG/05/01/aph/2009/117

**Your Ref:**

**Contact:** Steve Cook

**Tel:** 0151 330 1304

**Date:** 29 October 2009

Ms Julie Barnes  
Principal Officer Forward Planning  
Technical Services  
Wirral Metropolitan Borough Council  
Cheshire Lines Building  
Canning Street  
Birkenhead CH41 1ND

Dear Julie

**Examination of Proposals to Reconstruct Arrowe Park Hospital Bus Facilities Close to the Hospital's Main Front Entrance**

Following our discussions at the Arrowe Park Hospital Public Transport Access meeting held on Wednesday 21 October 2009, I can confirm that Merseytravel's position, with regard to the potential for relocating bus stop facilities at Arrowe Park Hospital to a point closer to the hospital's main front entrance, are as follows.

In conjunction with the hospital authorities, Wirral MBC and the Merseyside bus operators, it is Merseytravel's view that whilst there would be obvious benefits to moving the bus stop facilities closer to the hospital's main entrance, the cost and dis-benefits of taking this action outweigh the positive gains that could be achieved by the relocation of the facilities at the present time. This decision was based upon (a) the clear statement by the hospital that, there would be no opportunity for buses to gain an easy route to and from the hospital main entrance, (b) that space around the hospital main entrance would be very limited for the provision of bus facilities and (c) that buses seeking to operate along any route closer to the hospital main entrance, would be likely to become a significant contributor to congestion that could impede the passage of emergency and other vehicles in this area.

On the basis of the above assessment, which was made in full collaboration with Wirral MBC and the hospital authorities, all parties have agreed to seek the improvement and enhancement of bus facilities in and around their present location, to accommodate the growing demand for public transport travel to and from this important hospital site. In conjunction with this action, the hospital authorities have also undertaken to assess and where appropriate, improve, the walking routes between the present and potentially enhanced bus facilities and the hospital's main entrance.

Cont'd...

-2-

I trust the above clarifies Merseytravel's views with regard to the this situation, however should you require any further information from ourselves upon this matter, please do not hesitate to contact me.

Yours sincerely

Steve Cook  
**Principal Projects Officer**

# Appendix D. Wirral University Teaching Hospitals – 2010 Staff Travel Survey

# WIRRAL UNIVERSITY TEACHING HOSPITALS – 2010 Staff Travel Survey

As part of a planning condition with Wirral Council, the Trust is required to collect information relating to how our staff travel to work. We would appreciate it if you could complete this short questionnaire relating to your journey to work today.

**1. What is your home postcode? Please note that this information will be treated in the strictest confidence**

.....

**2. What site are you based at? (1 box only)**

- |  |   |
|--|---|
| <input type="checkbox"/> Arrowe Park                 | <input type="checkbox"/> Clatterbridge    |
| <input type="checkbox"/> St Catherine's              | <input type="checkbox"/> Victoria Central |
| <input type="checkbox"/> Other (please specify)..... |   |

**3. How did you travel to work today? Please select the mode that you use for the greatest distance.**

- |   |   |
|---|---|
| <input type="checkbox"/> Car (on your own)          |   |
| <input type="checkbox"/> Car driver with passengers |   |
| <input type="checkbox"/> Car passenger              | <input type="checkbox"/> Train              |
| <input type="checkbox"/> Bus                        | <input type="checkbox"/> Bicycle            |
| <input type="checkbox"/> Foot                       | <input type="checkbox"/> Motorcycle / Moped |
| <input type="checkbox"/> Other .....                |   |

**4. If you used more than one mode to travel to work today, please select all other modes you used in addition to your main mode. (please tick all those that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Car (on your own)          |   |
| <input type="checkbox"/> Car driver with passengers |   |
| <input type="checkbox"/> Car passenger              | <input type="checkbox"/> Train              |
| <input type="checkbox"/> Bus                        | <input type="checkbox"/> Bicycle            |
| <input type="checkbox"/> Foot                       | <input type="checkbox"/> Motorcycle / Moped |
| <input type="checkbox"/> Other .....                |   |

**5. What time did you arrive at work today?**

		:		
--	--	---	--	--

**6. What time will you leave work today?**

		:		
--	--	---	--	--

**7. What are your normal working hours? (Please select 1 answer)**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Flexible hours | <input type="checkbox"/> Normal hours |
| <input type="checkbox"/> Out of hours   | <input type="checkbox"/> Shifts       |
|   | <input type="checkbox"/> Part time    |

**8. Are you a car park permit holder? (Please tick one answer)**

- Yes                       No

**9. Will you need to travel to any of these sites today?**

- I will not travel off site today
- Arrowe Park
- Clatterbridge
- Victoria Central
- Aviator House
- Other (Please state).....

**10. How will you make these trips? (Please tick all those that apply)**

- I will not travel off site today
- Car (on your own)
- Car driver with passengers
- Car passenger
- Bus
- Foot
- Train
- Hospital shuttle bus
- Bicycle
- Motorcycle / Moped
- Other .....

**12. Are you aware that Trust employees are able to purchase a bicycle tax free as part of a salary sacrifice scheme?**

- Yes I am aware of the scheme
- Yes I am aware and have purchased a bike through the scheme
- No, I am not aware of the scheme

**13. Would you be interested in applying for an interest free loan to purchase an annual public transport season ticket?**

- Yes                       No

**Thank you for completing the survey.**

# Appendix E. Arrowse Park Visitor & Patient Travel Survey

## Arrowe Park Visitor & Patient Travel Survey

**1. What has been the main reason for you being at the hospital today?**  
(please place an 'X' in **one** box only)

Emergency (A&E) patient	<input type="checkbox"/>
In-Patient	<input type="checkbox"/>
Out-Patient	<input type="checkbox"/>
Visitor	<input type="checkbox"/>
To accompany a patient or visitor	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

---

**2. How did you travel to the hospital today? (please tick all those that apply)**

Car alone	<input type="checkbox"/>
Car driver with passenger(s)	<input type="checkbox"/>
Car passenger	<input type="checkbox"/>
Bus	<input type="checkbox"/>
Train	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>
Walk	<input type="checkbox"/>
Taxi	<input type="checkbox"/>
Motorcycle/Moped/Scooter	<input type="checkbox"/>
Dropped off	<input type="checkbox"/>
Sainsbury's park & ride	<input type="checkbox"/>

**3. What is your postcode?**

--	--	--	--	--	--	--	--

**4. Interviewer record date**

--	--	--	--	--	--

**5. Interviewer record time**

		:		
--	--	---	--	--

# Appendix F. Car Share Registration Form



# Car Sharing

## Car Share registration form

Are you looking to save some money on your journey to and from the Airport? There could be someone else in your workplace travelling the same way as you. Fill in your details below and pass it onto Clare Nelson, CSR Advisor at JLA, who will look to match you with someone else going your way. It's that simple. The more who sign up to car share, the more chance we have of matching the journeys.

### JOURNEY DETAILS

#### Departing from

Town/village (must be given)

Postcode (if known)

VIA (optional)

Town/village (must be given)

Postcode (if known)

#### Going to

Town/village (must be given)

Postcode (if known)

Time of departure  [nearest 15 mins, e.g. 8:45]

Is this a return trip? Yes  No

Time of return  [nearest 15 mins, e.g. 17:45]

How frequently do you make this journey? (choose one option only)

One off (specify date)

Every (tick days) Mon  Tue  Wed  Thu  Fri  Sat  Sun

Other

Are you...? (tick one option only)

Looking for a lift  Offering a lift  Willing to share your journey

Do you hold a valid driving licence? Yes  No

Any other info ie. No smoking, male or female car sharer only

### Personal details

Title

First name

Surname

Gender

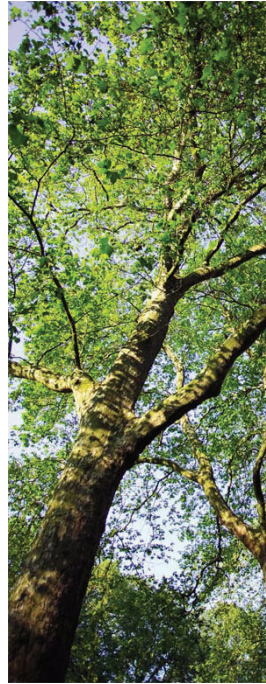
Company name

Email address

Home postcode

Contact telephone number

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# Traffic Management & Parking Policy Report Version 2

Final Issue

October 2010

Wirral Hospitals NHS Trust

# Traffic Management & Parking Policy Report Version 2

Final Issue

October 2010

Wirral Hospitals NHS Trust

Arrowe Park Hospital, Arrowe Park Road, Upton, Wirral, CH49 5PE

# Issue and revision record

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# 1. Introduction

Arrowe Park Hospital is one of the largest acute general hospitals in the country and is the main Healthcare facility in the Wirral area.

As with most other large hospital sites in the UK, Arrowe Park experiences significant problems caused by a lack of parking spaces within the hospital site, or more precisely suffers from higher demand for parking than there are spaces available.

Over the past fifteen years Arrowe Park Hospital has experienced growing parking problems where parking demand has outstripped parking supply making it difficult for staff, patients and visitors alike to find a space. The situation first became untenable in the early 1990s and following a study commissioned by the Wirral Hospital Trust, the Metropolitan Borough of Wirral leased additional land to the Trust which enabled them to provide 605 additional car parking spaces.

The provision of these spaces solved the parking problem for a short period; however with continued growth in demand for parking at the hospital, the problem reoccurred in the mid to late 1990s.

In an attempt to tackle the car parking problem, the Trust introduced a traffic management and parking policy in 2005 which consisted of car parking restrictions, charges for visitors and permits for staff. In addition to this, the Trust's travel plan set out measures to encourage the use of alternatives to single occupancy vehicles. Appendix A contains a copy of the 2005 policy document.

This document sets out the Trust's revised parking policy and should be read in conjunction with the Travel Plan review which sets out future actions with regard to sustainable travel options.

Because many patients will be infirm, disabled, or anxious when they arrive at the hospital, a key feature of this policy is to continue to reserve a sufficient number of conveniently located car parking spaces for the sole use of patients, and to provide sufficient spaces for disabled drivers as close to the hospital as is practicable. Monitoring, including regular patrols by traffic advisors and security staff, will ensure that these spaces are not misused by staff and visitors.

## 1.1 Scope of the Policy

The Parking Policy addresses the following issues:

- Car park charges
- Distribution and designation of car parks

- Permit-to-park procedures
- Arrangements for disabled parking
- Public transport
- Park-and-ride services
- Cycle/Motor-cycle parking
- Car sharing
- Visitor parking
- Taxi services
- Ambulances & other emergency vehicles
- Goods delivery
- Site policing
- Car park security
- Signing strategy



## 2. The Current Situation

Arrowe Park Hospital currently has a total of 2015 parking spaces available in twelve separate areas, for the use of patients, visitors and staff.

The individual car parks are currently designated for the use of:

- patients
- disabled drivers
- resident medical staff
- priority-users
- visitors
- staff

The current parking provision of the Hospital is made up of the following components:

Table 2.1: Current Parking Provision

Car Park	No of Spaces	Designation
B	239	Public Parking
A1	296	Public Parking
A2	872	Staff Only
C	78	Staff Only
E	76	Staff Only
F	45	Staff Only
G & H	234	Staff Only
J	23	Staff Only
K	14	Staff Only
L	15	Disabled Only
M	20	Staff Only
N	36	Public Parking
Misc	67	Histo / Med Rec/Fracture Clinic
Total	2015	

The current parking provision is split between land owned by the Trust and land leased from Wirral Borough Council.

The Trust also provides an off site Park & Ride service for all hospital users which provides further additional parking spaces for visitors.

## 3. The Parking Policy

### 3.1 Introduction

In order to meet all of the costs (capital and revenue) associated with the current provision of parking facilities, (traffic management, security, permit system and the park-and-ride schemes) and all of the measures contained within the Travel Plan the Trust introduced its Traffic Management & Parking Policy in 2005. The key aspects of the policy included:

- A parking permit system for staff.
- The introduction of a £2 charge per visit for visitors who park on the car parks owned and operated by the Trust.
- A review of the free to use car parks provided for visitors and patients on land owned by Wirral MBC.
- Installation of electronic barriers and pay stations.
- Funding for the Woodchurch controlled parking zone.
- Leased additional council land and reconfiguration of existing car parks to provide an additional 568 parking spaces, bringing total car parking provision to 2015.

### 3.2 Car Parking Policy

Since the introduction of the car parking policy in July 2006, the car parking charge has not increased.

Taking into account the charges in place within Birkenhead town centre and other local hospitals, it is proposed that the charge is increased to £2.50 to fund additional car park management measures for the A1 car park and address the increase in VAT from January 2011.

It is proposed that future car parking increases are made in line with inflation or Wirral Council's parking charges, whichever is the greater. This will be carried out either annually or calculated cumulatively over a number of years so that increases can be made in line with coinage units (coins of the realm) capable of being used at the pay stations.

#### 3.2.1 Visitors / Patient Parking

As many of the patients attending the hospital are infirm, disabled, or anxious, a key feature of the previous Parking Policy was to reserve a sufficient number of the most conveniently located car parking spaces for the sole use of patients. In addition to this, the Trust provided sufficient spaces for disabled drivers as close to the hospital as practicable. These spaces were monitored by the security staff, to ensure no misuse by staff.

Car park A1 is provided for patients / visitors free of charge.

For the remaining car parks designated for use by visitors/patients, a charge of £2.50 per visit will be introduced and will be payable on exit.

### **3.2.2 Staff Parking**

Staff parking is provided in car parks A2, C, E, F, G, H, J, K & M. These dedicated staff only car parks are accessible to staff who have been successful in applying for a 'permit to park'.

Staff are allocated (on application) a 'permit to park' which provides a barrier pass to allow access to and egress from these designated staff only car parks.

Rather than pay on exit, staff pay an administration fee for the use of this facility. The 'permit to park' scheme is discussed in more detail in section 3.3.

It is important to note that the issuing of a permit does not guarantee a parking space. The permit essentially provides the opportunity to search for a parking space. Every effort will be made to balance the supply of spaces against the demand however the Trust cannot guarantee that permit holders will find a space at peak times.

It is with this in mind that the Travel Plan will be implemented to encourage users into more sustainable modes of travel to reduce the demand upon the car park.

### **3.3 The 'Permit to Park' Scheme**

Any members of staff who wish to use Arrowe Park Hospital's designated staff car parking facilities will be required to apply for a 'parking permit'.

Provision of a permit will be based on a set of criteria with all applicants being scored against the following:

- Mobility impairment
- Clinical responsibilities
- Accessibility to workplace
- Unsociable working hours
- Requirement to use car for work
- Personal carer responsibilities
- Participation in a formal car sharing system
- Resident on site

Application forms are available from the Trust's Travel Co-ordinator, the Travel Office, or by downloading from the Trust's intranet website.

Completed applications forms must be countersigned by the Head of Department/Senior Line Manager and submitted to the Travel Co-ordinator. Each application is judged against the above criteria by the Trust's 'Evaluation Panel'. New starters are issued with an application form by the HR department during their recruitment process.

The 'permit' consists of a vehicle identification disc (which is displayed on the vehicle's windscreen) and an electronic barrier pass.

The electronic barrier pass allows the member of staff to gain entry to the staff car park and is also required to gain exit from the car park, thus adding an additional element of security.

The vehicle identification disc shows the car registration number and a 'personal identification number' (PIN) assigned to the registered permit holder.

Only one permit is issued to each applicant, although a maximum of two vehicles may be registered and the permit transferred between them – hence only one of the vehicles will be allowed on site at any time.

General rules for use of the permit system are:

- Permits must not be passed-on for other drivers to use. Misuse may result in withdrawal of the permit.
- Permit holders must notify the Travel Co-ordinator when changing their vehicle.
- If staff park without a permit, they will receive a warning and could get clamped.
- In the event of loss of a permit, a replacement will incur a charge of £15.

The administration fee for the permit is used to fund the permit system. This administrative fee is deducted directly from the member of staff's salary, and thus avoids the need for any cash transactions.

Every effort is made to balance the supply of spaces against the demand, however the Trust cannot guarantee that permit holders will find a space at peak times.

In exceptional circumstances the decision not to issue a permit will be re-considered and staff should consult their Head of Department/Senior

Line Manager if they think that they have such a case. This will then be discussed with the Travel Co-ordinator on behalf of the member of staff.

### **3.4 Proposed Designation, Management & Control of Car Parks**

Car parks A1, B, N & L are designated for the use of members of the public (out-patients & visitors).

Car parks A2, C, E, F, G, H, J, K & M are designated for the use of members of staff who have been successful in applying for a permit to park.

Car park L is the designated disabled car park, due to its close proximity to the main hospital building.

The public car parks are separated into 2 distinct types – Car Park A1 is free to use for public parking, and is available on a first come first serve basis. Once this is full, members of the public are diverted to other car parks. These other car parks form the second type, where users have to pay to use.

As indicated earlier, car park A1 will continue to provide 296 free spaces, whilst the remaining public car parks will provide 301 spaces at a cost of £2.50 per visit.

### **3.5 Control Methods**

A fundamental element of the Traffic Management scheme is that car parks are controlled and monitored to ensure that only people who are authorised to use a particular car park do so.

Due to the distinct requirements of the 2 user groups (staff & public) of the hospital car parks, each type of car park is controlled and monitored in a specific way.

#### **3.5.1 Public Car Parks**

In order to prevent any misuse of public parking spaces a maximum duration of stay was imposed on all car parks designated for public use.

This maximum stay was set at 5-hours in the last policy document. This provides out-patients with sufficient time to attend appointments or clinics and provide visitors with sufficient time to complete visits.

However, as the average staff shift time is in the region of 7-hours this maximum stay prevents staff from parking for the duration of their shifts.

On entry to a public car park, users are issued with a ticket by a barrier machine. This ticket is retained to enable payment to be made at a separate payment machine.

When users wish to leave the car park they are required to insert the ticket they received on entry into a payment machine and pay the current parking charge. To physically egress the car park, users are required to insert the validated ticket into a machine by the exit barrier to raise the barrier.

The parking ticket records the time of entry into the car park and the duration of stay. If when the ticket is entered for payment it is registered that the duration of stay has exceeded the 5-hour threshold, the user is directed to the Cashiers Office to have their parking ticket validated.

If this is a member of the public (out-patient or visitor) and if they can offer a defensible reason for exceeding the maximum duration (such as emergency treatment, complication of appointment etc) then their ticket will be validated and they will be allowed to leave the car park, without further requirement.

If however, a member of staff is found to have parked within this car park they will be reported to the disciplinary committee before being allowed to egress the car park.

All public car parks are signed to make it clear that a maximum duration of stay is in place.

#### 3.5.1.1 Proposed measures for the A1 Car Park (Public Only)

In order to protect the free public spaces in the A1 car park, the Trust will introduce additional measures intended to prevent staff from parking within these spaces. Additional measures will include time restrictions, a number plate recognition system, a barrier system and additional signage; these measures are discussed in turn below.

On entry to the public car park, users will be issued with a ticket by a barrier machine. In addition to this, a number plate recognition system will record the registration number of all vehicles entering and leaving the A1 car park. Upon entry, the registration number will be shown on a screen, highlighting to the driver that their time of entry has been

recorded. On exit, the total parking time will be presented on the screen.

Each vehicle entering the A1 car park will be entitled to three and half hours free car parking and this time restriction is in place to discourage staff from using the car park. If a member of the public exceeds the maximum stay, they will be directed to the Cashier's Office where their ticket will be validated and they will be allowed to leave the car park without a penalty.

Due to data protection issues, the Trust cannot use HR information to cross reference staff details with car parking records; however the Trust is mindful that there is a risk that staff may impersonate a member of the public in order to receive free parking. Taking this into account, the Trust proposes that any person wishing to park in the car park for longer than 3.5 hours must complete a number plate registration form which will be available at the cashiers' office. This form will be used to collect details of the registration number to enable a cross-reference with the number plate recognition system. Applicants will also be required to provide contact details and sign a declaration to confirm that they are not a member of staff, understanding that disciplinary proceedings may be taken if it is found that this is contravened.

By using the cashiers' office, the Trust can monitor car park users that regularly complete a number plate recognition form. This information can be used to alert the Trust of regular applicants so that additional checks can be carried out to ensure that staff are not using the car park. Members of staff found to be violating the policy on a regular basis will receive a £60 penalty notice.

In order to address the risk that staff may park in the car park, return to their vehicle within the 3.5 hour time period, drive out of the car park and then re-enter the Trust proposes to enforce a penalty for vehicles which use the car park more than once a day. Members of the public will not be penalised and will be required to inform the cashiers' office that they have used the car park more than once per day, completing the number plate registration form described above. Signage will be used to inform the public of this process.

If however, a member of staff is found to have exceeded the 3.5 hour threshold they will be allowed to egress the car park, however they will receive a fine of £10 from the company which operates the number plate recognition system.

The car park will be signed to make it clear that no members of the public will ever be required to pay to park within the A1 car park highlighting the need to complete a number plate registration form for visits over 3.5 hours or more than one visit to the car park within a 24 hour period. Signage will also provide details of the fine in place for staff which park within the A1 car park.

The barrier control system will be operational from November 15<sup>th</sup> 2010 and the number plate recognition system will be operational from January 5<sup>th</sup> 2011. A Traffic Advisor will observe the car park exit between 11am and 12.30pm to ensure that staff do not re-enter whilst waiting installation of the number plate recognition system.

**3.5.2 Staff Car Parks**

To ensure that ‘staff only car parks’ are protected for staff, entry is via a barrier that will only open on production of the electronic pass issued as part of the ‘permit to park’ scheme. A similar barrier system is positioned at the exit points as an additional security measure.

**3.5.3 Future Designation & Control of Car Parks**

With the above control methods the management of the Hospital’s car parks are as follows:

Table 3.1: Proposed future use control and designation

Car Park	No of Spaces	Designation	Control Method
B	239	Public Parking	Pay-to-exit (limited stay)
A1	296	Public Parking	Number plate recognition and barrier system (entry & exit)
A2	872	Staff Only	Electronic Pass (entry& exit)
C	78	Staff Only	Electronic Pass (entry& exit)
E	76	Staff Only	Electronic Pass (entry& exit)
F	45	Staff Only	Electronic Pass (entry& exit)
G & H	234	Staff Only	Electronic Pass (entry& exit)
J	23	Staff Only	Electronic Pass (entry& exit)
K	14	Staff Only	Electronic Pass (entry& exit)
L	15	Disabled Only	None – monitored by security
M	20	Resident Medical Staff	Electronic Pass (entry& exit)
N	36	Public Parking	Pay-to-exit (limited stay)
Misc	67	Histo / Med Rec	None – monitored by security



### **3.6 Impact on Surrounding Area**

With the introduction of a charge for parking comes the risk that staff & visitors may choose to avoid incurring the charge and instead park in the surrounding residential area.

To counter this problem the Trust in direct conjunction with Wirral Borough Council has introduced a residents' only parking scheme to these surrounding residential areas.

### **3.7 Disabled / Mobility Impaired Provision**

Parking for the disabled is provided free of charge in car park L. This car park is located as close as possible to the hospital main entrance.

Additional disabled parking is provided in car parks A2 for staff members and B & A1 for patients and visitors.

All such spaces are clearly marked for disabled use only. Usage of these spaces is monitored by regular patrols by either traffic advisors or security officers. Any vehicles found parked in designated disabled spaces not displaying an 'orange/blue disabled card' is given a parking ticket, with a penalty fee of £60 which is reduced to £30 if paid within 14 days to the nominated enforcement company.

## 4. Sustainable Travel

The Trust recognises that the services it provides have a direct bearing on the volume of traffic that passes through the local area, and in line with its commitment to general environmental improvement, the Trust developed a Travel Plan.

As trips to the hospital via private car require a parking space, it is important that the Travel Plan and this Traffic Management & Parking Policy interface with each other and result in a unified approach to reducing the use of private vehicles.

The introduction of a parking charge will be the mechanism for achieving one of the key objectives of the Travel Plan, which is to discourage motoring.

The following sub-sections should be read in conjunction with the Travel Plan.

### 4.1 Public Transport

Buses may only enter or leave the hospital site via the traffic lights at the main entrance and will be allowed to stop only briefly in the designated bus lay-by for the collection or setting down of passengers - buses will not be allowed to 'terminate' in the hospital grounds.

Senior managers from the Trust will continue to liaise with representatives of the bus operators and Merseytravel in particular, to seek continued improvements to the provision of bus services to and from the hospital, and will jointly promote the use of public transport to the hospital.

Bus timetables and other promotional material is available within a 'how to get to guide' which is sent to all new patients.

### 4.2 Park-and-ride

A park-and-ride service is currently provided for patients and visitors to Arrowe Park Hospital.

The service currently runs approximately every twenty minutes and is available Monday to Thursday from 9.30 to 5pm and Fridays 9.30am to 12 noon.

#### **4.3 Bicycles / Motor Cycles**

The Trust is keen to promote environmentally more favourable alternatives to travel by motor car and has provided a secure, well lit, lockable bicycle storage compound, which is located adjacent to the 'D block' close to the Histopathology department and a second next to the accommodation block. The facilities are available to all staff and keys are obtainable on application to the Travel Coordinator. There are also dedicated cycle paths linking the hospital site to the Wirral Millennium and Wirral Way cycle routes.

Bicycle parking/locking facilities is also provided within the hospital grounds for the use of patients/visitors.

Adequate provision of spaces for the parking of motor cycles is provided in car park A1 & B. Motor cyclists will be positively discouraged from parking elsewhere in the hospitals' grounds.

#### **4.4 Car Sharing**

Staff are encouraged to car-share, as a means of reducing the number of single occupancy car journeys to work and thereby reducing the demand for car parking spaces.

Staff who car-share as part of a formal arrangement will receive a special version of the parking permit that can be transferred between specified vehicles.

A car-share is defined as at least two people travelling in the same vehicle who would otherwise have brought two cars.

Car Sharers will be provided with a guaranteed ride home facility in the event of problems caused by such events as emergency shift changes, etc.

Registration can be through the Travel Office, the car parking permit system or via the Trust's Liftshare website.

#### **4.5 Taxi Services**

A number 'free-phone' service locations are provided within the hospital for the booking of private-hire taxis. A taxi rank is also available adjacent to the main front entrance, for licensed Hackney Carriage Taxis.

Other than at the above stand, taxis will be treated as all other vehicles and will be positively discouraged from parking within the hospital grounds.

## 5. Essential & Support Service Vehicles

### 5.1 Ambulances

All emergency ambulances visiting the hospital can park in front of the A&E department in order to transfer patients or await emergency calls.

There is sufficient space in front of the A&E department for 8 ambulances, this area is marked and signed for 'Ambulances Only'.

There is strict enforcement of parking in this area due to the critical nature of requirement of access.

Patient Transport Service (PTS) ambulances deployed on routine non-emergency patient transport duties can park short term to collect and discharge patients at the Main Entrance, the Ambulance Lounge, the Physiotherapy entrance, the Women's Unit entrance and the A&E, but are not allowed to park-up other than at the A&E.

### 5.2 Goods Delivery & Other Service Vehicles

All goods delivery and service vehicles are routed by sign-posting to the secondary entrance of the hospital and from there to the main-stores loading bay.

Small delivery vans may, but only with prior authorisation, deliver to the main hospital entrance/reception.

Contractors will be encouraged to use the Park and Ride services where possible, however where a contractor is required to work from their vehicle, they will be allowed to park in a designated area as directed by the car parking manager and agreed at the pre-contract meeting.

## 6. Traffic Enforcement, Site Security and Signage

### 6.1 Enforcement of Parking Rules

As Arrowe Park's Traffic Management & Parking Policy is dependent on staff, visitors and patients parking only in designated car parks, all other areas such as service roads, frontages or accesses are clearly marked and/or signed to notify all users that parking there is prohibited. This is to ensure that all access and service routes are kept clear for emergency vehicle access.

Uniformed traffic and security staff will continue to be assigned to regularly patrol the hospital car parks and internal roadway systems. They will provide a visible deterrent to rogue (kerbside, pavement, grass verge, disabled space) parking by moving-on offenders.

Regular patrols by either traffic advisors or security officers will be completed to ensure that there is free access and egress from the hospital grounds. Any vehicles found parked in designated disabled spaces not displaying an 'orange/blue disabled card' or vehicles parking on road ways other than designated parking areas will be issued with a fixed penalty notice, the penalty fee of £60 which is reduced to £30 if paid within 14 days to the nominated enforcement company.

### 6.2 Site Security

Security of the hospital site is the responsibility of the Trust security manager, and is pursued both in terms of physical presence and also in infrastructure.

Uniformed security staff are assigned to regularly patrol the hospital car parks and internal roadway systems, with security patrolmen in voice contact at all times with the central station to summon assistance and police presence as appropriate.

The Trust works closely with the local Police Force and a senior officer from Upton police station attends the Trusts Security Steering Group to review the security of the premises and grounds of the hospital, making any recommendations to improve overall security.

As well as the physical presence of the traffic advisors and security guards, the Hospital also provides for the security of its users by maintaining and where necessary modifying the infrastructure of the hospital.

Lighting is provided to all of the car parks in accordance with recommended standards - the effectiveness of the illumination is constantly monitored.

All of the car parks are monitored by closed-circuit TV systems (CCTV) which are connected to a centralised monitoring station with a 24hr digital recording facility.

Hedges separating areas of car parking are kept to a maximum of 1metre height and planted with prickly shrubs to deter concealment.

The hospital security/car park manager will continue to work closely with the crime prevention division of Merseyside Police to continuously improve the security of the hospitals' car parking provision.

### **6.3 Signage Strategy**

Another key element of the Traffic Management and Parking policy is the provision of effective road signing within the hospital site.

From the main entry point into the hospital, routes to, and the designation of each of the car parks is clearly signed.

Each car park is clearly signed with its designation, to enable patients and visitors to easily find and remember where they left their cars.

Signage is also provided to guide visitors to the hospital exits.

Signage showing the speed restrictions within the hospitals' internal roadway systems is prominently displayed.

As well as signage for vehicles, signs for pedestrians/cyclists are also provided.

## 7. Additional information

This policy will be adhered to at all times.

The overall management of car parking and security is the responsibility of the Directorate of Facilities Management.

The Security Manager will however be responsible and accountable for the day to day efficient and effective management of car parking provision and security.

Contacts:

Phil Pilkington, Security Manager

- Telephone ext. 2200

Peter Davies, Security Adviser/Travel Coordinator

- Telephone ext. 2601
- Bleep 704311



# Appendix A. Traffic Management & Car Parking Policy 2005

Wirral Hospitals NHS Trust  
Cedar House  
Clatterbridge Hospital  
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# **Arrowe Park Hospital Traffic Management & Parking Policy Report Final Issue**

**November 2005**

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# Arrowe Park Hospital Traffic Management & Parking Policy Report Final Issue

## Issue and Revision Record

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B	April 2005	ACO	EM	EM	DRAFT
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## 1 Introduction

Arrowe Park Hospital is one of the largest acute general hospitals in the country and is the main Healthcare facility in the Wirral area.

In recognition of the excellent standard of service that the hospital provides, it was highly commended by the Commission for Healthcare Improvement following an inspection by them, and has also consistently achieved the top 3 star rating from the Department of Health.

As with most other large hospital sites in the UK, Arrowe Park experiences significant problems caused by a lack of parking spaces within the hospital site, or more precisely suffers from higher demand for parking than there are spaces available. However, unlike most other Hospitals, Arrowe Park does not currently impose a charge on either staff or visitors who park within the Hospital site.

Over the past ten years Arrowe Park Hospital has experienced growing parking problems where parking demand has outstripped parking supply making it difficult for staff, patients and visitors alike to find a space. The situation first became untenable in the early 1990s and following a study commissioned by the Wirral Hospital Trust, the Metropolitan Borough of Wirral leased additional land to the Trust which enabled them to provide 605 additional car parking spaces.

The provision of these spaces solved the parking problem for a short period, however with continued growth in demand for parking at the hospital, the problem reoccurred in the mid to late 1990s.

In an attempt to tackle what is recognised by all the involved parties as a serious problem, the Trust is proposing to modify its policy on car parking, by reviewing and rationalising the provision, distribution and designation of parking spaces within the hospital site.

This document sets out this parking policy and outlines what will be involved to bring about its implementation.

This document should be read in conjunction with the Arrowe Park Travel Plan which sets out the NHS Trust's aspirations with regard to sustainable travel options.

This Traffic Management & Parking Policy document represents an outline of how the *intra*-Hospital situation is proposed to be managed, whilst the Travel Plan represents the proposals for how the *inter*-hospital situation will be managed.

Because many patients will be infirm, disabled, or anxious when they arrive at the hospital, a key feature of this policy is to reserve a sufficient number of the most conveniently located car parking spaces for the sole use of patients, and to provide sufficient spaces for disabled drivers as close to the hospital as is practicable. Monitoring including regular patrols by the security staff, will ensure that these spaces are not misused by staff.

## 2 Scope of Policy

The Parking Policy will address the following issues:

- The current situation
- Distribution and designation of car parks.
- Car park charges
- Permit-to-park procedures
- Arrangements for disabled parking.
- Public transport
- Park-and-ride services
- Cycle/Motor-cycle parking
- Car sharing
- Visitor parking
- Taxi services
- Ambulances & other emergency vehicles
- Goods delivery
- Site policing
- Car park security
- Signing strategy

### 3 The Current Situation

Arrowe Park Hospital currently has a total of 1460 parking spaces available in twelve separate areas, for the use of patients, visitors and staff.

The individual car parks are currently designated for the use of:

- Patients
- disabled drivers
- resident medical staff
- priority-users
- visitors
- staff

The current parking provision of the Hospital is made up of the following components:

Car Park	No of Spaces	Land Owner	Designation
B	263	WHNHS Trust	Patients Only
A	561	WMBC	Visitors & Staff
C	101	WHNHS Trust	Visitors & Staff
E	76	WHNHS Trust	Priority Users
F	45	WMBC	Visitors & Staff
G	160	Trust & WMBC	Visitors & Staff
H	124	WMBC	Visitors & Staff
J	24	WHNHS Trust	Priority Users
K	14	WHNHS Trust	Priority Users
L	18	WHNHS Trust	Disabled Only
M	11	WHNHS Trust	Resident Medical Staff
N	50	WHNHS Trust	Visitors & Staff

**Note:** There are 13 'miscellaneous' car parking spaces distributed around the hospital site.

The current parking provision is split between land owned by the NHS Trust and land leased from Wirral Metropolitan Borough Council. The ownership of each parking area is provided in the table above.

The Trust also provides an off site Park & Ride service for all hospital users which provides further additional parking spaces for staff and visitors.



## 4 The Parking Policy

In order to meet all of the costs (capital and revenue) associated with the current and proposed provision of parking facilities, traffic management, security, the existing and proposed expanded park-and-ride schemes, and all of the measures that the trust plan to implement as part of the Hospital Travel Plan, the Trust proposes to introduce a Traffic Management & Parking Policy that will review and rationalise parking within the Hospital site.

The Main theme of this plan will be the introduction of:

- A parking permit system for staff,
- The introduction of a charge per visit for visitors who park on the car parks owned and operated by the Trust, and;
- A review of the free to use car parks provided for visitors and patients on land owned by Wirral MBC.

### 4.1 Policy Proposals

To try and tackle the traffic related problems currently experienced on the hospital site, the proposed Traffic Management & Parking Policy will introduce the following measures and schemes:

- Lease additional council land and reconfigure existing car parks to provide additional 568 parking spaces, bringing total car parking provision to 2028;
- Designate car parks as either staff only or public (patients & visitor) only;
- Install electronic barriers at car park entrances;
- Operate a staff permit scheme based on a scoring system whereby only the highest scoring staff will be given access to staff only car parks;
- Provide staff only car parking spaces;
- Provide a total of 719 on site car parking spaces solely for public use which can be divided into:
  - 300 free public only car parking spaces in addition to free parking for disabled in car park L, and for those who can claim travel allowances under the NHS Hospital Travel Costs Scheme;
  - 419 public only car-parking spaces at a cost of £2.00 per visit.
- Fund a Woodchurch Area Residents Only Parking Scheme as appropriate.

If and when these additional car park spaces are provided, it is proposed the parking provision within the Hospital site be structured as follows (a plan of the proposed Hospital car parks is included in Appendix A):

<b>Car Park</b>	<b>No of Spaces</b>	<b>Designation</b>
B	263	Public Parking
A1	300	Public Parking
A2	829	Staff Only
C	101	Staff Only
E	76	Staff Only
F	45	Staff Only
G1	82	Public Parking
G2	78	Staff Only
H	124	Staff Only
J	24	Public Parking
K	14	Staff Only
L	18	Disabled Only
M	11	Resident Medical Staff
N	50	Public Parking
Misc	13	Histo / Med Rec
<b>Total</b>	<b>2028</b>	

#### **4.1.1 Visitors / Patient Parking**

As many of the patients attending the hospital will be infirm, disabled, or anxious when they arrive at the hospital, a key feature of the proposed Parking Policy is to reserve a sufficient number of the most conveniently located car parking spaces for the sole use of patients and to provide sufficient spaces for disabled drivers as close to the hospital as is practicable. Monitoring including regular patrols by the security staff, will ensure that these spaces are not misused by staff.

It is proposed that car park A1 (see plan in Appendix B) will be provided for patients / visitors to use free of charge.

For the remaining car parks designated for use by visitors/patients, a charge of **£2.00** will be levied to park.

It is envisaged that for car parks B, G1, J & N the charge levied will take the form of a single fee per visit, rather than a time based charge. As mentioned this fee will be £2.00 and will be collected on exit from the car park, further details of how this proposal will be managed are provided in section 4.3.

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### **4.1.2 Staff Parking**

Staff parking will be provided in car parks A2, C, E, F, G2, H & K. These dedicated staff only car parks will be accessible to staff who have been successful in applying for a 'permit to park'.

Staff will be allocated (on application) a 'permit to park' which will provide the staff member with a barrier pass to allow access to and egress from these designated Staff only car parks.

Whilst staff will not have to pay on exit, they will be expected to pay an administration fee for the use of this facility (at a rate to be agreed). The 'permit to park' scheme is discussed in more detail in section 4.4.

The issuing of a permit does not guarantee that member of staff a parking space. The permit essentially provides the opportunity to search for a parking space.

Whilst extra parking spaces will be created by way of leasing additional land from Wirral, the demand of spaces will still be far in excess of the supply / availability. Although every effort will be made to balance the supply of spaces against the demand, the Trust cannot guarantee that permit holders will find a space at peak times.

It is with this in mind that the Travel Plan will be implemented to encourage users into more sustainable modes of travel.

## **4.2 The 'Permit to Park' Scheme**

Any members staff who wish to use Arrowe Park hospital's designated staff car parking facilities will be required to apply for a 'parking permit'.

Provision of a permit will be based on set of criteria with all applicants being scored against the following criteria:

- Mobility impairment
- Clinical responsibilities
- Accessibility to workplace
- Unsociable working hours
- Requirement to use car for work
- Personal carer responsibilities
- Participation in a formal car sharing system
- Resident on site

Application forms will be available from the Trust's Travel Co-ordinator, the Travel Office, or by downloading from the Trust's intranet website.

Completed applications forms must be countersigned by the Head of Department/Senior Line Manager and submitted to the Travel Co-ordinator. Each application will be judged against the above criteria by the Trust's 'Evaluation Panel'. New starters will be issued with an application form by the HR department during their recruitment process.

The 'permit' will consist of a vehicle identification disc (which will be displayed on the vehicle's windscreen) and an electronic barrier pass.

The electronic barrier pass will allow the member of staff to gain entry to the staff car park, limiting access to these car parks to members of staff. It is envisaged that the pass will also be required to gain exit from the car park, thus adding an additional element of security to the staff car parks.

The vehicle identification disc will show the car registration number and a 'personal identification number' (PIN) assigned to the registered permit holder.

Only one permit will be issued to each applicant, although a maximum of two vehicles may be registered and the permit transferred between them – hence only one of the vehicles will be allowed on site at any time.

General rules for use of the permit system will be:

- Permits must not be passed-on for other drivers to use. Misuse may result in withdrawal of the permit.
- Permit holders must notify the Travel Co-ordinator when changing their vehicle.
- If staff park without a permit, they will receive a warning and could get clamped.
- In the event of loss of a permit, a replacement will incur a charge of £10.

It is planned to charge an administration fee for the permit, the income from which will fund a range of transport improvements as discussed in section 5. This administrative fee will be deducted directly from the member of staff's salary, and will thus avoid the need for any cash transactions.

Although every effort will be made to balance the supply of spaces against the demand, the Trust cannot guarantee that permit holders will find a space at peak times.

In exceptional circumstances the decision not to issue a permit will be re-considered; staff should consult their Head of Department/Senior Line Manager if they think that they have such a case, and they will take this up with the Travel Co-ordinator on behalf of the member of staff.

### **4.3 Proposed Designation, Management & Control of Car parks**

It is proposed that car parks A1, B, G1, J & N be designated for the use of members of the public (out-patients & visitors)

Car parks A2, C, E, F, G2, H & K will be designated for the use of members of staff who have been successful in applying for a permit to park.

Car park L will remain as the designated disabled car park, due to its close proximity to the main hospital building.

The public car parks will be separated into 2 distinct types – Car Park A1 will be free to use for public parking, and will be available on a first come first serve basis. Once this is full members of the public will be diverted to other car parks. These other car parks form the second type, where users have to pay to use.

As indicated earlier, car park A1 will provide 300 free spaces, whilst the remaining public car parks will provide 419 spaces at a cost of **£2.00** per visit.

For visitor parking it has been decided that after 17.30 or 18.00 during evening visiting hours car parks A1 & A2 will be made available to members of the public to use **free of charge**. The control barriers on car park A2 will be lifted to facilitate this free access.

#### **4.4 Proposed Control Methods**

It will be a fundamental element of the Traffic Management scheme that car parks are controlled and monitored to ensure that only people who are authorised to use a particular car park do so.

Due to the distinct requirements of the 2 user groups (Staff & public) of the hospital car parks, each type of car park will be controlled and monitored in a specific way.

##### **4.4.1 Control of Public Car Parks**

In order to prevent any misuse of public parking spaces it has been proposed that a maximum duration of stay be imposed on all car parks designated for public use.

This maximum stay will provisionally be set as 5-hours. This should provide out-patients with sufficient time to attend appointments or clinics and provide visitors with sufficient time to complete visits.

However, as the average staff shift time is in the region of 7-hours this maximum stay will prevent staff from parking for the duration of their shifts.

On entry to a public car park, users will be issued with a ticket by a barrier machine. This ticket will be retained to enable payment to be made at a separate payment machine.

When users wish to leave the car park they will be required to insert the ticket they received on entry into a payment machine and pay the £2.00 parking charge. To physically egress the car park users will be required to insert the validated ticket into a machine by the exit barrier to raise the barrier.

The parking ticket will record the time of entry into the car park and hence the duration of stay. If when the ticket is entered for payment it is registered that the duration of stay has exceeded the 5-hour threshold, the user will be directed to the Cashiers Office to have their parking ticket validated.

If this is a member of the public (out-patient or visitor) and if they can offer a defensible reason for exceeding the maximum duration (such as emergency treatment, complication of appointment etc) then their ticket will be validated and they will be allowed to leave the car park, without further requirement.

If however, a member of staff is found to have exceeded the 5-hour threshold they will be reported to the disciplinary committee before being allowed to egress the car park.

All public car parks will be signed to make it clear that a maximum duration of stay is in place.

#### 4.4.2 Control of Staff Car Parks

To ensure that Staff only car parks are used by staff only, entry will be via a barrier that will only open on production of the electronic pass issued to approved staff as part of the ‘permit to park’ scheme. A similar barrier system will be positioned at the exit points as an additional security measure.

#### 4.4.3 Future Designation & Control of Car Parks

With the above control methods in mind the proposed future use, control and designation of the Hospital’s car parks will be as follows:

Car Park	No of Spaces	Designation	Control Method
B	263	Public Parking	Pay-to-exit (limited stay)
A1	300	Public Parking	Manned barrier – Free public use
A2	829	Staff Only	Electronic Pass (entry& exit)
C	101	Staff Only	Electronic Pass (entry& exit)
E	76	Staff Only	Electronic Pass (entry& exit)
F	45	Staff Only	Electronic Pass (entry& exit)
G1	82	Public Parking	Pay-to-exit (limited stay)
G2	78	Staff Only	Electronic Pass (entry& exit)
H	124	Staff Only	Electronic Pass (entry& exit)
J	24	Public Parking	Pay-to-exit (limited stay)
K	14	Staff Only	Electronic Pass (entry& exit)
L	18	Disabled Only	None – monitored by security
M	11	Resident Medical Staff	Electronic Pass (entry& exit)
N	50	Public Parking	Pay-to-exit (limited stay)
Misc	13	Histo / Med Rec	None – monitored by security

#### 4.5 Impact on Surrounding Area

With the introduction of a charge for parking comes the risk that staff & visitors may choose to avoid incurring the charge and instead park in the surrounding residential area. It is recognised that at the current time there is already an issue with Hospital staff & visitors parking in these areas, and with the introduction of the scheme this situation has the potential to increase.

To counter this potential problem the Hospital Trust in direct conjunction with Wirral MBC has been developing plans to introduce a resident’s only parking scheme to these surrounding residential areas. This scheme will introduce new Traffic Regulation Orders (TROs) that will prohibit non-residents from parking in designated areas close to the Hospital site.

The exact details of this scheme are currently being developed, but the area of coverage will be agreed with the Local authority to ensure that a suitable scheme is set in place.

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## **4.6 Disabled / Mobility Impaired Provision**

Parking for the disabled will be provided free of charge in car park L. This car park is the current location of disabled parking and is located as close as possible adjacent to the hospital main entrance.

Additional disabled parking will be provided in car parks A2 for staff members, and B & A1 for patients and visitors.

All such spaces will be clearly marked for disabled use only. Usage of these spaces will be monitored by regular security patrols. Any vehicles found parked in designated disabled spaces not displaying an 'orange/blue disabled card' will be given a parking ticket, with the hospital reserving the right to remove any offending vehicles.

## **5 Sustainable Travel**

The Trust recognises that the services it provides have a direct bearing on the volume of traffic that passes through the local area, and in line with its commitment to general environmental improvement, the trust has developed a Travel Plan (TP).

As trips to the hospital via private car require a parking space, the provision of which is being modified by these proposals, it is important that that Travel Plan and this Traffic Management & Parking Policy interface with each other and result in a unified approach to reducing the use of private vehicles.

The introduction of a parking charge will be the mechanism for achieving one of the key objectives of the TP, which is to discourage motoring.

The following sub-sections should be read in conjunction with the Travel Plan.

### **5.1 Public Transport**

Buses may only enter or leave the hospital site via the traffic lights at the main entrance and will be allowed to stop only briefly in the designated bus lay-by for the collection or setting down of passengers - buses will not be allowed to 'terminate' in the hospital grounds.

Senior managers from the Trust will continue to liaise with representatives of the bus operators and Merseytravel in particular, to seek continued improvements to the provision of bus services to and from the hospital, and will jointly promote the use of public transport to the hospital.

Bus timetables and other promotional material will be clearly displayed in the hospital reception areas and will be made available to be taken away by staff, patients and visitors.

A more detailed illustration of the Trusts proposals for further improvement of public transport linkages can be found in section 4.2 on the Hospital's Travel Plan.

### **5.2 Park-and-ride**

A park-and-ride service is currently provided for patients and visitors to Arrowe Park Hospital.

The service currently runs approximately every twenty minutes and is available Monday to Friday from 8.45am to 6pm (though this may be liable to review in the near future).

The Trust is actively pursuing the introduction of a further Park and Ride scheme to Arrow Park Hospital from Tranmere Rovers Football Club. The success of this project will result in a reduction in the parking pressures at the hospital and the removal of traffic from the highway network.



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### **5.3 Bicycles / Motor Cycles**

The Trust is keen to promote environmentally more favourable alternatives to travel by motor car and therefore in order to encourage staff to cycle to the hospital, has provided a secure, well lit, lockable bicycle storage compound, which is located adjacent to the medical staff duty housing ('D block') close to the Histopathology department. The facility is available to all staff and keys are obtainable on application to the Head of Security. There are also dedicated cycle paths linking the hospital site to the Wirral Millennium and Wirral Way cycle routes.

Bicycle parking/locking facilities will also be provided within the hospital grounds for the use of patients/visitors.

Adequate provision of spaces for the parking of motor cycles is provided in car park A1 (see attached site plan in appendix B). Motor cyclists will be positively discouraged from parking elsewhere in the hospitals' grounds.

A more detailed illustration of the Trusts proposals for increasing the numbers of staff & visitors who cycle to the hospital can be found in section 4.3 on the Hospital's Travel Plan.

### **5.4 Car Sharing**

Staff will be encouraged to car-share wherever practicable and possible, as a means of reducing the number of single occupancy car journeys to work and thereby reducing the demand for car parking spaces.

Staff who car-share as part of the formal arrangement will receive a special version of the parking permit that can be transferred between specified vehicles and will also guarantee a parking space in a preferential location.

The special permit issued to car sharers will allow FREE access to a designated car park

A car-share is defined as at least two people travelling in the same vehicle who would otherwise have brought two cars.

Car Sharers will be provided with a guaranteed ride home facility in the event of problems caused by such events as emergency shift changes, etc.

Registration can be through the Travel Office or via the Trust's intranet web-site.

A more detailed illustration of the Trusts proposals for increasing the numbers of staff who car-share can be found in section 4.5 on the Hospital's Travel Plan.

### **5.5 Visitor Parking**

Visitors will continue to not be allowed to park at the Hospital on weekdays between 1pm and 4pm. Evening and weekend visitors will be allowed access to the designated public car parks.

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However for visitor parking it has been decided that after 17.30 or 18.00 car parks A1 & A2 will be made available to members of the public to use **free of charge**. The control barriers on car park A2 will be lifted to facilitate this free access.

Afternoon visitors, from Monday to Friday, will be encouraged to make use of the off-site park-and-ride service based. This service will provide visitors with access to the Hospital between 1pm and 4pm.

The Trust will ensure that adequate signage is continued to be provided at the entrance to the Hospital and on the main approaches to the Hospital to inform visitors of this facility and direct them to it.

## **5.6 Taxi Services**

A 'free-phone' service is provided within the foyer of the hospital for the booking of private-hire taxis. A taxi rank is also available adjacent to the main front entrance, for licensed Hackney Carriage Taxis.

Other than at the above stand, taxis will be treated as all other vehicles and will be positively discouraged from parking within the hospital grounds.

## **6 Essential & Support Service Vehicles**

### **6.1 Ambulances**

All emergency ambulances visiting the hospital will park in front of the A&E department in order to transfer patients or await emergency calls.

There is sufficient space in front of the A&E department for 8 ambulances, this area will be marked and signed for 'Ambulances Only'.

There will be strict enforcement of parking in this area due to the critical nature of requirement of access.

Patient Transport (PTS) ambulances deployed on routine non-emergency patient transport duties will park short term to collect and discharge patients at the Main Entrance, the Ambulance Lounge, the Physiotherapy entrance, the Women's Unit entrance and the A&E, but will not be allowed to park-up other than at the A&E.

### **6.2 Goods Delivery & Other Service Vehicles**

All goods delivery and service vehicles will be routed by sign-posting to the secondary entrance of the hospital and from there to the main-stores loading bay.

Small delivery vans may, but only with prior authorisation, deliver to the main hospital entrance/reception.

On the majority of occasions contractors will be encouraged to use the Park and Ride services provided by the Trust, however were a contractor is required to work from his vehicle, he will be allowed to park in a designated area as directed by the car parking manager and agreed at the pre-contract meeting.

## **7 Traffic Enforcement & Site Security**

### **7.1 Enforcement of Parking Rules**

As Arrowe Park's Traffic Management & Parking Policy is dependent on staff, visitors and patients parking only in designated car parks, all other areas such as service roads, frontages or accesses will be clearly marked and/or signed to notify all users that Parking there is prohibited.

Not only to secure the revenue that the Hospital requires to facilitate its Sustainable Travel aspirations, but also to ensure that all access and service routes are kept clear for emergency vehicle access, the Hospital will ensure that active enforcement and policing of all parts of the Hospital is undertaken.

Uniformed security staff will continue to be assigned to regularly patrol the hospital car parks and internal roadway systems as at present. They will provide a visible deterrent to rogue (kerbside, pavement, grass verge, disabled space) parking by moving-on offenders.

The Hospital will reserve the right to clamp and / or remove any offending vehicles with any revenue raised from such penalties being returned to the Sustainable Travel budget.

### **7.2 Site Security**

Security of the hospital site is the responsibility of the hospital security/car park manager, and is pursued both in terms of physical presence and also in security of the infrastructure of the Hospital.

Uniformed security staff are assigned to regularly patrol the hospital car parks and internal roadway systems, with security patrolmen in voice contact at all times with the central station to summon assistance and police presence as appropriate.

The Trust is currently seeking accreditation to the 'Secure Car Parks' standard and will work closely with the AA and the local Police Force to achieve this.

As well as the physical presence of the security guards, the Hospital also provides for the security of its users by maintaining and where necessary modifying the infrastructure of the hospital.

Lighting is provided to all of the car parks in accordance with recommended standards - the effectiveness of the illumination will be constantly monitored.

All of the car parks are monitored by closed-circuit TV systems (CCTV) which are connected to a centralised monitoring station with a 24hr digital recording facility.

Hedges separating areas of car parking will be kept to a maximum of 1metre height and planted with prickly shrubs to deter concealment.

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The hospital security/car park manager will continue to work closely with the crime prevention division of Merseyside Police to continuously improve the security of the hospitals' car parking provision.

## **8 Signage Strategy**

Another key element of the Traffic Management and Parking policy will be the provision of effective road signing within the hospital site.

From the main entry point into the hospital, routes to, and the designation of each of the car parks will be clearly signed.

Each car park will be clearly signed with its designation, to enable patients and visitors to easily find and to remember where they left their cars.

Signage would also be provided to guide visitors to the hospital exits.

Signs showing the speed restrictions within the hospitals' internal roadway systems will be prominently displayed.

As well as signage for vehicles, signs for pedestrians/cyclists will also be provided.

## 9 Additional information

This policy will be adhered to at all times.

The overall management of car parking and security is the responsibility of the Directorate of Facilities Management.

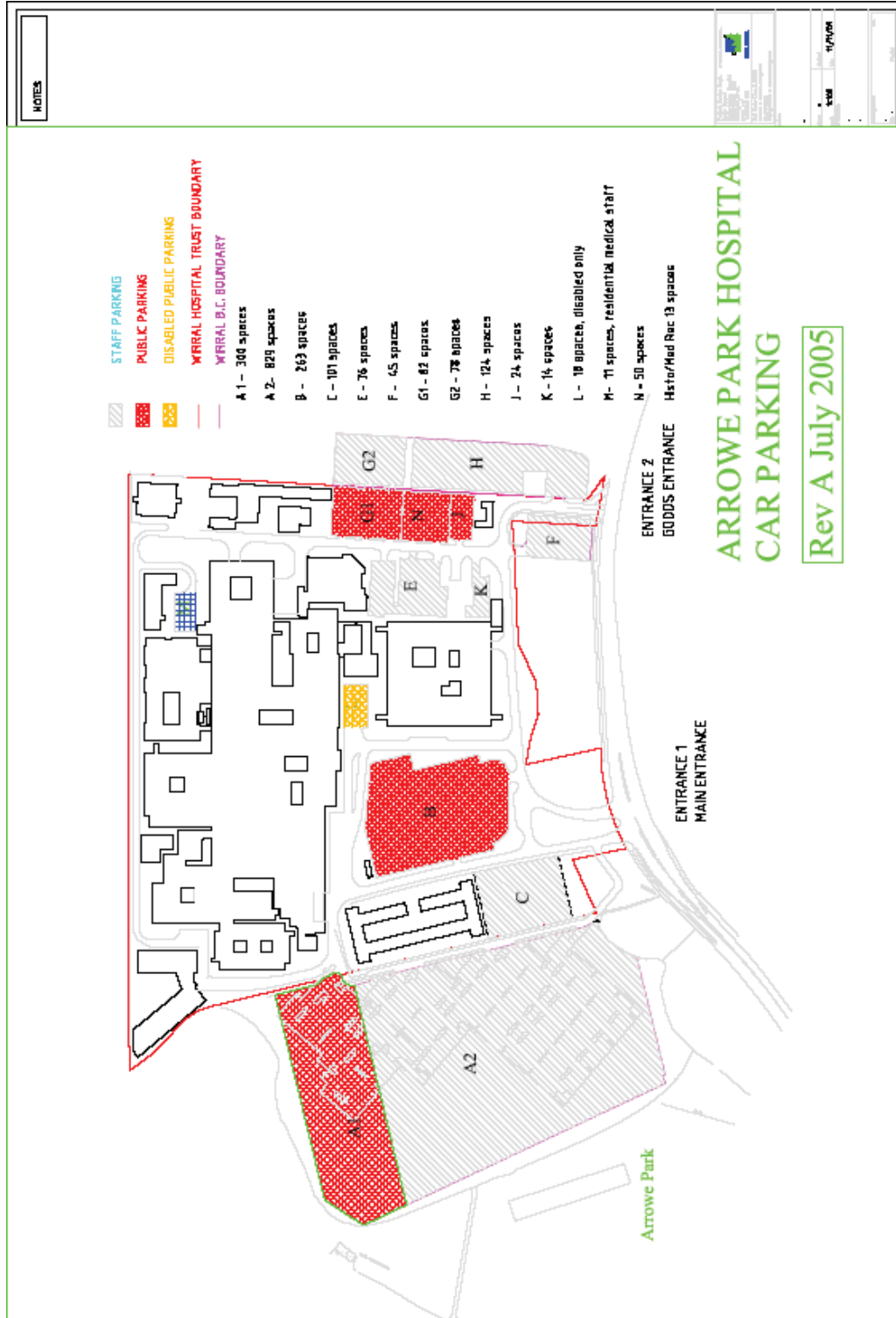
The Head of Security/car parking will however be responsible and accountable for the day to day efficient and effective management of car parking provision and security.

### Contacts:

Martin Lamb, Security Manager/Travel Co-ordinator      Telephone ext. 2200  
Bleep 2676

Peter Davies, Security Adviser      Telephone ext. 2196  
Bleep 704311

### Appendix A – Proposed layout of Hospital Car Parks



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## WIRRAL COUNCIL

### SUSTAINABLE COMMUNITIES OVERVIEW and SCRUTINY COMMITTEE – 17<sup>TH</sup> NOVEMBER 2010

#### REPORT OF THE DIRECTOR OF TECHNICAL SERVICES

#### OBJECTIONS TO TRAFFIC SIGNAL JUNCTION IMPROVEMENTS - UPTON ROAD / NOCTORUM AVENUE, UPTON

#### (CLAUGHTON AND BIDSTON & ST JAMES WARDS)

### 1.0 EXECUTIVE SUMMARY

- 1.1 This report considers objections received to the introduction of a new traffic signal control junction improvement and associated 'No Waiting at Any Time' - Traffic Regulation Order (TRO) at the junction of Upton Road / Noctorum Road, Upton.
- 1.2 The report recommends that Committee notes the objections received and recommends to the Cabinet Member that the scheme and TRO be implemented as advertised.

### 2.0 BACKGROUND

- 2.1 On 14<sup>th</sup> January 2010 a report was submitted to Cabinet outlining the Local Transport Settlement for 2010/11 and detailing a series of allocations forming part of the 2010/11 Transport Capital Programme - Integrated Transport Block.
- 2.2 The provision of a new traffic signal installation at the junction of Upton Road / Noctorum Avenue, Upton was identified in that report as a priority scheme within the Integrated Transport Block to be undertaken as part of the Congestion Block allocation programme of works.
- 2.3 The proposed traffic signal junction improvements are designed to address a long-standing history of traffic capacity issues resulting in congestion and delay. The extents of the proposed 'No Waiting at Any Time' - TRO are the minimum required to ensure effective operation aspects of the traffic signal control.
- 2.4 The proposed scheme will also provide improved facilities for public transport users, pedestrians and cyclists (linkage to National Cycle Network Route 56). The junction is within close vicinity to a sustainable transport link (Upton Railway Station) and a supermarket within a small shopping centre.
- 2.5 A period of Public Consultation commenced on 13<sup>th</sup> October 2010 and is due to conclude on Thursday 4<sup>th</sup> November. Without wishing to pre-empt the decision of the Committee in these matters, the decision to report on objections received so far and before the expiration of the deadline date for such responses, has been taken mindful of the projected timescales required to deliver a scheme of this magnitude before the end of March 2011.
- 2.6 Any further objections received between the time of writing this report and 4<sup>th</sup> November 2010 will be reported verbally to Committee at its meeting of 17<sup>th</sup> November 2010.
- 2.7 At the time of writing this report, with three days before the Public Consultation period concludes, four individual objections and a petition to the proposals have been received in total. Officers from my Traffic Management Division have already met with two of the objectors with subsequent discussions resulting in the resolution of all but one of their objections raised.

- 2.8 Drawing number BENG/54/10 indicates the layout of the proposed traffic signal controlled junction arrangement and the extents of the 'No Waiting At Any Time' - TRO.

### 3.0 OBJECTIONS

- 3.1 At the time of writing, the over-riding concern of the unresolved objections is the belief that the proposed scheme will encourage the use of Coniston Avenue and Windermere Road - Wirral Way as a short-cut / rat-run to avoid queuing at the new traffic signal junction, resulting in increased traffic volume, speeding vehicles, disruption for residents and a concern that these roads will ultimately become congested.

**Although the introduction of a new traffic signal junction will undoubtedly discourage such 'rat-running' for some users who currently experience great difficulty emerging into Upton Road from Noctorum Avenue, it would be fair to accept that there may be a minority of users who may, under some circumstances, be tempted to find an alternative route to avoid the traffic signal controlled junction. To this end, specific traffic surveys have already been undertaken to sample the current level of 'rat-running' and I propose to undertake similar such surveys upon completion of the proposed scheme. Should these surveys reveal a significant increase in traffic on Coniston Avenue or Windermere Road - Wirral Way it is recommended that future consideration be given to the introduction of appropriate measures to discourage such traffic.**

- 3.2 One objection has been raised on the grounds of concerns that the proposals will continue to allow parking on Noctorum Road directly adjacent to the supermarket as a convenient alternative to the supermarket car park. The objector is concerned that this will exacerbate difficulties residents already experience whilst manoeuvring in and out of their private driveway. The objector suggests extending the proposed 'No Waiting At Any Time' TRO between Windermere Road and the proposed limit of the TRO, directly opposite no.s 5 to 13 Noctorum Avenue.

**After careful consideration, it is felt that this suggestion may also provide additional benefit to the proposed scheme and assist residents accessing their private driveways. I therefore propose that an additional length of TRO be advertised between Windermere Road and the limit of the TRO currently proposed, directly opposite no.s 5 to 13 Noctorum Avenue, and that subject to no objections being received, that order be implemented also.**

- 3.3 A petition has also been submitted, opposing the re-siting of the eastbound bus stop on Upton Road. The petitioners are concerned that the relocated bus stop will lead to anti-social behaviour in close proximity to residential property, adversely effect property prices and that the scheme itself is unjustified given the prevailing economic climate.

**The position of the existing bus stop in the lay-by adjacent to the Fender Public House is such that it would prevent traffic signal control from being introduced for operational and safety reasons. In order to introduce traffic signal control it is essential to relocate the bus stop. The proposed location for the re-siting of the bus stop has the support of Merseytravel and has been determined as the closest available, safe location and the most appropriate to ensure it continues to serve the surrounding residential area, adjacent shops and to minimise any perceived associated nuisance.**

**It should also be noted that the adjacent residential property on Upton Road is 'set-back' in a service road and that pedestrian access into that service road from Upton Road and the relocated bus stop, would be prevented by an**

**uninterrupted length of metal railings and hedging that extends as far as the Wirral Way roundabout.**

**The costs of providing a new traffic signal controlled junction and the proposed 'No Waiting At Any Time' TRO, is a Cabinet approved scheme financed from the Congestion Block allocation of the 2010/11 Transport Capital Programme. The proposed improvements are designed to address a long-standing history of traffic capacity issues resulting in congestion and delay that will provide good value for money. It has not been previously possible to identify a suitable source of funding to undertake these works until this current financial year.**

#### **4.0 SUMMARY**

- 4.1 The provision of traffic signal control at the junction of Upton Road / Noctourum Avenue and associated 'No Waiting at Any Time' TRO will reduce congestion and delay, improve facilities for public transport users, introduce and improve controlled crossing facilities for pedestrians and improve linkage to the National Cycle Network (Route 56) for cyclists.
- 4.2 This report therefore recommends that provision of traffic signal control at the junction of Upton Road / Noctorum Avenue, Upton and associated TRO, as indicated in drawing no. BENG/54/10, be implemented as advertised.
- 4.3 Further traffic surveys will be undertaken following completion to identify the extent of any resultant 'rat-running' and, if proven, future consideration will be given to the introduction of appropriate remedial measures.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 The costs of providing a new traffic signal controlled junction and the proposed 'No Waiting At Any Time' TRO, estimated to cost approximately £250,000 will be financed from the Congestion Block allocation of the 2010/11 Transport Capital Programme.

#### **6.0 STAFFING IMPLICATIONS**

- 6.1 Existing staff resources will be used for the design and supervision of the works.
- 6.2 There are no additional financial or staffing implications arising directly from this report. Future maintenance costs will be met from the Highway Maintenance Revenue Budget.

#### **7.0 EQUAL OPPORTUNITIES/EQUALITY IMPACT ASSESSMENT**

- 7.1 The scheme will have a positive effect on assisting disabled, visually impaired persons and persons with prams and pushchairs to cross the road. The proposed scheme is in accordance with Local Transport Plan Equality Impact Assessments for Road Safety, Accessibility, Dropped Crossings and Public Transport.

#### **8.0 HEALTH IMPLICATIONS/IMPACT ASSESSMENT**

- 8.1 The proposed scheme would have positive health implications, either through improvements in road safety or through encouraging a healthier mode of transport (walking and cycling).

#### **9.0 COMMUNITY SAFETY IMPLICATIONS**

- 9.1 The provision of improved pedestrian crossing facilities will be of particular benefit to children, the elderly, persons with disabilities and pedestrians in general.

## **10.0 LOCAL AGENDA 21 IMPLICATIONS**

10.1 The scheme will support key aims within the Merseyside Local Transport Plan to assist pedestrian movements, cyclists and improve access to public transport and thereby support a reduction on reliance upon the private motor vehicle.

## **11.0 PLANNING IMPLICATIONS**

11.1 There are no specific planning implications arising directly from this report.

## **12.0 ANTI-POVERTY IMPLICATIONS**

12.1 There are no specific anti-poverty implications arising directly from this report.

## **13.0 HUMAN RIGHTS IMPLICATIONS**

13.1 There are specific human rights implications arising from this report.

## **14.0 SOCIAL INCLUSION IMPLICATIONS**

14.1 There are no specific social inclusion implications arising from this report.

## **15.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

15.1 This report has implications for Members in the Claughton and Bidston & St James Ward.

## **16.0 BACKGROUND PAPERS**

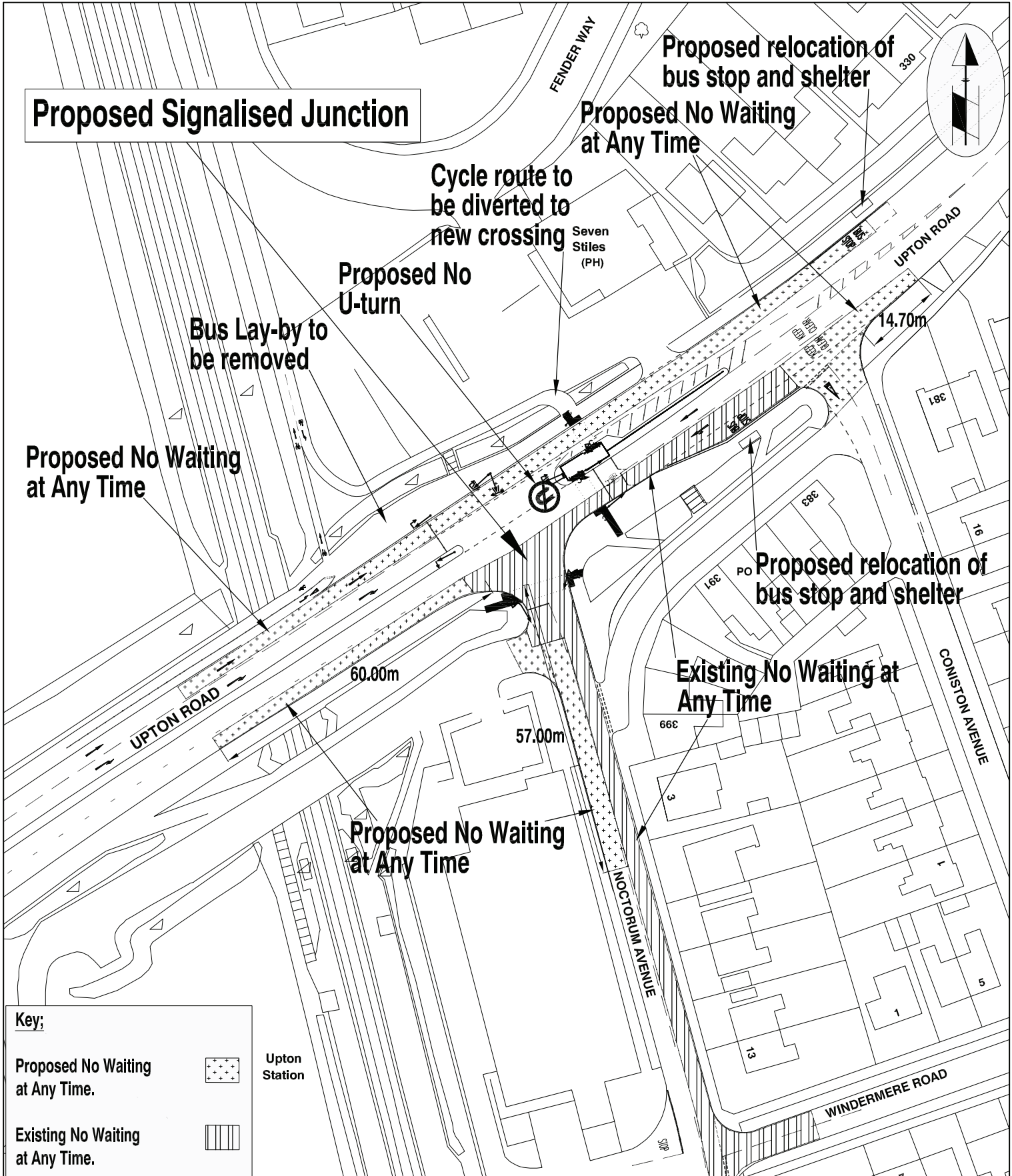
16.1 Letters and emails received from residents objecting to the scheme have been used in the preparation of this report.

## **17.0 RECOMMENDATIONS**

17.1 Committee is requested to note the objections received and recommend to the Cabinet Member that the scheme and Traffic Regulation Order (TRO) be implemented as advertised.


DAVID GREEN, DIRECTOR  
TECHNICAL SERVICES

# Proposed Signalled Junction



**Key;**

Proposed No Waiting at Any Time.		Upton Station
Existing No Waiting at Any Time.		



# WIRRAL

**Technical Services Department**  
**David Green**  
**Director**

**Proposed Signalled Junction / Waiting Restrictions**  
**Noctorum Avenue / Upton Road**  
**Upton**  
**(Bidston & St James / Claughton Wards)**

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## WIRRAL COUNCIL

### SUSTAINABLE COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE – 17 NOVEMBER 2010

#### REPORT OF THE DIRECTOR OF TECHNICAL SERVICES

#### ROAD SAFETY - REDUCING DEATH AND SERIOUS INJURY ON THE ROADS

##### 1.0 EXECUTIVE SUMMARY

- 1.1 This report details a road safety update and progress in reducing the number of people injured on Wirral's roads.
- 1.2 The report details a comprehensive programme of ongoing and proposed actions by the Council and its partners in respect of road safety, which aim to achieve the road safety objectives set out in the Council's Corporate Plan and Wirral Local Area Agreement.

##### 2.0 BACKGROUND

- 2.1 At its meeting on 18<sup>th</sup> March 2010, Cabinet approved an update version of Wirral's Corporate Plan 2009-12 Delivery Plan which focuses on 5 key strategic objectives with a series of corresponding improvement priorities.
- 2.2 The second Corporate Objective – “to create a clean, pleasant, safe and sustainable environment” has the following Improvement Priorities for 2010/11:
  - Reduce the Council's carbon footprint;
  - Reduce the number of people killed or seriously injured in road accidents; and
  - Review and implement an affordable housing policy to reflect current market conditions.
- 2.3 Specific Action Plans have been developed for each Improvement Priority to set out the proposed activities to be carried out by the Council and key partners to enable monitoring of progress by senior officers in conjunction with the relevant Cabinet Member. The previous Road Safety Action Plan was submitted for approval by the Sustainable Communities Overview & Scrutiny Committee on 21<sup>st</sup> September 2009.
- 2.4 This Corporate Priority is also reflected in the Wirral Local Area Agreement for 2008 to 2011, which includes the following Priority Areas for Improvement which are also National Performance Indicators:
  - NI 47 – People killed or seriously injured in road traffic accidents; and
  - NI 48 – Children killed or seriously injured in road traffic accidents.

##### 3.0 CURRENT NATIONAL AND LOCAL TARGETS

- 3.1 Members may recall that in 1999 Government set new national targets for road safety (against a baseline of the 1994 to 1998 average):
  - A reduction of 40% in the number of people Killed or Seriously Injured;
  - A reduction of 50% in the number of children Killed or Seriously Injured and
  - A reduction of 10% in the slight casualty rate (per 100 million vehicle kilometres travelled).

3.2 Members may also recall that in 2008, based on the continuing importance that the Council places on road safety issues, the following road safety targets were included in the basket of improvement targets within the LAA:

- a) All people Killed or Seriously Injured; and
- b) Children Killed or Seriously Injured.

3.3 In 2008, Government changed the methodology for calculating performance for death and serious injury arising from road crashes. The current performance indicator (based on the national target above) relates the percentage change in KSIs (Killed or Seriously Injured) year on year using a three year rolling average and is intended to reflect the performance of Local Authorities.

3.4 The National Indicators NI 47 and NI 48 attempt to take account of the potential variation due to random fluctuations by adopting a three year rolling average.

3.5 Tables 1 and 2 below show Wirral's current performance for these two key indicators:

Table 1

NI 47 – All KSI Casualties Based on three year rolling averages			
	Baseline (2006/2007/2008)	Current Performance (2007/2008/2009)	Target (2008/2009/2010)
Average No KSI's	156	140	125
Percentage change	~	6.18	10.7

Table 2

NI 48 – All KSI Casualties Based on three year rolling averages			
	Baseline (2006/2007/2008)	Current Performance (2007/2008/2009)	Target (2008/2009/2010)
Average No KSI's	23	19	18
Percentage change	~	14.5	5.3

3.6 The Department for Transport (DfT) are yet to release their data for NI 47 and NI 48 for 2009, however, utilising benchmarking data provided by the independent consultancy Price Waterhouse Cooper (PWC) for 22 Metropolitan Local Authorities that have elected to be included in the comparison for NI 47 and 23 Metropolitan Local Authorities for NI 48, **I am pleased to report significant improvements for road safety which rank Wirral in the top quartile of improvement.**

3.7 Appendix 1 shows the comparison of National Indicator NI 47 (All KSI) for Wirral ranked 6th highest. Appendix 2 shows the comparison for NI 48 (Child KSI) for Wirral ranked 6th highest.

#### 4.0 CASUALTY DATA ANALYSIS

4.1 Ongoing analysis of casualty data on Wirral has revealed that during the five years since 2004 when the KSI casualty record peaked at 203 KSIs (see Appendix 3, Figure 1), the numbers of people Killed or Seriously Injured has steadily declined by an average of 6.6% per year, resulting in a total reduction in KSIs of 30% by 2009.



- 4.2 Whilst Wirral continues to make steady progress in improving road safety, it is unlikely that it will meet the National Target for all deaths and serious injuries by the end of 2010.
- 4.3 The total number of people Killed or Seriously Injured during the most recent complete calendar year, 2009, was 142 against the corresponding interim target of 123 KSI.
- 4.4 Whilst still above target for all age groups of KSI casualties it should be noted that during the last 10 years the total number of casualties have fallen from 1933 in 2000 to 991 in 2009, some 49%.
- 4.5 Although the rate of improvement since 2004 continues it is unlikely Wirral will meet the national target of 40% reduction in KSI casualties by 2010 as it is currently 15% above the target in 2009.
- 4.6 The number of children Killed or Seriously Injured also continues along an overall trend of improvements and is likely to meet the National child death and serious injury target by the end of 2010 (see Appendix 3, Figure 2).
- 4.7 Whilst there were 22 Child KSI casualties in 2009, compared to 14 in 2008, further analysis of this important casualty group has shown that of the 36 Metropolitan Highway Authorities in the UK a third of them also demonstrated an unusually low number of child KSI casualties in 2008.
- 4.8 Adult pedestrian casualty figures for all severities have risen during the latest two years although they are still 36% lower than the baseline casualty figures. KSI figures remain low and are 23% lower than the original 1994 – 1998 baseline casualty figures. Although the adult pedestrian casualties have risen slightly in the last 2 years the overall trend continues to fall since the baseline.
- 4.9 Child pedestrian casualty figures for all severities continue to follow a downward trendline and are currently 62% lower than the baseline casualty figures. Child pedestrian KSI casualties remain low and are 37% lower than the original baseline casualty figures.
- 4.10 The overall trend in pedal cyclist casualty figures also continue to show an improvement against the baseline casualty figures. More encouragingly, the number of child pedal cycle casualties continues to remain at a relatively low number. This is particularly promising as Wirral has continued to offer on-road National Standards Bikeability training to all schools, which has seen over 1200 children trained during 2009/10.
- 4.11 Despite an increase of all motorcycle casualties in the 2 years since 2007 the total number of casualties has shown a steady reduction (32%) since the 1994 – 98 base period. Death and serious injury for this road user group, however, remains a concern with a total of 32 KSI riders and passengers in 2009.
- 4.12 Wirral continues to provide a number of initiatives aimed at motorcyclists and other road users to make them more aware of road safety issues for this vulnerable road user group. Together with Merseyside Police, we continue to promote and run the Bikesafe motorcycle training programme. Other projects such as Geared and Go, together with publicity and advertising/awareness raising are also featured in my 2010/11 Action Plan.
- 4.13 The total number of road casualties of all severities and road user groups have shown an improvement by 35% since 2004. All adult casualties have shown an improvement by 31% compared to 2004 and all child casualties have shown an improvement by 28% during the last five years.

4.14 Analysis of the casualty data January – September 2010 compared to previous years reveal a continuing steady improvement. Overall KSI figures for 2010 so far reveal an improvement in numbers from 103 in 2009 to 82 in 2010 during the same 10 month period.

## **5.0 NEW NATIONAL ROAD SAFETY STRATEGY**

5.1 Following consultation with Local Authorities at the beginning of the year on both setting 20mph speed limits and options for a revised National Road Safety Strategy, it was hoped that those National Policy documents would have been published by Government before now. It was further anticipated that greater devolved powers would have been given to English Highway Authorities (similar to powers enjoyed by Scottish highway authorities) which will enable time variable 20mph speed limits to be implemented on main roads outside schools.

5.2 Wirral is currently awaiting the publication of these documents as without devolving additional powers, any requests for variable speed limits will continue to be made to the Department for Transport on a case by case basis.

## **6.0 ROAD SAFETY ACTION PLAN**

6.1 In recognition of the key importance of Road Safety to the Council and indeed, the Community as a whole, I have formed the Wirral Accident Reduction Partnership in order to focus a range of initiatives aimed at reducing road casualties on Wirral's roads. Partners include senior officers from Merseyside Police, Merseyside Fire & Rescue Service, the Merseyside Road Safety Partnership and NHS Wirral.

6.2 Wirral's Accident Reduction Partnership has again developed a Road Safety Action Plan for implementation during 2010/11 (detailed in Appendix 4) which covers five main workstreams:

- Enforcement (ENF);
- Education, Training & Publicity (ETP);
- School Travel Planning (STP);
- Communications (COM); and
- Engineering (ENG).

6.3 Close working between key partners is a key feature of this Road Safety Action Plan and is essential to ensure effective interventions to deal with potential future areas for action such as casualties involving older people, pedestrians, motorcyclists and in-car casualties.

6.4 It is also important to note there is a robust approach to the monitoring and delivery of the Road Safety Action Plan as follows:

- Technical Services Business Planning and Performance Management arrangements based on PIMS and regular reports to Chief Officers Management Team, the appropriate Cabinet Member and Overview & Scrutiny Committee in the usual manner;
- Quarterly inter-agency meetings at Director / Area Commander level between key partner agencies including Police, NHS Wirral and Fire & Rescue Service;
- Reporting and monitoring through the LAA management structures All KSI (NI 47) via the Crime and Disorder Reduction Partnership and Child KSI (NI 48) via the Children & Young People Partnership;
- Regular informal Cabinet Member briefings.

6.5 Members will note that there are 3 individual items listed within the Action Plan that have now been listed as red, as they are not able to be progressed further within the lifespan of the current Plan:

ENG 1.16 Provision of Traffic Calming within Parkside Road, Bebington.  
Following further, detailed analysis of the reported crash data revealed that traffic calming measures are not appropriate in this instance. Funding originally made available for this scheme has been re-cast within the Local Safety Scheme Programme, as reported to Cabinet on 22 July 2010.

ENG 5.3 Provision of Dropped Kerbs, Borough wide.  
Schemes to provide dropped kerbs to assist pedestrian mobility have been devolved to Local Area Forums to prioritise. Many Forum areas have incorporated this type of scheme in a basket of improvements funded from the You Decide and Integrated Transport Block allocations.

INT 7.0 Drink-Drive Intelligence.  
Police data systems are not currently able to provide the required level of intelligence. This issue will be kept under review.

## 7.0 ROAD SAFETY PROGRAMMES

7.1 The Council also undertakes a range of physical works to achieve road safety objectives contained within the Local Transport Plan (LTP) Road Safety Block. The 2010/11 programme which included an overall allocation of £980,000 for safety schemes was approved by Cabinet on 4<sup>th</sup> February 2010 (Minute 315) and consisted of the following:

	<b>Approved Budget (14 January 2010)</b>	<b>Recast Budget (following DFT budget reductions) (Cabinet 22 July 2010)</b>
Local Safety Schemes (LSS)	£500,000	£350,000
M53 Junction 3 – Major Safety Scheme	£310,000	£310,000
Community Speed Reduction Initiative	£20,000	£15,000
Safer Routes to Schools (SRTS)	£150,000	£60,000
<b>Total Allocation</b>	<b>£980,000</b>	<b>£735,000</b>

## 8.0 FINANCIAL IMPLICATIONS

8.1 Road Safety Programmes as described in Section 6.0 are funded by the Transportation Capital Programme (LTP) Road Safety Block. The recast allocation following DFT in-year budget reductions is £735,000 for 2010/11.

## 9.0 STAFFING IMPLICATIONS

9.1 Existing staff resources will be used to develop the initiatives outlined in the Action Plan.

## 10.0 EQUAL OPPORTUNITIES/EQUALITY IMPACT ASSESSMENT

10.1 There are no specific implications under this heading.

## 11.0 HEALTH IMPLICATIONS/IMPACT ASSESSMENT

11.1 There are no specific implications under this heading.

## **12.0 COMMUNITY SAFETY IMPLICATIONS**

12.1 Improvements in road safety will generally have positive Community Safety implications.

## **13.0 LOCAL AGENDA 21 IMPLICATIONS**

13.1 There are no implications under this heading.

## **14.0 PLANNING IMPLICATIONS**

14.1 There are no specific implications under this heading.

## **15.0 ANTI-POVERTY IMPLICATIONS**

15.1 There are no implications under this heading.

## **16.0 HUMAN RIGHTS IMPLICATIONS**

16.1 There are no implications under this heading.

## **17.0 SOCIAL INCLUSION IMPLICATIONS**

17.1 There are no implications under this heading.

## **18.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

18.1 This report has implications for all Wards.

## **19.0 BACKGROUND PAPERS**

19.1 Merseyside Local Transport Plan and Wirral's Road Safety Action Plan.

## **20.0 RECOMMENDATIONS**

20.1 Committee is requested to:

- (i) Note the progress in improving road safety performance and analysis of casualty data outlined in this report;
- (ii) Endorse the proposed Road Safety Action Plan for 2010/11.

DAVID GREEN, DIRECTOR  
TECHNICAL SERVICES

**WIRRAL COUNCIL**

**SUSTAINABLE COMMUNITIES O&S COMMITTEE**

**17 NOVEMBER 2010**

**CABINET**

**25 NOVEMBER 2010**

**REPORT OF THE DIRECTOR OF TECHNICAL SERVICES**

**GREEN SPECIFICATION AND RENEWABLE ENERGY GENERATION BY COUNCIL**

## **1.0 EXECUTIVE SUMMARY**

1.1 At its meeting on 18 October 2010, Council agreed to a Notice of Motion on renewable energy generation and resolved (minute 45 refers):

- a) to expand its renewable energy generation;
- b) to instruct officers to ensure that renewable energy projects are an integral part of the Council's office accommodation strategy, and
- c) to instruct officers to report back to the appropriate Cabinet Member and to the Sustainable Communities Overview and Scrutiny Committee at the earliest opportunity.

1.2 This report now advises Members of the development of a Green Specification in the form of a best practice guide for designers, which will require sustainable materials and products with recognised environmental benefits, and, where practicable, renewable energy technologies, to be incorporated into all Council building projects.

## **2.0 BACKGROUND**

2.1 Members will be aware that over recent years a number of specific projects have been implemented by the Technical Services Department under the Carbon Reduction Programme to contribute towards the Council's Improvement Priority to reduce its carbon footprint, under the Strategic Objective to "create a clean, pleasant, safe and sustainable environment". These projects have also supported former National Indicators: NI 185 (CO<sub>2</sub> reduction from Local Authority Operations); NI 186 (Per Capita Reduction in CO<sub>2</sub>) and NI 188 (Adapting to Climate Change). These NIs have recently been withdrawn by Government and revised environmental performance measures are expected to be announced shortly.

2.2 This Committee last noted and endorsed progress of the Carbon Reduction Programme, including a strategy for reducing the Council's carbon footprint by 60% by 2025, on 21 June 2010 (minute 59 refers).

2.3 Measures included in the Council's Carbon Reduction Programme have included:

- Energy Efficiency schemes (improved lighting installations, boiler replacements)
- Energy Awareness and carbon reduction promotions and campaigns
- Automatic meter reading
- Combined heat and power (CHP)
- Launch of Wirral CRed initiative
- Waste reduction and improved recycling service

2.4 Over the same period, the Council has also been working closely with local partners through the Wirral Climate Change Group to reduce the Carbon Footprint across Wirral and to "create a clean, pleasant, safe and sustainable environment".

2.5 This Committee noted and endorsed progress of the various Wirral-wide Carbon Reduction projects and referred a report on the subject to Cabinet on 8 March 2010 (minute 46 refers).

2.6 Building designers within Technical Services began work on a draft Green Specification in 2007. A number of projects designed through the Department's Design Consultancy Division in recent years have incorporated green materials and technologies, which help contribute to the Council's strategic objectives and priorities for improvement in sustainability and carbon emission reduction. Some examples to date include;

#### Laird Foundation 2006

- high thermal properties and U-values
- intelligent lighting system
- solar thermal for hot water
- wind turbine
- radiant heating to maximise efficiency
- eco-warrior monitoring system (BMS)

#### Town Lane School 2006

- high thermal properties and U-values
- recycled aggregates used
- intelligent lighting system
- solar thermal for hot water
- consequential improvements made (10% of building contract sum)

#### Dale Farm 2007

- high thermal properties and U-values
- wood burning stove (carbon neutral) for heating installed
- intelligent lighting system
- solar thermal for hot water

#### Stanton Road School 2009

- high thermal properties and U-values
- intelligent lighting system
- solar thermal for hot water
- recycled aggregates used
- passive ventilation system to reduce mechanical installations
- sun glass used to reduce solar gain and diminish cooling requirement
- heat recovery system installed
- consequential improvements made (10% of building contract sum)

#### New Park Primary School 2010

- high thermal properties and U-values
- biomass boiler
- sun glass used to reduce solar gain and diminish cooling requirement
- rainwater harvesting
- intelligent lighting system
- passive ventilation system to reduce mechanical installations
- recycled aggregates used
- BMS system

2.7 The Green Specification has now been completed. It provides a best practice guide for designers to incorporate green technologies and sustainable products and materials into Council building projects, which will contribute to the Council's Carbon Reduction Programme and Carbon Budget and to the Government's Carbon Commitment. The Guide also includes links to access current best practice material specifications and an appendix containing examples of typical approved products which will ensure consistency of materials and equipment across the Council's buildings, assisting with efficiency of facilities management and maintenance operations. A key principle of the Guide is that energy demand, and thus energy

consumption and emissions from buildings, should be reduced before renewable technologies are considered.

- 2.8 In February 2010, Government announced details of a scheme of Feed in Tariffs (FiTs) designed to stimulate and drive an increased uptake of renewable energy systems and to increase energy generation from renewable sources from some 5.5% nationally to 30% in 10 years.
- 2.9 FiT schemes guarantee a set fee payable for electricity generated for self-use and an additional rate for all surplus electricity exported back to the national grid. Currently domestic rates are higher than for commercial applications. However, recent legislation now allows local authorities to participate in such schemes with a potential to accrue revenue benefits, in addition to contributing to local carbon reduction and climate change targets. Examples of small-scale, low carbon, renewable technologies include:
- Wind
  - Solar Photovoltaic (PV)
  - Hydro
  - Anaerobic digestion
  - Biomass CHP
- 2.10 Similarly, from April 2011 the Government intend to introduce Renewable Heat Incentive (RHI) which is expected to complement FiT's. This will help the Council to fund the installation of the following types of technology:
- Air and ground-source heat Pumps
  - Solar Thermal
  - Biomass Boilers
  - Renewable Combined Heat and Power
  - Use of Biogas and Bio-liquids
- 2.11 The notice of motion agreed by Council on 18 October 2010 will ensure that renewable energy installations are considered, where appropriate, as part of the building design process and that generation of renewable energy is explored with the Council's partner organisations.

### **3.0 PROPOSALS**

- 3.1 All new buildings and major refurbishments designed by the Council's Technical Services Department, or consultants procured to provide such services to the Council, should be designed in accordance with the general principles contained in the Council's Green Specification Guide, 'Wirral Green Spec' (see Appendix A). Where relevant and appropriate, the guide will also be applied to all building adaptation, reconfiguration or renovation designs, including works included in the Council's Strategic Asset Review and Accommodation Strategy. The guide will be a live document, which will be continually reviewed, revised and updated to reflect changing legislation and good practice guidance when necessary.
- 3.2 The Technical Services Department's Quality Management Systems, which are accredited to BSi ISO 9001, will be updated to ensure the Guide is being applied consistently across all Council building projects. An internal peer review process will also be established, so that designs for significant projects can be queried, debated and, where necessary, revised, prior to construction, by an appropriate team of fellow professional officers who were not involved in the initial design process.
- 3.3 The Technical Services Department will continue to retain membership of the Green Register, which is a national register of construction professionals, including a large number of architects' practices, undertaking to provide sustainable designs in accordance with good practice.
- 3.4 In addition, where practicable for the project concerned, all designs will consider the introduction of renewable energy generation technologies. All future Scheme and

Estimate reports presented to Cabinet for approval will include details of any proposed renewable energy facilities, which could be incorporated, where practicable, as part of the scheme, together with the associated costs and benefits.

- 3.5 The potential for the introduction of renewable energy installations through partnership working with energy technology providers and other partner organisations will also be explored through the Wirral Climate Change Group and any other appropriate channels. The Council is aware of social housing providers (RSLs) negotiating the installation of “free” solar PV panels on their properties and encourages the installation of renewable energy technologies on RSL, new-build and refurbished properties. Solar PV has been installed on new-build flats in Southwick Road, Tranmere and will be installed on Quarry Bank flats, Birkenhead, with each tenant benefiting from the resulting feed in tariff.
- 3.6 The Green Specification Guide will also be made available to private developers who are procuring building works in Wirral via the Developers Guide, which is being promoted by the Technical Services Department’s Development Control and Building Control Divisions. Thus, private developers will be encouraged to follow similar principles to the Council’s own designers and, therefore, contribute to corporate objectives and priorities.

#### **4.0 FINANCIAL IMPLICATIONS**

- 4.1 The inclusion of renewable technologies in any capital project will result in increased initial costs for that particular project. These costs will be assessed by Technical Services Department staff when the project is designed and the costs of the enhanced scheme separately identified in the Scheme and Estimate reports to Cabinet. The reports will also detail the resulting benefits, such as the potential revenue income via Feed in Tariffs for any proposed renewable energy facilities and likely pay-back period. This will enable Cabinet to assess the benefits resulting from the enhanced scheme and ensure that this is an integral consideration of any scheme proposals.
- 4.2 Continued membership of the National Green Register requires a revenue commitment of approximately £150 p.a. This can be met from existing resources.

#### **5.0 STAFFING IMPLICATIONS**

- 5.1 There are no staffing implications arising directly from this report.

#### **6.0 EQUAL OPPORTUNITIES/EQUALITY IMPACT ASSESSMENT**

- 6.1 There are no implications under this heading.

#### **7.0 HEALTH IMPLICATIONS/IMPACT ASSESSMENT**

- 7.1 There are no implications under this heading.

#### **8.0 COMMUNITY SAFETY IMPLICATIONS**

- 8.1 There are no implications under this heading.

#### **9.0 SUSTAINABILITY IMPLICATIONS**

- 9.1 Adoption of the Green Specification Guide will enable the Council to continue to reduce its carbon footprint by improving energy efficiency, reducing energy needs, introducing renewable technologies and improving environmental performance.



## **10.0 PLANNING IMPLICATIONS**

10.1 Some renewable energy installations, which are retrofitted to buildings during adaptation or refurbishment works, may require planning consent. Individual project-specific planning implications will be reported to Cabinet at Scheme and Estimate report stage.

## **11.0 ANTI-POVERTY IMPLICATIONS**

11.1 There are no implications under this heading.

## **12.0 HUMAN RIGHTS and SOCIAL INCLUSION IMPLICATIONS**

12.1 There are no implications under these headings.

## **13.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

13.1 The Green Specification Guide and potential introduction of renewable technologies will be applied to Council's buildings across all Wards.

## **14.0 BACKGROUND PAPERS**

14.1 No relevant information has been used in the preparation of this report.

## **RECOMMENDATIONS**

That Members of the Sustainable Communities O&S Committee note and endorse the content of this report and refer the following recommendations to Cabinet for approval:

- (1) That the Green Specification Guide (Appendix A) be adopted by the Council for use on all Council building projects;
- (2) That all future Scheme and Estimate reports for building projects include details of proposed renewable energy generating facilities, where it is practicable to incorporate these, together with the associated costs and environmental and financial benefits of such enhanced schemes;
- (3) That membership of the National Green Register be continued;
- (4) That the Green Specification Guide be linked to the Developers Guide and promoted by the Technical Services Department

**DAVID GREEN**, DIRECTOR  
TECHNICAL SERVICES

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## INTRODUCTION

In September 2007, Cabinet approved a new Corporate Plan structure focusing on five key Corporate Objectives with a series of corresponding first year Improvement Priorities. The second Corporate Objective is “to create a clean, pleasant, safe and sustainable environment” with the following Improvement Priorities for 2008/9 to “**Reduce Our Carbon Footprint**”. This remains a key priority below the objective for 2010-11. Wirral’s 2006 Climate Change Strategy underpins and supports this priority and the overall strategic objective.

Technical Services continues to play a significant role in the Corporate Objective “to create a clean, pleasant, safe and sustainable environment”.

This document is intended to be a designer’s guide on incorporating best practice green technologies and sustainable products and materials into Council building projects in order to contribute to the Council’s Carbon Reduction Programme, Carbon Budget and the Governments Carbon Reduction Commitment.

The Guide includes links informing designers how to access current best practice material specifications and an appendix containing examples of typical approved products which will ensure consistency across the Council’s building stock, assisting with efficiency of facilities management and maintenance operations. A key principle of the Guide is that energy demand in buildings should be reduced before renewables are considered.

The Council’s Climate Change Strategy is to reduce carbon emissions, the Council has now adopted the target of a 60% reduction by 2025 and will be working with residents, communities and both the public and private sectors to achieve their own reductions.

The design and specification of buildings has a key influence on the performance of buildings and the emissions produced by the Council. They determine the **operating costs** of the building, they influence the building’s **impact on the environment** and they influence the comfort and well being of the building’s occupants which in turn effects productivity.

**Sustainability:** – our objective is to significantly improve the sustainability of all new and existing buildings. More specifically we aim to:

- improve their energy efficiency/reduce their CO<sub>2</sub> emissions
- improve their water efficiency
- ensure that they can adapt/are resilient to a changing climate
- reduce the wider impact that they have on the environment.

## RENEWABLES

At its meeting on 18 October 2010, Council agreed to a Resolution on Renewable Energy Generation and resolved (minute 45 refers):

- a) to expand its renewable energy generation;
- b) to instruct officers to ensure that renewable energy projects are an integral part of the Council's office accommodation strategy

Therefore we are now required, where appropriate, to install Renewable Technologies in all new and refurbished buildings. **Renewable technologies should be considered before conventional systems are specified.**

The recently introduced Government Feed in Tariff (FiT) scheme will assist with the funding of renewable schemes by guaranteeing a set fee payable for electricity generated for self-use and an additional rate for all surplus electricity exported back to the national grid. Currently domestic rates are higher than for commercial applications. However, recent legislation now allows local authorities to participate in such schemes with a potential to accrue revenue benefits, in addition to contributing to local carbon reduction and climate change targets. Examples of small-scale, low carbon, renewable technologies include:

- Wind
- Solar Photovoltaic (PV)
- Hydro
- Anaerobic digestion
- Biomass

Similarly from April 2011 the Government intend to introduce Renewable Heat Incentive which is expected to complement FiT's. This will allow the Council to install the following types of technology:

- Air and ground-source heat Pumps
- Solar Thermal
- Biomass Boilers
- Renewable Combined Heat and Power
- Use of Biogas and Bio-liquids

The specifying of new or innovative products such as biomass boilers or rain water harvesting systems will help stimulate the market for the development of these products, which will help the UK compete in a developing market for more sustainable products.

**It is crucial that renewable energy schemes are developed in conjunction with energy reduction schemes rather than to simply offset increase energy use.**

**DESIGN OF BUILDINGS (SUSTAINABLE CONSTRUCTION)**

- *Adaptability/Flexibility:* The use of interior space to be optimised through careful design so that the overall building size, and resource use in constructing and operating it, are kept to a practical minimum for original design use.
- *Design for future reuse and adaptability:* This can be achieved by making the structure adaptable to other uses, and choosing materials and components that can be reused or recycled.
- *Design for easy maintenance:* Whilst new buildings will usually have a design life of 30 or 60 years or greater, mechanical and electrical systems will not generally last beyond 15 years. Systems to be designed from the outset for disassembly and recycling, or designed out by use of passive design.
- *Design an energy-efficient building:* This to be delivered through the high use of insulation, high-performance windows, and tight construction. Efficiency to be obtained by using natural, or less preferably, mechanical ventilation, in preference to air conditioning.
- *Design buildings to use renewable energy.* Passive solar heating, daylighting, and natural cooling to be incorporated cost-effectively into appropriate buildings.
- *Optimise material use:* Waste to be minimised by designing for appropriate standard ceiling heights and building dimensions. Avoid waste from structural over-design (use optimum-value engineering/advanced framing).
- *Design water-efficient, low-maintenance landscaping:* Conventional lawns have a high impact because of water use, pesticide use, and pollution generated from mowing. Consider landscaping with drought-resistant native plants and perennial groundcovers.
- *Make it easy for occupants to recycle waste:* Make provisions for storage and processing of recyclables and kitchen waste.
- *Recycle greywater if feasible:* Water from sinks, showers, or clothes washers to be recycled for WC flushing or irrigation. Design the plumbing for easy future adaptation and access.
- *Design for durability.* Spread the environmental impacts of building over as long a period as possible. The structure must be durable as a building with a durable style will be more likely to realise a long life.
- *Design for recovery.* To be done by ensuring that buildings are designed to facilitate the maximum recovery of materials when the time comes to demolish them.

## LOCATION & PLANNING SITE

- *In-fill and mixed-use development: Identifying an in-fill site which increases density is inherently more sustainable than building on undeveloped greenfield sites. Mixed-use development, in which residential and commercial uses are intermingled, can reduce vehicle use and help to create healthy communities.*
- *Minimise car dependence: This can be done through locating buildings to provide access to public transportation, bicycle paths, and walking access to basic services.*
- *Value site resources: Early in the siting process, carry out a careful site evaluation covering issues such as: solar access, soils, vegetation, water resources, important natural areas, and let this information guide the design.*
- *Promote biodiversity: By clustering buildings or building attached units to preserve open space and wildlife habitats. Avoid especially sensitive areas including wetlands, and keep roads and service lines short.*
- *Provide responsible on-site water management: By designing landscapes to absorb rainwater runoff (stormwater) rather than having to carry it off-site in storm sewers. Consider collecting rainwater for irrigation (SUDS recommendations to be followed).*
- *Situate buildings to benefit from existing vegetation: Hedge rows and shrubbery can block cold winter winds or help channel cool summer breezes into buildings. Trees on the east and west sides of a building can dramatically reduce cooling loads.*

## MATERIALS

- *Avoid ozone-depleting chemicals and those with a high global warming potential: The new Framework rules out the use of CFCs and HCFCs and promotes the use of alternatives to MFCs (which add to global warming). Reclaim CFC, HCFCs, and HFCs when servicing or disposing of equipment.*
- *Use durable products and materials: Because manufacturing is very energy-intensive, a product that lasts longer or requires less maintenance usually saves energy. Durable products also produce less waste in the long run and are a more efficient use of resources.*
- *Choose low-maintenance building materials: Where possible, select building materials that will require little maintenance (painting, re-treatment, waterproofing, etc.), or whose maintenance will have minimal environmental impact.*
- *Choose building materials with low embodied energy: Heavily processed or manufactured products and materials are usually more energy intensive. As long as durability and performance will not be sacrificed, choose low energy embodied materials.*

## APPENDIX 1 – GREEN SPECIFICATION AND RENEWABLE ENERGY GENERATION BY COUNCIL

- *Use building products made from recycled materials:* Building products made from recycled materials reduce solid waste problems, cut energy consumption in manufacturing, and save on natural resource use.
- *Use salvaged building materials when possible:* The pressure on landfill can be reduced and natural resources saved by using salvaged materials: lumber, millwork, certain plumbing fixtures, and hardware, for example. Make sure these materials are safe (for example, by testing for lead paint and asbestos), and don't sacrifice energy efficiency or water efficiency by reusing old windows or plumbing fittings.
- *Use good wood:* There is a Government commitment that all central government departments and agencies actively seek to procure timber and timber products from legal and sustainably managed sources.
- *Avoid materials that will give off gas pollutants:* Solvent-based finishes, adhesives, carpeting, particleboard, and many other building products release formaldehyde and volatile organic compounds (VOCs) into the air. These chemicals can affect workers' and occupants' health as well as contribute to smog and ground-level ozone pollution outside.
- *Minimise packaging waste:* Avoid excessive packaging, such as plastic-wrapped plumbing fixtures or fasteners that aren't available in bulk. Inform suppliers why over-packaged products are being avoided. Keep in mind, however, that some products must be carefully packaged to prevent damage, and resulting waste.

### EQUIPMENT

- *Install high-efficiency heating and avoid air conditioning:* Well-designed high-efficiency boilers, not only save the building occupants money, but also produce less pollution during operation. Design incorporating natural ventilation or, less preferably, mechanical ventilation, can make air conditioning unnecessary for most applications.
- *Install energy efficient lights and appliances:* Fluorescent lighting has improved dramatically in recent years and is now suitable for homes. High-efficiency appliances offer both economic and environmental advantages over their conventional counterparts.
- *Install water-efficient equipment:* Low flush WCs, waterless urinals and low flow showers not only reduce water use, but save money through lower water and sewerage charges. Reducing hot water use also saves energy and reduced emissions of carbon dioxide - the main greenhouse gas.

### SITE DEVELOPMENT

- *Protect trees and topsoil during site work:* Trees can be protected from damage during construction by fencing off the "drip line" around them and avoiding major changes to surface grade.

## APPENDIX 1 – GREEN SPECIFICATION AND RENEWABLE ENERGY GENERATION BY COUNCIL

- *Avoid use of pesticides and other chemicals that may leach into the groundwater:* Look at alternatives or less toxic treatments.
- *Minimise site waste:* This can be done by setting up clearly marked bins for different type of usable waste (wood scraps for kindling, sawdust for compost). Find out where different materials can be taken for recycling, and raise awareness about recycling procedures. Salvaged materials can be donated to community groups.
- *Make education a daily practice:* Use the design and construction process to educate clients, employees, subcontractors, and the general public about environmental impacts of buildings and how these impacts can be minimised.
- *Sustainable demolition practices:* Specify safe demolition for site users with all works complying with health and safety requirements; avoidance of damage and operational problems to the plant in other buildings; reuse of materials and a statement showing where reclaimed materials will go. Waste must be disposed of legally.

### **BUILDING SERVICES (ENERGY EFFICIENCY) GENERAL**

The definition of an energy efficient building is 'One that provides the specified internal environmental conditions for minimum energy cost'. To achieve this it is essential to adopt an integrated approach to building design, employ good practice techniques and influence the specification of building services at the earliest possible stage. This will directly influence the environmental impact of a building and result in reduced operating costs over its lifetime.

A straightforward approach, taking account of location, orientation, natural ventilation and daylighting, will not only minimise capital costs, but also facilitate plant operation and reduce maintenance costs. Improving the quality of the indoor environment will ultimately improve the health and wellbeing of the building occupants.

#### **Heating**

- *Reduce the use of fossil fuels:* Choose the least polluting source of energy for space and water heating after all renewable schemes have been considered.
- *Select high efficiency boilers:* Condensing boilers are more efficient and therefore cheaper to run than conventional boilers and must be considered for at least the lead boiler in a multi-boiler installation.
- Use separate, localised systems to meet small loads and for water heating.
- *Use the natural characteristics of a site:* Optimise solar heat gain to enable internal conditions to be achieved with minimum reliance on services.
- *Use appropriate controls:* Incorporate zoning, weather compensation and optimisation to heating systems.



### Cooling

- **Consider the solar, dynamic and thermal characteristics of the building:** External shading, internal blinds and self-shading will minimise the impact of the weather on the internal conditions, delaying peak internal temperatures.
- **Natural or mixed mode ventilation:** This must be considered for use in preference to full air conditioning.
- Where air conditioning is required, specify systems that will use free cooling in summer and heat recovery in winter.
- If air conditioning is required to supplement natural ventilation or for special needs, the system should be designed to operate on a zoned basis.

### Ventilation

- Natural ventilation should be the first choice: Where additional ventilation is required, fans and pumps should be sized accurately. Variable speed drives will be used to minimise losses at periods of low load.
- Provide controllable, natural ventilation removing dependence on air-conditioning systems.

### Lighting

- Design windows to ensure their size and layout take full advantage of daylight.
- Choosing light colours for internal finishes will reduce the requirement for artificial lighting.
- Design buildings to maximise natural day lighting by the use of shallow floor plates and use sun pipes where deeper floor plans are necessary.
- Consider daylight linking: Artificial lighting should be used to meet lighting levels not provided by natural light.
- Maximise energy efficiency by controlling the level and timing of lighting systems.
- Use High frequency and Slimline Fluorescent tubes: These are no more expensive than ordinary lamps, and are up to 10% more efficient.
- Do not over light non-sensitive areas. Areas of special needs can be provided for locally.
- Maximise use of daylight through good use of blinds, while eliminating glare and minimising heat gain.

## APPENDIX 1 – GREEN SPECIFICATION AND RENEWABLE ENERGY GENERATION BY COUNCIL

### Performance

- Set performance targets based on recognised guides such as Best Practice Guides or BREEAM measures requiring thermal modelling studies to be undertaken.
  - Design temperatures for air-conditioned offices of:
    - 24°C in summer
    - 20°C in winter

Careful consideration should be given to external ambient design conditions as this could lead to plant / systems being oversized and a reduction in operating efficiency.
- Winter design heating temperatures for other areas should be less than or equal to the lower end of the temperatures stated in CIBSE guides.
- A minimum temperature dead band of 4°C should be considered.
- Design to achieve air tightness and specify insulation to optimum levels that balance capital costs against energy savings.
- Specify equipment that is energy star compliant or a similarly recognised certification scheme.

### Controls

- Install controls that are simple to understand and that will allow control to local occupants. Building Energy Management systems should be provided by Trend and installed by Trend approved installers
- Controls must be accessible to those responsible for energy management and maintenance of the building.

### Water

- For general use, install low flush volume cisterns and consider greywater schemes. This will reduce surface water drainage and sewerage sizes.
- Install water saving devices at an early stage. Use spray taps, urinal controls and water efficient shower heads.

### ADVANCED MODELLING TECHNIQUES

By using specialist advice and advanced modelling techniques, it is possible to design in such a way that waste from oversizing of plant and equipment is eliminated. Changes in legislation, tighter building standards regulations and an integrated and innovative approach to building design, will ensure a sustainable and energy efficient built environment that will meet the needs and aspirations of Wirral Council.

## USEFUL INFORMATION

Each of the organisations listed below have excellent web based links to data that has been analysed, categorised and labelled for ease of use:

- a) **National Green Specification** Environmental assessment of products and materials on the basis of Life Cycle Analysis (LCA)  
<http://www.greenspec.co.uk/>
- b) **Building Research Establishment (BRE) “thegreenguide”** through its use of the Environmental Profiles Methodology 2008,  
<http://www.thegreenguide.org.uk/>
- c) **NBS Green Building** use of their “Construction Information Service”.  
<http://www.thenbs.com/products/tcis/index.asp>
- d) **WRAP** (Waste & Resources Action)  
[http://www.wrap.org.uk/local\\_authorities/research\\_guidance/](http://www.wrap.org.uk/local_authorities/research_guidance/)
- e) **Carbon Trust** (Carbon Trust Energy Technology List)  
<http://www.eca.gov.uk/etl>

## Sustainable Energy Sources

- **Grey Water Recycling/Rainwater Harvesting**  
<http://www.greenspec.co.uk/rainwater-harvesting-costs.php>
- **Solar Thermal (hot water systems)**  
<http://www.greenspec.co.uk/html/energy/solarcollectors.html>
- **Wind Turbine** <http://www.feed-in.co.uk/>  
<http://www.greenspec.co.uk/small-wind-turbines.php>
- **Photovoltaics**  
<http://www.greenspec.co.uk/html/product-pages/electrictiles.php>
- **Biomass Heating**  
<http://www.greenspec.co.uk/html/energy/biomass.html>  
<http://www.greenspec.co.uk/html/products/list752.html>
- **Biomass Combined Heat and Power (CHP)**  
[http://www.greenspec.co.uk/html/energy/micro\\_chp.html](http://www.greenspec.co.uk/html/energy/micro_chp.html)
- **Ground Sourced Heating & Cooling**  
<http://www.greenspec.co.uk/html/energy/GSHP.html>

## Examples of Green Materials and Technologies incorporated into recent Council Projects

### Laird Foundation 2006

- high thermal properties and U-values
- intelligent lighting system (Thorlux Lighting)
- solar thermal for hot water (SolarTwin, <http://www.solartwin.com/aboutcontact-us/contact-us>, Solar Twin Ltd, 50 Watergate Street, Chester, CH1 2LA, UK)
- wind turbine (Proven Energy, <http://www.provenenergy.co.uk/> Wardhead Park, Stewarton, Ayrshire, KA3 5LH, Scotland)
- radiant heating to maximise efficiency
- eco-warrior monitoring system (BMS) (Sotaew, <http://www.sotaew.co.uk/> State Of The Art The Poplars, Barnston Road, Thingwall, Wirral, CH61 7XW)

### Town Lane School 2006

- high thermal properties and U-values
- recycled aggregates used
- intelligent lighting system
- solar thermal for hot water
- consequential improvements made (105 of building contract sum)

### Dale Farm 2007

- high thermal properties and U-values
- wood burning stove (carbon neutral) for heating installed
- intelligent lighting system
- solar thermal for hot water

## APPENDIX 1 – GREEN SPECIFICATION AND RENEWABLE ENERGY GENERATION BY COUNCIL

### Stanton Road School 2009

- high thermal properties and U-values
- intelligent lighting system
- solar thermal for hot water
- recycled aggregates used
- passive ventilation system to reduce mechanical
- sun glass used to reduce solar gain and diminish cooling requirement (Pilkington 'Suncool' glazing <http://www.pilkington.com/europe/uk+and+ireland/english/products/bp/bybenefit/solar/control/suncool/default.htm> Alexandra Business Park Prescott Road St Helens Merseyside WA10 3TT)
- heat recovery system installed (Vectaire, <http://vectaire.co.uk/> Vectaire Ltd, Lincoln Road, Cressex Business Park, High Wycombe, Bucks, HP12 3RH)
- consequential improvements made (105 of building contract sum)

### Pensby New Primary 2011

- high thermal properties and U-values
- biomass boiler
- sun glass used to reduce solar gain and diminish cooling requirement
- rainwater harvesting (Wavin Rainwater 'Aqua' Attenuation [http://intesio-uk.wavin.com/master/master.jsp?FOLDER%3C%3Efolder\\_id=2534374305510741&middleTemplateName=oc\\_middle\\_left\\_content](http://intesio-uk.wavin.com/master/master.jsp?FOLDER%3C%3Efolder_id=2534374305510741&middleTemplateName=oc_middle_left_content) Hazlehead, Crow Edge, Sheffield S36 4HG)
- intelligent lighting system
- passive ventilation system to reduce mechanical
- recycled aggregates used
- BMS system

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## WIRRAL COUNCIL

### SUSTAINABLE COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

17 NOVEMBER 2010

### REPORT OF THE DIRECTOR OF LAW, HR AND ASSET MANAGEMENT

### PROTECTING THE VULNERABLE FROM DOORSTEP CRIME

#### 1.0 EXECUTIVE SUMMARY

1.1 This report details the work of the Trading Standards Division in relation to preventing and detecting traders who prey on the vulnerable. It is based on research conducted by Derek Payet of Trading Standards (Cooling Off the Cold Callers: A Review of the Regulation and Control of Doorstep Selling within the English Legal System).

#### 2.0 DOORSTEP CRIME

- 2.1 Doorstep crime relates to those incidents where itinerant traders approach consumers in their own homes and either use various unfair tactics to sell goods or services or where they simply bully more vulnerable consumers into parting with their money for poor, or non-existent, goods and services.
- 2.2 Research suggests (Lister, S. and Wall, D.S. (2006)<sup>1</sup> distraction burglary falls into three distinct categories, the first are bogus officials, where the offenders use uniforms or false credentials and recognised symbols of trust, posing as officials to deceive their victims. The second category present themselves as ordinary members of the public, pretending there is an emergency or perhaps a child claiming their rabbit has escaped in the garden, to cause a distraction and allow the offender to gain entry. The third group are bogus domestic contractors or who 'cold call' house to house offering good deals on tarmac driveways, roofing repairs, knife sharpening, gardening, double glazing, UPVC fascia and guttering, etc., using skilful sales pitches to distract or deceive the victim. This report focuses on the third group.<sup>1</sup>
- 2.3 Typical examples include high pressure selling of burglar alarms, where the capabilities of the alarm or the burglary rate in the area are exaggerated or where an itinerant trader falsely states that there are loose slates on the roof. In this type of scenario once the trader is on the roof other "faults" are discovered and the bill starts to climb.
- 2.4 Rogue traders of this type are ingenious and their scams constantly evolve. Recent instances have been reported within the North West

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<sup>1</sup> Lister, S. and Wall, D.S. (2006) 'Deconstructing Distraction Burglary: an ageist offence', pp. 107-123 in A. Wahidin and M. Cain, (eds) (2006) *Ageing, Crime and Society*, Cullompton: Willan Publishing at p.113

were itinerant fish sellers take an order for a small quantity of fish but arrive with a large pack of frozen fish. Depending on the vulnerability of the consumer they will use this opportunity to bully them into buying the larger quantity, rather than the amount they ordered.

### **3.0 THE EFFECT ON THE VICTIM**

- 3.1 Whatever the type of crime, whether a bogus official has stolen a purse or an itinerant roofer has taken a £1000 and left the roof in a worse state than when they started the effect on a vulnerable victim can be devastating.
- 3.2 According to the research of Steele et al (2001), becoming a victim of this type of crime impacts on the victims feeling of well-being and can destroy confidence both personally and in the world around them, fearing who to trust and recognising their vulnerability, 'powerlessness' and 'neediness', threatening their 'sense of control and feelings of security'. An older person's behaviour will change, resulting in greater isolation due to a reduction in social activities, such as trips to shops, the bank or social meetings<sup>2</sup>. Victims are 1.5 times more likely to become depressed and 2.7 times more likely to report feeling suicidal and post traumatic stress disorder is common<sup>3</sup>.
- 3.3 Due to the profile of the victim, such crimes are rarely reported and because of the itinerant nature of the offender, those that are reported will occur too late to enable detection. Often the offender will have taken cash and left the scene, making it difficult for the offender to be traced, identified, approached or apprehended. In addition to these difficulties, until fairly recently, it was very unlikely that any legal proceedings would follow or result in a conviction as the offences were notoriously complex and difficult to prove.

### **4.0 LEGISLATIVE CONTROL AND LEGAL ACTION**

- 4.1 In 2008 the Consumer Protection from Unfair Trading Regulations (the CPR's) came into force and introduced a prohibition on 'aggressive commercial practices'. A commercial practice is aggressive if it significantly impairs or is likely to 'significantly impair the average consumer's freedom of choice or conduct in relation to the product concerned through the use of harassment, coercion or undue influence', where this will or is likely to cause the consumer to make a transactional decision he would not otherwise have taken.
- 4.2 When deciding if a practice is aggressive, certain factors should be taken into account, including: timing, location, nature and persistence, the use of threatening behaviour or actions, exploiting a consumer's specific misfortune as to impair their judgement or threaten to take

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<sup>2</sup> Brian Steele, Dr Amanda Thornton, Claire McKillop, Helen Dover (2001) The Formulation of a Strategy to Prevent and Detect Distraction Burglary Offences Against Older People, p.33-35

<sup>3</sup> Sorensen S.B. and Golding J.M. (1990) Journal of Traumatic Stress, Volume 3, p.337-350



action that cannot legally be taken. "Coercion" includes the use of physical force' and "undue influence" means exploiting a position of power in relation to the consumer so as to apply pressure, even without using or threatening to use physical force, in a way which significantly limits the consumer's ability to make an informed decision'. A person guilty of CPR's offences is liable on conviction at Magistrates Court to a fine not exceeding £5000 and on conviction at Crown Court to a prison term of up to 2 years and an unlimited fine.

- 4.3 Trading Standards currently have an on-going case at Liverpool Crown Court involving an itinerant trader who engaged in an aggressive practice to coerce an elderly couple into agreeing to home improvement work. For legal reasons no details can be given of the offence nor the offender.
- 4.4 In previous prosecutions taken by Cumbria Trading Standards anti social behaviour orders, preventing cold calling and associated misleading and aggressive practices, were obtained on conviction.

## **5.0 PREVENTATIVE MEASURES**

- 5.1 Prevention of cold calling abuse is better than detection and Trading Standards use two separate strategies to prevent residents falling foul of doorstep rogues.
- 5.2 Trading Standards, Merseyside Police and Joint Community Safety Team have encouraged the establishment of no cold calling zones to reduce the risk of doorstep crime by limiting the number of unwanted or uninvited callers through established 'No Cold Calling Zones' (NCCZ). NCCZ are identified using signs attached to street lamp posts. An example of the sign is attached at schedule A.
- 5.3 NCCZs are based on a small local area, such as a street or an area such as sheltered housing. All of the residents will be consulted and informed of the potential dangers associated with doorstep selling. Residents are encouraged to say "no" to cold callers and report businesses trading within the zones to the Police and Trading Standards Service, either through the Consumer Direct call centre or, in the event of an emergency, 999. In some cases zones are often co-ordinated with Neighbourhood Watch. Residents are encouraged to display door or window stickers informing uninvited salesmen that they are not welcome and warning them not to knock and further giving the home owner more confidence to say "no". An example of a window sticker is attached at schedule B.
- 5.4 In a new initiative "No Cold Calling Zones" are being developed in partnership with, and funded by, Wirral Partnership Homes. The launch of the WPH zones is scheduled for 19 November 2010. Such zones will not only give additional protection to WPH tenants but also increases public awareness of the No Cold Calling Zone "brand". An example of

a WPH no cold calling sign is attached at schedule C. Further “No Cold Calling Zones” are being planned in Neighbourhood Action Areas.

- 5.5 National policy encourages Trading Standards Services to forge relationships with local businesses through, for example, trader recognition schemes. The Wirral Trader Scheme, launched in 2003, was one of the first of its kind in the Country. The scheme is a member of the Local Authority Assured Trader Scheme Network, which is supported by the Office of Fair Trading.
- 5.6 The Scheme creates a trading environment where consumers can buy goods or services with confidence. To join the scheme traders must demonstrate a commitment to trade fairly and honestly, and to deal effectively with any dissatisfaction expressed by their customers. They also have to meet minimum standards of quality set out in our Code of Practice. Applicants are audited by Trading Standards to determine their consumer complaint history, court proceedings and business practices. The scheme currently has expanded from 82 to 86 members, with a further 11 applications anticipated.
- 5.7 The implementation of the Preferred Contractors’ Protocol by the Private Sector Housing Renewal Team (PSHR) with the requirement that all contractors quoting to carry out contracts for residents under the ‘Loan Assistance Scheme’ have been vetted and are committed to the Wirral Trader Scheme, has achieved continuous improvements and increased customer satisfaction.
- 5.8 However, more contractors are required in specific trade sectors to satisfy demand. To address this problem PSHR have provided funding of £40,000 to enable the recruitment of 50 ‘Preferred Contractors’ to the Trader Scheme, at no cost to the contractor, for a 12 month ‘trial period’. Additionally the funding will also enable the recruitment of a project officer on a 12 month contract to promote the scheme and increase membership.

## **6.0 FINANCIAL IMPLICATIONS**

- 6.1 None resulting directly from this Report. However, the development of more effective ways of preventing and investigating doorstep crime incidents relies on the availability of funding to meet additional costs for setting up No Cold Calling Zones and investigation and legal costs, associated with Crown Court cases.

## **7.0 STAFFING IMPLICATIONS**

- 7.1 Current activity levels can be maintained with existing staff resources.

## **8.0 EQUAL OPPORTUNITIES/EQUALITY IMPACT IMPLICATIONS**

**8.1** Effective enforcement of the new provisions concerning the prohibition of aggressive sales techniques in the Consumer Protection from Unfair Trading Regulations will provide better protection to vulnerable and elderly members of the community.

8.2 Equality impact assessments for doorstep crime activity and the enforcement policy have been completed.

## **9.0 LOCAL AGENDA 21 IMPLICATIONS**

9.1 There are no local agenda 21 implications arising from this report.

## **10.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

10.1 There are no local member support implications arising from this report.

## **11.0 HUMAN RIGHTS IMPLICATIONS**

11.1 All enforcement action is taken in accordance with the Council's enforcement policy. Any directed surveillance used will be authorised and conducted in accordance with the requirements of the Regulation of Investigatory Powers Act

## **12.0 COMMUNITY SAFETY IMPLICATIONS**

12.1 Effective enforcement and preventative measures such as No Cold Calling Zones and the Wirral Trader scheme will give vulnerable people more confidence.

## **13.0 PLANNING IMPLICATIONS**

13.1 There are no planning implications arising from this report.

## **14.0 BACKGROUND PAPERS**

14.1 Cooling Off the Cold Callers: A Review of the Regulation and Control of Doorstep Selling within the English Legal System 2009, Derek Payet.

## **15.0 RECOMMENDATIONS**

15.1 That members note the report

This report has been prepared by John Malone (691 8640) and Derek Payet (691 8643).

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# No Cold Calling Zone



## No Uninvited Traders



[www.tradingstandards.gov.uk/wirral](http://www.tradingstandards.gov.uk/wirral)

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**Don't be a victim**



**Consumer Direct Helpline  
08454 040506**

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WPH

**NO COLD CALLING  
ON UNINVITED TRADERS**



SAFER WIRRAL



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## WIRRAL COUNCIL

### SUSTAINABLE COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

17 NOVEMBER 2010

### REPORT OF THE DIRECTOR OF LAW, HR AND ASSET MANAGEMENT

### FOOD SAFETY AND NUTRITION

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#### 1.0 EXECUTIVE SUMMARY

1.1 A report to advise Members of current activities being undertaken within the Regulation Division to promote healthy eating.

#### 2.0 NUTRITIONAL ASPECTS OF TAKE AWAY MEALS

2.1 Previous reports have advised Members of (5<sup>th</sup> March 2008 and 28<sup>th</sup> January 2009) the monitoring of the nutritional and health impacts of food supplied by take-away outlets. Excess salt, saturated fat, trans-fats and high calorific intake are all known to contribute to cardio-vascular disease (CVD) and obesity.

2.2 Research by the Food Standards Agency<sup>(1)</sup> has shown that, nationally, 1 in 6 meals are now eaten or prepared out of the home, with men deriving a quarter of their energy and women a fifth, from these sources. Consumption of foods prepared outside the home has been associated with increasing body weight and nearly a third of children under 3 eat a takeaway meal at least once a week.

2.3 In 2008, order to gain an understanding of the nutritional content of take away meals, 150 samples were taken from a representative sample of take-away providers throughout the Borough and submitted to the public analyst.

2.4 An analytical protocol was agreed to identify the nutritional impact of individual meals by reference to both per portion as served and per 100g unit:

- Portion size. The net weight of the sample to be determined both as a whole and as individual components i.e. kebab/chips, curry/rice.
- Energy content/calorific value;
- Total Fat content including fatty acid profile i.e. saturated fat, poly/mono unsaturated fat, trans fatty acids)
- Total Sodium (to be converted to salt content).

2.5 All analytical results were reviewed and examples of some of the more extreme results are as follows;

- Beef Green Pepper and Black Bean Sauce and Fried Rice - The highest salt content was 19g, approximately 3 heaped teaspoons of salt and 318% of an adults Guideline Daily Amount (GDA)

(1)Food Standards Agency May 2010 (2) Prentice, A.M., & Jebb, S.A. (2003) Fast foods, energy density and obesity; A possible mechanistic link Obesity Reviews, 4, 187-194 (3) Infant and Toddler Forum Website

- Sweet and Sour Chicken and Boiled Rice- The average portion contained approximately 1450 calories, 72.5% of a women's calorific GDA.
- Chicken Korma and Pilau Rice- Saturated fat content was high in all meals with the worst sample containing 250% of an adult's GDA.
- Only one Meat Pizza sampled was found to be less than the GDA for total fat content, all other similar products sampled exceeded the GDA with one sample being 150% of GDA.
- Fish and chips were found to have large portion sizes contributing to particularly high levels of saturated fat.

2.6 Overall the analytical results showed that the high levels of fat, salt and calorific content of take away meals could contribute to long term health risks.

### 3.0 **REDUCING LONG-TERM EFFECTS**

3.1 In order to minimise the risks at population level Trading Standards Officers have discussed the results with a sample of take-away traders and discussed potential changes to recipes and cooking techniques. As a result, trading standards officers designed a Food Standards Agency approved practical guide for take-away traders explaining how they can minimise the long term health risks associated with their product. The guidance is simple and focuses on the measures a small business can understand and implement with a minimum of effort.

3.2 Officers have since adapted and redesigned the guidance material so that it can be included as an insert to supplement the FSA Safer Food, Better Business pack. This pack is an innovative and practical approach to food safety management which was developed to help small businesses put in place food safety management procedures and comply with food hygiene regulations. Trading Standards and Environmental Health Officers are now distributing the packs to food premises as they are inspected.

3.3 A copy of the nutritional guidance insert is attached at schedule A.

### 4.0 **LIAISON WITH HEART OF MERSEY**

4.1 As one of the key risk factors associated with CVD is poor diet. The analytical results have been shared with the Heart of Mersey, a leading CVD prevention charity.

4.2 Heart of Mersey recognises;

- The importance of a population-based approach
- Tackling health inequalities
- Working in partnership and addressing local aims
- Advocating for appropriate local policies to support healthier lifestyles

4.3 The intention of a population based approach is to identify those factors which affect the whole population rather than focussing on advising the individual. For instance it is good advice to an individual to limit their salt intake to reduce the associated risk of a stroke but a population based approach would be to ensure a reduction in salt in prepared foods and meals.

4.4 Whilst the Food Standards Agency has been working at a national level to secure agreements from food manufacturers to engage in a gradual reduction of salt in some

brands (using a salt reduction toolkit) the only contact made with small local food manufacturers (which include take away premises as they generally make the meals from raw ingredients) are by the Council's Environmental Health and Trading Standards Officers.

4.5 Since Council's officers have local knowledge and regularly visit take away premises they are in an ideal position to pass on practical advice about the nutritional quality of take away meals.

## 5.0 NICE GUIDANCE ON PREVENTION OF CARDIO VASCULAR DISEASE (PH 25)

5.1 In June 2010, the National Institute for Health and Clinical Excellence (NICE) published guidance on preventing CVD. In relation to diet it made the following recommendations and national policy goals;

- Reduce population-level consumption of salt.
- Reduce population-level consumption of saturated fat.
- Ensure all groups in the population are protected from the harmful effects of Industrially Produced Trans Fatty Acids.
- Ensure children and young people under 16 are protected from all forms of marketing, advertising and promotions (including product placements) which encourage an unhealthy diet.
- Ensure dealings between government, government agencies and the commercial sector are conducted in a transparent manner that supports public health objectives and is in line with best practice.
- Empower local authorities to influence planning permission for food retail outlets in relation to preventing and reducing CVD.
- Ensure the Food Standards Agency's integrated front-of-pack labeling system is rapidly implemented.
- Ensure labelling regulations in England are not adversely influenced by European Union regulation
- Ensure promoting health and reducing disease is made an explicit part of the Common Agricultural Policy's (CAP) 'public goods' so that European money promotes the wellbeing of EU citizens.
- Ensure CAP spending takes adequate account of its potential impact on CVD risk factors and is used in a way that optimises the public health outcomes

5.2 Whilst the majority of the policy aims are a matter for national and/or European legislation Trading Standards Officers and Environmental Health Officers in Wirral are already putting into practice recommendations concerning the dietary content of take away meals.

## 6.0 HEALTHY EATING INITIATIVES

- 6.1 To supplement the existing work being undertaken by Trading Standards and Environmental Health Officers a student Environmental Health Officer has recently been designated to initiate a project on healthy eating.
- 6.2 The officer will carry out an additional programme of visits and give practical advice and guidance within food premises outside of but in support of scheduled routine enforcement visits. To help in further future campaigns the officer will also note which healthy eating messages are most readily received and evaluate if different messages are appropriate for different socio economic groups.
- 6.3 The healthy eating message is also currently being promoted as part of a holistic health improvement approach amongst childminders. Environmental Health Officers initially promoted key messages about safe food, healthy eating and smoking cessation during a general presentation arranged for prospective childminders. The key messages are then reiterated and reinforced by officers during food safety inspection visits to new and existing businesses.
- 7.0 THE NATIONAL FOOD HYGIENE RATING SCHEME**
- 7.1 The Environmental Health Division are currently working in partnership with the FSA and undertaking preparatory work pending the introduce the National Food Hygiene Rating Scheme (Scores On the Doors) at premises within Wirral.
- 7.2 The Food Hygiene Rating scheme enables the Council to publicise hygiene scores for local food businesses on a dedicated web site. Certificates indicating scores will also be issued for display in the premises window allowing consumers to make an informed choice on where they eat.
- 7.3 As the scheme progresses towards an expected launch in June 2011 officers hope to enhance the facility in order to signpost people who enter the web pages to further healthy eating and healthy lifestyle information. In the longer term it is hoped that a Wirral healthy eating award will be introduced in conjunction with the scores on the doors scheme.
- 8.0 FINANCIAL IMPLICATIONS**
- 8.1 There are no direct financial implications arising out of this report.
- 9.0 STAFFING IMPLICATIONS**
- 9.1 There are no direct staffing implications arising out of this report.
- 10.0 EQUAL OPPORTUNITIES/EQUALITY IMPACT IMPLICATIONS**
- 10.1 Provision will be made to ensure that healthy eating information is made available in formats that all food businesses can easily understand.
- 11.0 COMMUNITY SAFETY IMPLICATIONS**
- 11.1 Provision will be made to ensure that healthy eating information is made available in formats that all food businesses can easily understand.
- 12.0 LOCAL AGENDA 21 IMPLICATIONS**
- 12.1 None.

**13.0 PLANNING IMPLICATIONS**

13.1 None.

**14.0 ANTI-POVERTY IMPLICATIONS**

14.1 Effective use of research provided about key messages on healthy eating and the nutritional impact of food will help to reduce the impact of poor diet on those most at risk in areas of poor health equality.

**15.0 SOCIAL INCLUSION IMPLICATIONS**

15.1 Ensuring consistently nutritionally viable and correctly described food across the Borough helps those on low incomes make healthy eating decisions,

**16.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

16.1 This report affects all wards in the Borough.

**17.0 BACKGROUND PAPERS**

17.1 Reports to Sustainable Communities Committee of 5<sup>th</sup> March 2008 and 28<sup>th</sup> January 2009

**18.0 RECOMMENDATIONS**

18.1 That Members note the report.

Bill Norman  
Director of Law, HR and Asset Management

This report was prepared by John Malone (691 8640) and Phil Dickson (691 8474)

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## **WIRRAL COUNCIL**

### **SUSTAINABLE COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**

**17 NOVEMBER 2010**

#### **REPORT OF THE DIRECTOR OF LAW, HR AND ASSET MANAGEMENT**

##### **DOG FOULING AND LITTER ENFORCEMENT TEAM**

###### **EXECUTIVE SUMMARY**

The purpose of this report is to provide an update to Members in respect of the work of the Dog Fouling managed by Wirral Community Patrol Service.

###### **1.0 Background**

1.1 Following the successful "Give a Dog a Bad Name" dog fouling campaign during the summer of 2009, the budget resolution for 2010/2011 provided a further £40,000, "to be used to build on the current successful scheme with funding being used in conjunction with Jobs For The Future funding in order to employ two or three trainees who will be trained in patrolling and enforcement and add to the strength of the team giving greater coverage over longer periods of time than is possible at the moment."

In pursuance of the resolution a team comprising 6 Dog Fouling Enforcement Officers and 1 administration assistant has been appointed using Future Jobs Fund trainees. The Future Jobs Fund is a fund to support the creation of training opportunities for long term unemployed young people and others who face significant disadvantage in the labour market.

Six Officers are being employed in each of two phases, extending the life of the programme from July 2010 to September 2011. Their hours of duty are between, 07.00- 20.00, Monday to Friday.

All of the Dog Fouling enforcement team have so far received training in:  
Dog fouling enforcement  
Litter enforcement  
Managing conflict and aggression  
Customer care  
Basic health and safety

The Dog Fouling enforcement officers use cycles and public transport to travel around the borough. Complimentary passes have been generously given to the team by Merseyrail and Arriva Buses and a quad bike is available to patrol parks and beaches.

Report prepared by Mike Collins who can be contacted on 606 5449

Whilst their primary purpose is prevention and enforcement of dog fouling, the team also report other issues in relation to the streetscene. Between the end of June 2010 and the end of September 2010 the dog fouling enforcement officers have identified whilst on patrol, 5934 incidents requiring action e.g. Safety issues, exposed wires on lampposts, uneven pavements, fly tipping, graffiti, criminal damage. Instances of graffiti and littering are also referred to Technical Services Department for action. Since the team was created they have reported over 382 instances of graffiti of which 119 were offensive and therefore removed the same day they are reported

The Dog Fouling enforcement officers have also reported 73 instances of fly tipping to Technical services for their attention

The team monitors the weekly incidence of illegal dog fouling and in two hotspot locations they have noted significant reductions.

Seacombe Promenade	53% reduction in incidence.
Poulton Road	99% reduction in incidence.

## **ENFORCEMENT**

All officers taking part in the campaign were instructed that any dog walker observed not picking up were to receive a Fixed Penalty Notice (FPN) or to be prosecuted. Due to the highly visual nature of the officer attendance however the dog walkers monitored during the campaign did pick up after their dogs. A number of patrols out of uniform have also been carried out. To determine if the responsible attitude observed was simply a result of uniformed officer presence however a number of officers also patrolled at different times out of uniform. Again the majority of dog walkers observed were seen to be carrying poop scoop bags and picking up after their dogs. Since June 2010, there has been 1 fixed penalty notice for dog fouling issued, and the team have reported 4 people for littering offences. Where members of the public were spoken during the campaign officers reported that the initiative was met with enthusiasm and support.

## **AWARENESS RAISING ACTIVITY**

In addition to enforcement the team engage in the education of dog owners through attendance at public events or whilst on patrol providing advice to dog walkers

Events and Activities

Report prepared by Mike Collins who can be contacted on 606 5449

The Dog Fouling enforcement officers have participated at a number of events throughout the summer of 2010. The team provided advice regarding dog fouling and issued out bio-degradable dog bags to dog walkers and members of the public.

July	Port Sunlight show
July	Tate Triangle community day
July	Higher Tranmere community show
August	PDSA event in Birkenhead park
September	Festival of Transport (Birkenhead Park)

## **MULTI FUNCTIONAL CAMPAIGN QUAD VEHICLE**

The quad bike incorporates a built on street cleaning vacuum unit which is designed to pick up a range of litter from the highway. The Wirral version of the machine has been purposely designed to allow the street cleaning unit to be detachable. In the detached mode the vehicle is used for monitoring and enforcement purposes giving Wardens increased and speedier mobility along promenades and around country parks. The vehicle has been a popular and well received campaign vehicle and has been regularly deployed in both modes to promote responsible ownership and to monitor for offences as appropriate. The vehicle has proved a popular backdrop for engagement with the public and for photo opportunities to promote the no fouling message.

## **LINK TO THE CRIME REDUCTION PARTNERSHIP**

The Dog Fouling enforcement officers work in liaison with partners from Wirral's Community Safety Partnership and Joint Community Safety Team. Dog fouling is seen as unacceptable anti-social behaviour and the team responds to intelligence received through the partnership

## **2.0 Risk Assessment**

2.1 The key risk is that the initiative will come to an end in March 2011, with the ending of the budget provision,

## **3.0 Financial Implications**

3.1 There are no financial implications arising from this report. However members may consider maintenance of the programme post September 2011 and end of Future Jobs Fund.

#### **4.0 Staffing Implications**

4.1 The Dog Fouling enforcement team initiative employs 7 members of staff on fixed term contracts.

4.2 All Dog Fouling Enforcement Officers are employed by the Future Jobs Fund on fixed term contracts.

Enforcement Officers are employed in two groups.

Group1- July 2010 – December 2010

Group 2- March 2011 – September 2011.

#### **5.0 Equal Opportunities Implications**

5.1 None arising from this report.

#### **6.0 Community Safety Implications**

6.1 Since June 2010 the team have reported in excess of 5934 incidents. These include Graffiti, Fly-posting, litter, fly-tipping, trip hazards, overhanging bushes, safety hazards. (Appendix 1). Once the team ceases these reports will not continue to inform Streetscene of hazards which may impact on litigation claims.

Enforcement Officers are reducing the chances of humans catching the infection, Toxocariasis, especially within children where it is most common. Our enforcement Officers are reducing that risk because, their presence alone makes people pick up, even if the dog walker doesn't have any bags, our Officers carry specific bags around with them for Dog Fouling.

#### **7.0 Local Agenda 21 Implications**

7.1 The team operate on foot, cycle and public transport to get around the borough. This has proved very effective and intelligence has been gathered due to their availability to members of the public.

7.2 Support from Merseyrail and Arriva bus both companies have provided the team with complimentary travel passes.

#### **8.0 Planning Implications**

8.1 There are none arising directly from this report.

#### **9.0 Anti-poverty Implications**

9.1 There are none arising directly from this report

#### **10.0 Social Inclusion Implications**

10.1 There are none arising directly from this report

#### **11.0 Local Member Support Implications**

11.1 The team operate in all wards of the borough.

#### **12.0 Background Papers**

Report prepared by Mike Collins who can be contacted on 606 5449

12.1 There are none arising directly from this report

**13.0 Recommendations**

13.1 Members note the content of this report.

Reports generated by the team since 21<sup>st</sup> June to 30<sup>th</sup> October 2010.

Report	Number of Reports	Including
Complaints of Service	1974	Complaints received by Call centre regarding dog fouling. Complaints received by the team from members of the public directly including complaints about dog fouling, litter, lack of signs etc
Criminal Damage	120	Generally damage to street furniture in particular street name signs
Safety Issues	2061	Tripping Hazards Life saving equipment missing/damaged Lamppost cover missing exposed wiring Drain blocked causing localised flooding Asbestos dumped in public area
Graffiti reports	712	Offensive -53 Non-Offensive – 278
Bushes blocking pavements	979	Overgrown bushes cause members of public to move closer or even on to the road to get past
Unauthorised activity	88	Fly tipping, fly posting, vehicles driving on promenade etc.

## WIRRAL COUNCIL

### SUSTAINABLE COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE – 17<sup>th</sup> NOVEMBER 2010

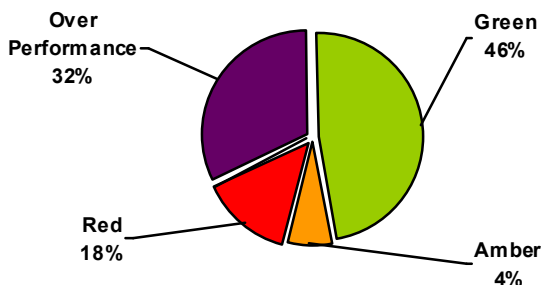
#### SECOND QUARTER PERFORMANCE REPORT 2010/2011

##### 1.0 EXECUTIVE SUMMARY

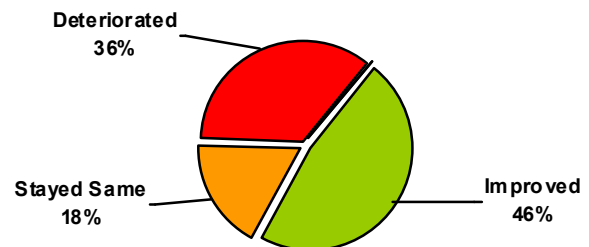
1.1 This report provides an overview of progress made against the indicators for 2010/2011 and key projects which are relevant to the Sustainable Communities Overview & Scrutiny Committee

1.2 There are 28 indicators that can be reported at the second quarter period.

**On Target Summary**



**Direction of Travel Summary**



Appendix 1 provides the status of all the 2010/11 indicators that can be reported to this Scrutiny Committee for Quarter 1.

1.3 This report sets out overall performance against the 2010/11 projects relevant to the Sustainable Communities Overview & Scrutiny Committee and corrective actions are detailed in section 3.3.

- Of the 39 projects relevant to this Overview and Scrutiny Committee there are 34 projects that are green (all milestones that should have been met at this point have been met)
- 1 of the 39 projects has a status of amber (some non-critical milestones have been missed or there is a danger of non-critical slippage). Corrective action to bring this project back on track is provided.
- 4 projects have been withdrawn.

##### 2.0 BACKGROUND

2.1 At the Scrutiny Programme Board meeting on the 27<sup>th</sup> May 2009, it was agreed that performance information on the activities relevant to each Overview and Scrutiny Committee would be placed in the web library and a presentation made to the next appropriate meeting. In addition Chief Officers would present reports to relevant Overview and Scrutiny Committees on specific financial matters which fell within their remit.

##### 3.0 PERFORMANCE HEADLINES

### 3.1 Achievements

#### 3.1.1 Performance headlines include:

- A total of 947 Councillor or MP contacts were received in Q2 (839 in Q1), Technical Services was responsible for 78% of these enquiries. Technical services have historically experienced high volumes of councillor/MP contacts due to the 'visibility' of the services delivered and have now taken responsibility for additional service areas which attract similar levels of feedback, contributing to their 78% share of all councillor/MP contacts received. Technical Services resolved 96% of contacts within the corporate target (97% in the last quarter), with an average time taken of 5.5 working days. Pavement defects (126, against 96 reported in Q1); Road defects (111) and Traffic Issues (79) accounted for 43% of all department contacts received.
- Since April 2010 positive changes have been implemented to service delivery as a result of customer feedback for example:
  - Frequency of maintenance schedule for local cemetery revised
  - More effective cleaning rota for Council leisure centre introduced
  - Additional gym equipment ordered, informed by customer feedback received
  - Enhanced street lighting provision
- Changes to the National Indicator Set and Local Area Agreements (LAA's) have been announced with,
  - The revocation with immediate effect, October 2010, of all designations of local improvement targets within our LAA's. There is no longer a requirement to report LAA performance to central government and full control of all current LAA's has been handed to local areas. Performance Reward Grants against the LAA's for 2008/11 will not be made.
  - The replacement of the National Indicator Set with a single comprehensive list of data required to be reported by local to central government. Further clarification of the required data is anticipated by third quarter 2010/11. It is anticipated that the single list will be in place from April 2011.

### 3.2 Performance Issues

The following indicators have not met the quarterly target by more than 10% and are therefore assessed as **red** or have missed the target by between 5% and 10% and are assessed as **amber**:

Data Key	
<b>Actual</b>	(A)
<b>Estimate</b>	(E)
<b>Provisional</b>	(P)

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Streetscene and Transport Services	NI 195a	The number of physical visits per 1000 population to public library premises	7% Lower= Better	8% (A)	Red	Deteriorated



**Context:** Tranche 1 completed beginning of August.

**Corrective action:** Surveys to date suggest that this indicator is on target.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	NI 195b	Improved street and environmental cleanliness (levels of detritus)	8% Lower= Better	10% (A)	Red	Deteriorated

**Context:** Surveying for tranche 1 was completed beginning August.

**Corrective action:** Surveys to date suggest that this indicator is on target.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Environment	LOCAL 4267	% of High Risk Licensed Premises inspected over 12 months	40%	21% (A)	Red	Deteriorated

**Context:** The Enforcement Team has been reduced to one Officer for the period April to September. An officer has returned after long term sick on reduced hours.

**Corrective action:** The work load is reviewed on a weekly basis and a planning review will take place in November.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 4272	Percentage of under-age sales of alcohol during test purchase exercises	5% Lower= Better	12% (A)	Red	Deteriorated

**Context:** As well as carrying out under age sales test purchasing activity in off licences officers are working with the police to detect and seize contraband and/or counterfeit alcohol and tobacco. Officers will use all powers available to them to regulate criminality in off licences.

**Corrective action:** As stated in the previous quarters' report continued enforcement action (fixed penalty notices, licence review and prosecution) will start to reduce the offending rate. The rate has reduced from 20% to 12%.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 4280	Number of secondary deliberate fires per 10,000 population	22.60 Lower= Better	24.33	Amber	Improved

**Context:**

**Corrective action:** The long period of hot dry weather during June had meant that a prolonged spate of secondary fires (particularly in the dry grassland areas such as Bidston Hill), had put performance measures 40% above Wirral's target for the end of June. Since then, the work undertaken by Merseyside Fire and Rescue Service in conjunction with other agencies to patrol hotspot areas has brought down the number of anti social behaviour fires dramatically to 7% above the target set for the end of September.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and Leisure	LOCAL 4237	The number of housebound readers	700	606 (A)	Red	Deteriorated

**Context:** The number of readers no longer able to access the service exceeded the number they could be "replaced" with during this quarter.

**Corrective action:** Contact will be made with a number of nursing homes currently not visited to promote the service.

3.2 The following projects have been assessed as **amber** (some non-critical milestones have been missed or there is a danger of non-critical slippage) or **withdrawn**:

Portfolio	Key project	Status	Corrective Action
Culture	Radio Frequency Identification for Libraries <b>(Technical Services, prev. Culture)</b>	Withdrawn	Awaiting Library review
Housing & Community Safety	Young Peoples Alcohol Intervention Programme <b>(Law, HR &amp; AM, prev. Regulation)</b>	Withdrawn	JMU presented their evaluation report of YPAIP at Young Persons Alcohol Steering group meeting 10.06.10. The report highlighted that referrals had fallen over the time of the project to date. It also highlighted that less than 50% of young people referred to Response by Police actually received an intervention from them. Consequently it was decided that with immediate effect Response would not receive referrals via Stop checks from the Police and that the Police would no longer be required to send out letters to parents. Response will continue to deal with arrest referrals and have more direct contact with young people by attending Street Safe events.
Culture	Landican Crematorium Mercury Abatement Programme <b>(Technical Services, prev. Culture)</b>	Amber	Delay starting but now on site.
Culture	QUEST Accreditation for Leisure Centres <b>(Technical</b>	Withdrawn	

Portfolio	Key project	Status	Corrective Action
	<b>Services, prev. Culture)</b>		
Culture	Healthy Living Centres Feasibility Study <b>(Technical Services, prev. Culture)</b>	Withdrawn	

Appendix 2 provides the status of all the 2010/11 projects assessed as Green or Completed that can be reported to this Scrutiny Committee.

#### **4.0 RISKS**

- 4.1 The reduction or withdrawal of funding threatens programmes tackling anti-social behaviour, road safety and violent crime. Investigations into alternative sources of funding and different methods of service delivery may help to counter some of the impact.

Whilst risk issues are identified, the major issues identified as posing the greatest risk to the achievement of the objectives is the Coalition Government response to the national financial position, placing additional pressures upon all public sector bodies. Grants to Local Authorities in 2010/11 have been reduced and whilst the Comprehensive Spending Review has provided some information on the future the detailed Local Government Finance settlement is awaited in late November / early December 2010.

#### **5.0 FINANCIAL IMPLICATIONS**

- 5.1 The departmental monitoring focuses on those areas of the budget that are identified as key risks in delivering the objectives of the department within the available resources. At this stage the projected variations are:-

The Government announcement on reducing grant support to local authorities led to a revised programme being approved by Cabinet on 22 July.

There is a projected overspend of £300,000 relating to bridges and in particular, works at The Dell underpass where substantial additional substructure work has been identified. An unsuccessful bid was made to the Department for Transport to grant aid the additional costs so alternative approaches are being explored. The M53 junction 3 scheme, which is the largest within the programme, is nearing completion.

After consideration of the tenders received for the Landican Crematorium Mercury Abatement Scheme, Cabinet on 15 April accepted the tender and the start date was revised to September 2010. The extension to the cemetery is now complete and planting work will take place during the winter.

#### **6.0 STAFFING IMPLICATIONS**

- 6.1 There are no staffing implications arising directly from this report.

#### **7.0 EQUAL OPPORTUNITIES IMPLICATIONS / EQUALITY IMPACT ASSESSMENT**

7.1 There are no equal opportunities implications arising directly from this report.

## **8.0 HEALTH IMPACT ASSESSMENT**

8.1 There are no implications/health impact assessment requirements arising from this report

## **8.0 COMMUNITY SAFETY IMPLICATIONS**

8.1 There are no community safety implications arising directly from this report.

## **9.0 LOCAL AGENDA 21 IMPLICATIONS**

9.1 There are no local agenda 21 implications arising directly from this report.

## **10.0 PLANNING IMPLICATIONS**

10.1 There are no planning implications arising directly from this report.

## **11.0 ANTI-POVERTY IMPLICATIONS**

11.1 There are no anti-poverty implications arising directly from this report.

## **12.0 SOCIAL INCLUSION IMPLICATIONS**

12.1 There are no social inclusion implications arising directly from this report.

## **13.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

13.1 There are no Local Member support implications arising directly from this report.

## **14.0 BACKGROUND PAPERS**

14.1 The following background papers have been used in the preparation of this report

Wirral Corporate Plan 2010-2011  
Technical Services Departmental Plan 2010-2011  
Regeneration Departmental Plan 2010-2011

## **RECOMMENDATION**

That

(1) Committee is requested to note the contents of this report.

**DAVID GREEN, DIRECTOR  
TECHNICAL SERVICES**

**Appendices:**

**Appendix 1 – Performance Indicator Summary**

**Appendix 2 – Projects Assessed as Completed or Green**

**Appendix 3 – Complete list of those Performance Indicators reporting to this Overview and Scrutiny Committee.**

## PERFORMANCE INDICATOR SUMMARY

Report: Wirral Council's Performance Report 2010/11

Period: Quarterly – Q2

Scrutiny: Sustainable Communities

## Direction of Travel Summary

% PIs	No. of PIs	
46.43%	13	Improved by more than 2.5% on previous year's performance
35.71%	10	Deteriorated by more than 2.5% on previous year's performance
17.86%	5	Stayed within +/-2.5% of previous year's performance
0.00%	0	Awaiting data
0.00%	0	Not applicable
<b>100.00%</b>	<b>28</b>	(Note: percentages rounded to 2 decimal places)

## Target Summary

% PIs	No. of PIs	
46.43%	13	Green (within +10/-5% of the target)
3.57%	1	Amber (missed target by between 5% and 10%)
17.86%	5	Red (missed target by more than 10%)
32.14%	9	Over-performing (more than 10% of the target)
0.00%	0	Awaiting data
0.00%	0	Target not set
0.00%	0	Not Applicable
<b>100.00%</b>	<b>28</b>	(Note: percentages rounded to 2 decimal places)

**Strategic Objective: Create more jobs, achieve a prosperous economy and regenerate Wirral**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Environment	LOCAL 4010	Consumer protection visits per high risk premises	40%	41.1% (A)	Green	Deteriorated
<b>Context:</b>						
<b>Corrective action:</b>						

Portfolio	PI no	Title	2010/2011	2010/2011	On	Direction
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			Q2 Target	Q2 Actual	target	of travel
Environment	LOCAL 4127	Total number of enforcement projects conducted into the supply of illegal goods or services	4	4 (A)	Green	Unchanged

**Context:** A296 - Survey to 10 gold buying specialists to test accuracy of purchasing methods and value for money for consumers. U049 - Operation Marton under age alcohol sales summer campaign

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and Leisure	LOCAL 4136	The number of books and other items issued by the Council's libraries per head of population.	3.00	3.18 (A)	Green	Improved

**Context:**

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and Leisure	LOCAL 4149	The number of physical visits per 1000 population to public library premises	3000	2957.8 (A)	Green	Unchanged

**Context:**

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and Leisure	DEPT 4191	Total number of electronic workstations available to users per 10,000 population	9.75 Lower= Better	10.08 (A)	Green	Improved

**Context:**

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and	LOCAL 4197	Percentage of requests for books	50%	62.5% (A)	Blue	Improved

Leisure		met within 7 days				
<b>Context:</b>						
<b>Corrective action:</b>						

**Strategic Objective: To create a clean, pleasant, safe & sustainable environment**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	NI 15	Number of most serious violent crimes (PSA 23: Priority Action 1) per 1000 population	0.32 Lower= Better	0.26 (A)	Blue	Improved
<b>Context:</b>						
<b>Corrective action:</b>						

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	NI 16	Number of serious acquisitive crimes per 1000 population	4.02 Lower= Better	3.11 (A)	Blue	Improved
<b>Context:</b>						
<b>Corrective action:</b>						

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	NI 20	Number of "Assaults with less serious injury" (including racially and religiously aggravated) offences per 1,000 population as a proxy for alcohol related violent offences	2.28 Lower= Better	1.90 (A)	Blue	Improved
<b>Context:</b>						
<b>Corrective action:</b>						

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	NI 29	Number of gun crimes per 1,000 population	0.041 Lower= Better	0.036 (A)	Blue	Deteriorated
<b>Context:</b>						
<b>Corrective action:</b>						



Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	NI 32	Repeat incidents of domestic violence	0.72 Lower= Better	0.45 (A)	Blue	Improved

**Context:** The target for this measure is to maintain a repeat domestic violence rate of 12% or lower. Monthly results are maintained by obtaining the number of repeat victims in the previous 12 months and the number of victims reporting over the same period. Quarterly statistics are given by dividing the addition of the repeats by the addition of the reports for each of the three months. This quarterly percentage should be less than 12% or 0.12. This is reported cumulatively by month with an annual target of 1.44 being the sum of 12% for 12 months

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Streetscene and Transport Services	NI 191	Residual household waste per household	275 Lower= Better	275.14 (E)	Green	Deteriorated

**Context:** Very difficult to calculate year end forecast as no verified data available since April, no data for July or August. Calculation made on previous year's data.

**Corrective action:** Wirral officers have raised this issue with MWDA and a meeting is being held between MWDA and their contractor Veolia. We are currently awaiting an outcome.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Environment	NI 192	Percentage of household waste sent for reuse, recycling and composting	39%	39.89% (E)	Green	Unchanged

**Context:** No verified data received for quarter 1 and no data at all for quarter 2 2010/11, this figure is estimated. This situation is also affecting Liverpool CC and Knowsley. Street Sweepings should raise the outcome to between 37% and 38%. The data has not been given since June.

**Corrective action:** Wirral officers are pursuing the issue with the disposal authority which provides the data, but the MWDA have not received data from their contractor Veolia. The matter is on-going.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Streetscene and Transport Services	NI 195a	Improved street and environmental cleanliness (levels of litter)	7% Lower= Better	8% (A)	Red	Deteriorated

**Context:** Tranche 1 completed beginning of August.

**Corrective action:** Surveys to date suggest that this indicator is on target.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Streetscene and Transport Services	NI 195b	Improved street and environmental cleanliness (levels of detritus)	8% Lower= Better	10% (A)	Red	Deteriorated

**Context:** Surveying for tranche 1 was completed beginning August.

**Corrective action:** Surveys to date suggest that this indicator is on target.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Streetscene and Transport Services	NI 195c	Improved street and environmental cleanliness (levels of graffiti)	4% Lower= Better	4% (A)	Green	Deteriorated

**Context:** Surveying for tranche 1 was completed at the beginning of August.

**Corrective action:** Surveys to date suggest that this indicator is on target.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Streetscene and Transport Services	NI 195d	Improved street and environmental cleanliness (levels of fly posting)	0.5% Lower= Better	0% (A)	Blue	Unchanged

**Context:** Surveying for tranche 1 was completed at the beginning of August.

**Corrective action:** Surveys to date suggest that this indicator is on target.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 1701	Number of reported incidents of anti-social behaviour	6974.50 Lower= Better	7259 (A)	Green	Improved

**Context:**

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 1702	Reduce the level of vehicle nuisance	643 Lower= Better	649.00 (A)	Green	Improved

**Context:**

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Environment	LOCAL 4267	% of High Risk Licensed Premises inspected over 12 months	40%	21%	Red	Deteriorated

**Context:** The Enforcement Team has been reduced to one Officer for the period April to September. An officer has returned after long term sick on reduced hours.

**Corrective action:** The work load is reviewed on a weekly basis and a planning review will take place in November.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 4270	Reduce the number of criminal damage incidents reported to Merseyside Police	1806.50	1670 (A)	Green	Improved

**Context:**

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 4272	Percentage of under-age sales of alcohol during test purchase exercises	5% Lower= Better	12% (A)	Red	Deteriorated

**Context:** As well as carrying out under age sales test purchasing activity in off licences officers are working with the police to detect and seize contraband and/or counterfeit alcohol and tobacco. Officers will use all powers available to them to regulate criminality in off licences.

**Corrective action:** As stated in the previous quarters' report continued enforcement action (fixed penalty notices, licence review and prosecution) will start to reduce the offending rate. The rate has reduced from 20% to 12%.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 4279	Number of deliberate primary fire fires per 10,000 population	4.50	3.85 (A)	Blue	Improved

**Context:**

**Corrective action:** The number of Primary Deliberate Fires is lower then the target agreed by Merseyside Fire and Rescue Service (MFRS). In the majority of cases these are fires where vehicles or buildings have been deliberately targeted. MFRS has increased the number of patrols in hotspot areas and to vulnerable locations through Hate Crime Risk Assessments.

Working in collaboration with Police, stolen and abandoned vehicles are rapidly removed as a preventative measure.

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Housing and Community Safety	LOCAL 4280	Number of secondary deliberate fires per 10,000 population	22.60 Lower= Better	24.33 (A)	Amber	Improved

**Context:**

**Corrective action:** The long period of hot dry weather during June had meant that a prolonged spate of secondary fires (particularly in the dry grassland areas such as Bidston Hill), had put performance measures 40% above Wirral's target for the end of June. Since then, the work undertaken by Merseyside Fire and Rescue Service in conjunction with other agencies to patrol hotspot areas has brought down the number of anti social behaviour fires dramatically to 7% above the target set for the end of September.

**Strategic Objective: To improve health and well being for all, ensuring people who require support are full participants in mainstream society**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and Leisure	LOCAL 4237	The number of housebound readers	700	606 (A)	Red	Deteriorated

**Context:** The number of readers no longer able to access the service exceeded the number they could be "replaced" with during this quarter.

**Corrective action:** Contact will be made with a number of nursing homes currently not visited to promote the service.

**Strategic Objective: To help children and young people achieve their full potential**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Culture, Tourism and Leisure	LOCAL 4252	Borough wide coverage of the Bookstart scheme	45%	49.9% (A)	Blue	Improved

**Context:**

**Corrective action:**

**Strategic Objective: Create an excellent Council**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Environment	NI 182	Satisfaction of businesses with local authority regulatory services	80%	83% (A)	Green	Unchanged

**Context:** Reporting of data will always be delayed by a scheduled 5 weeks to allow time for sending out of questionnaires, business responses, and the collation of information received. 83 was received beginning August

**Corrective action:**

Portfolio	PI no	Title	2010/2011 Q2 Target	2010/2011 Q2 Actual	On target	Direction of travel
Environment	LOCAL 4011	Public satisfaction levels with services provided by Fair Trading	90	90.2 (A)	Green	Deteriorated

**Context:**

**Corrective action:**

## APPENDIX 2

### PROJECTS ASSESSED AS COMPLETED OR GREEN

The following projects have been completed or assessed as green (all milestones that should have been met at this point have been met):

- Automatic Meter Reading (AMR): AMR collects utility meter readings automatically using mobile phone technology. When fully operational, the system will improve the reliability of electronic billing, eliminate estimated bills, improve Council budgeting and help identify inefficient energy use
- Introduce a Combined Heat & Power plant at Europa Pools & photovoltaic system

at Cheshire Lines Building

- Implementation of C Red Initiative
- Encourage Council staff to adopt greener modes of transport
- Develop and undertake effective roads policing enforcement activity & community engagement in partnership with Merseyside Police
- Develop & implement education & training targeted at high risk road user groups
- Develop & implement communications strategy targeting road safety issues in conjunction with National, Regional & Local priorities
- Develop & implement programmes of Safer Routes to Schools encouraging safer, sustainable travel and further development of school travel plans
- Identify & implement range of physical highway improvements aimed at reducing road casualties
- Increase diversion of street cleansing waste streams from landfill
- Improve quality of recyclates delivered to the Materials Recovery Facility
- Work with Merseyside Waste Partnership members to review the Joint Municipal Waste Management for Merseyside
- Deliver initiatives through partnership working aimed at educating and empowering residents and businesses to minimise waste and maximise recycling
- Narrow the gap in cleanliness standards between the 5% most deprived areas and the Borough as a whole
- Monitor and respond appropriately to the levels of fly tipping across the borough
- Continue to improve the overall cleanliness of public highways through the Environmental Streetscene Contract and Biffa “partnering” arrangement
- Work with partners and statutory land owners to identify and deliver borough wide improvements in environmental quality
- Advancing Assets Programme
- PSL Programme
- Museum’s Review
- Energy Conservation In Leisure Centres
- 3 Safety Campaigns
- Maintain a Family Safety Unit.
- Heritage Strategy
- QUEST Accreditation for Leisure Centres
- Green Flag Accreditation for Parks
- Sport and Physical Activity Alliance Projects
- Library Health Projects (Read Well, McMillan Cancer)
- Get Into Reading
- Review Licensing Policy Investigate the possible use of Red and yellow Card approach to Licence Reviews
- Healthy Living Centres Feasibility Study
- Underage sales prevention programme
- Parks and Countryside Procurement Exercise
- On line booking for Leisure Centres



**NATIONAL & LOCAL INDICATORS REPORTING TO SUSTAINABLE COMMUNITIES OSC**

PI No.	Title	Reporting frequency
NI 8	At least 3 days per week by 30 minutes participation in moderate exercise. ( All Adults )	Yearly
NI 9	Use of public libraries	Yearly
NI 11	Engagement in the Arts	Yearly
NI 15	Number of most serious violent crimes (PSA 23: Priority Action 1) per 1000 population	Quarterly
NI 16	Number of serious acquisitive crimes per 1000 population	Quarterly
NI 18	Rate of proven re-offending by adults under Probation supervision	Yearly
NI 20	Number of "Assaults with less serious injury" (including racially and religiously aggravated) offences per 1,000 population as a proxy for alcohol related violent offences	Quarterly
NI 21	People who agree that the police and local councils are dealing with anti-social behaviour and crime that matter in their area	Biennial
NI 26	Specialist support to victims of a serious sexual offence	Yearly
NI 28	Number of serious violent knife crimes per 1,000 population	Yearly
NI 29	Number of gun crimes per 1,000 population	Quarterly
NI 30	The change in convictions for Prolific and other Priority Offenders (PPOs) over a 12 month period	Yearly
NI 32	Repeat incidents of domestic violence	Quarterly
NI 34	Number of domestic homicides per 1,000 population	Yearly
NI 36	Protection against terrorist attack	Yearly
NI 38	Drug related (Class A) offending rate	Quarterly
NI 47	People killed or seriously injured in road traffic accidents (% Yearly change, based on 3-year rolling average)	Yearly
NI 48	Children killed or seriously injured in road traffic accidents (% Yearly change, based on 3-year rolling average)	Yearly
NI 143	Offenders under probation supervision living in settled and suitable accommodation at the end of their order or licence	Yearly
NI 144	Offenders under probation supervision in employment at the end of their order or licence	Yearly
NI 167	Congestion – average journey time per mile during the morning peak	Yearly
NI 168	Principal roads where maintenance should be considered	Yearly



**NATIONAL & LOCAL INDICATORS REPORTED TO SUSTAINABLE COMMUNITIES OSC  
(cont.)**

PI No.	Title	Reporting frequency
NI 169	Non-principal classified roads where maintenance should be considered	Yearly
NI 175 a(vi) – e(ii)	Access to services and facilities by public transport, walking and cycling	Yearly
NI 176 a + b	Working age people with access to employment by public transport (and other specified modes)	Yearly
NI 177	Local bus and light rail passenger journeys originating in the authority area	Yearly
NI 178 a + b	Bus services running on time	Yearly
NI 182	Satisfaction of businesses with local authority regulatory services	Quarterly
NI 185	CO2 reduction from local authority operations	Yearly
NI 186	Per capita reduction in CO2 emissions in the LA area	Yearly
NI 188	Planning to Adapt to Climate Change	Yearly
NI 189	Flood and coastal erosion risk management	Yearly
NI 190	Achievement in meeting standards for the control system for animal health.	Yearly
NI 191	Residual household waste per household	Quarterly
NI 192	Percentage of household waste sent for reuse, recycling and composting	Quarterly
NI 193	Percentage of municipal waste land filled	Quarterly
NI 194 a - d	Air quality – emissions of NOx and primary PM10 through local authority's estate and operations	Yearly
NI 195 a - d	Improved street and environmental cleanliness	3 Survey's per annum
NI 196	Improved street and environmental cleanliness – fly tipping	Yearly
NI 197	Improved Local Biodiversity - proportion of Local Sites where positive conservation management has been or is being implemented	Yearly
NI 198 a – l	Children travelling to school – mode of transport (aged 5 - 10 years & aged 11 – 16 years)	Yearly
LOCAL 1701	Number of reported incidents of anti-social behaviour	Quarterly
LOCAL 4010	Consumer protection visits per high risk premises	Quarterly
LOCAL 4011	Public satisfaction levels with services provided by Fair Trading	Quarterly
LOCAL 4127	Total number of enforcement projects conducted into the supply of illegal goods or services	Quarterly

**NATIONAL & LOCAL INDICATORS REPORTED TO SUSTAINABLE COMMUNITIES OSC  
(cont.)**

PI No.	Title	Reporting frequency
LOCAL 4136	The number of books and other items issued by the Council's libraries per head of population.	Quarterly
LOCAL 4177	Books available for issue per 1,000 population	Yearly
LOCAL 4189	Aggregate scheduled opening hours per 1,000 population for all libraries	Yearly
LOCAL 4191	Total number of electronic workstations available to users per 10,000 population	Quarterly
LOCAL 4193	Time taken to replenish the lending stock on open access or available on loan	Yearly
LOCAL 4197	Percentage of requests for books met within 7 days	Quarterly
LOCAL 4200	Yearly items added through purchase per 1,000 population	Yearly
LOCAL 4206	Number of reported incidents of anti-social behaviour	Quarterly
LOCAL 4231	Percentage of All Adults volunteering to support sport for 1 hour per week	Yearly
LOCAL 4233	Number of green flags for parks	Yearly
LOCAL 4237	The number of housebound readers	Quarterly
LOCAL 4238	The number of active library members aged 60 plus	Yearly
LOCAL 4251	Number of children participating in Summer Holiday Reading Scheme	Yearly
LOCAL 4252	Borough wide coverage of the Bookstart scheme	Quarterly
LOCAL 4263	The % of library users who were satisfied with the library overall	Yearly
LOCAL 4264	% of residents by targeted group satisfied with the Council's cultural and recreational activities: Sport/leisure facilities	Yearly
LOCAL 4267	% of High Risk Licensed Premises inspected over 12 months	Quarterly
LOCAL 4268	Undertake three vehicle safety campaigns	Half Yearly
LOCAL 4269	Reduce the level of vehicle nuisance	Quarterly
LOCAL 4270	Reduce the number of criminal damage incidents reported to Merseyside Police	Quarterly
LOCAL 4272	Percentage of sales of alcohol during test purchase exercises	Quarterly
LOCAL 4273	Install mercury abatement equipment at Landican Crematorium	Yearly
LOCAL 4274	Gateway Review of Parks and Countryside	Yearly

**NATIONAL & LOCAL INDICATORS REPORTED TO SUSTAINABLE COMMUNITIES OSC  
(cont.)**

PI No.	Title	Reporting frequency
LOCAL 4275	Youth Alcohol Referral - Arrests	Quarterly
LOCAL 4276	Youth Alcohol Referral - Stop Search	Quarterly
LOCAL 4277	Youth Alcohol Referral - Parents Advised	Quarterly
LOCAL 4279	Number of deliberate primary fire fires per 10,000 population	Quarterly
LOCAL 4280	Number of secondary deliberate fires per 10,000 population	Quarterly
LOCAL 4281	Visits to museums and galleries	Yearly

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**SUSTAINABLE COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE  
WORK PROGRAMME 2010/11  
(AGREED 7 June 2010)**

Title:	Department:	Comments/ Justification:/outcome
<p><b>7<sup>th</sup> June 2010:</b> Review of the Impact of the Severe Weather in January 2010</p> <p>Highway &amp; Engineering Services Contract – Annual Review</p> <p>Carbon Reduction Progress Update - NI 185 (Council activity)</p> <p>2009/10 Quarter 4 Performance Report</p>	<p>Technical Services</p> <p>Technical Services</p> <p>Technical Services</p> <p>Technical Services Law, HR &amp; Asset Management</p>	<p>Progress report and formal presentation – item requested by Cabinet and O&amp;S Committee – <b>REPORT NOTED WITH CABINET RECOMMENDATION 7.6.10</b></p> <p>Progress report and formal presentation on the new strategic contract with Colas Ltd that commenced on 1<sup>st</sup> April 2009 – <b>PROGRESS NOTED 7.6.10</b></p> <p>Progress report on delivering Corporate Priority 2.2: - <b>REPORT NOTED 7.6.10</b></p> <p>Regular report covering performance and financial issues – <b>REPORT NOTED 7.6.10</b></p>
<p><b>14<sup>th</sup> September 2010:</b> United Utility - Operations</p> <p>Scottish Power – Street Lighting</p> <p>Gateway 5</p>	<p>Technical Services</p> <p>Technical Services</p> <p>Technical Services</p>	<p><b>REPRESENTATIVES ATTENDED OSC - DISCUSSION HELD AND IMPROVED LIASION ARRANGEMENTS NOTED</b></p> <p><b>REPRESENTATIVES ATTENDED OSC – DISCUSSION HELD OVER RESIDENT DISSATISFACTION OVER STREET LIGHTING – attendance requested Jan 11</b></p> <p>Officer report on the outcome of Gateway 5 review – <b>REPORT NOTED 14.9.10 – FURTHER REPORT REQUESTED JAN 11</b></p>

Highway and Engineering Services – Annual report/presentation	CE – Colas	<b>MR NEILL THANKED FOR PRESENTATION</b>
Road Safety Progress Update – NI 47 & NI 48 (All KSI and Child KSI) (including review of Road Safety Audit procedure)	Technical Services	Progress report- <b>DEFERRED – see 17<sup>th</sup> Nov 2010</b>
Carbon Reduction Progress Update – NI 186 (Wirral-wide activity)	Technical Services	<b>2<sup>ND</sup> PROGRESS REPORT – PERFORMANCE NOTED AND FUTURE PROJECT PROPOSALS ENDORSED</b>
Joint Municipal Waste Management Strategy Review Update	Technical Services	Update on the review of the Merseyside JMWMS – <b>REPORT NOTED</b>
Beach Management	Technical Services	Report requested by Chair – <b>CTEE AGREED REPORT WITHDRAWN</b>
Business Plan for Wirral’s Parks	Technical Services	Business Plan linked with ongoing PACSPE Procurement Exercises - <b>DEFERRED</b>
Physical Activity for Hard to Reach Groups	Technical Services	Review of the provision of physical activity for this group - <b>DEFERRED</b>
2010/11 Quarter 1 Performance Report	Technical Services Law, HR & Asset Management	Regular report covering performance and financial issues – <b>REPORT NOTED</b>
<b>17<sup>th</sup> November 2010:</b>		
Local Environmental Quality Update – NI 195	Technical Services	Progress report on delivering Corporate Priority 2.3: Create exemplary levels of street cleanliness
Road Safety Progress Update – NI 47 & NI 48 (All KSI and Child KSI) (including review of Road Safety Audit procedure)	Technical Services	Progress report on delivering Corporate Priority 2.4: Reduce the number of people killed or seriously injured in road accidents

Green specification and renewable energy generation by the council	Technical Services	Officer report
Wirral's Parks Business Plan	Technical Services	Officer report
Arrowe Park Hospital Travel Plan	Technical Services	Annual review of the Hospital Travel Plan in accordance with Section 106 condition (could be delegated to Highways & Traffic Representations Panel with Committee approval)
Flood Working Group Progress Report	Technical Services	Progress report of the formal Working Group established by the O&S Committee
Carbon Reduction Progress Update – NI 185 (Council Activity)	Technical Services	6 monthly progress report on delivering Corporate Priority 2.2: Reducing the Council's carbon footprint
Arts & Museums Development Plan	Technical Services	Development Plan for Arts and Museums
Food Safety and Nutrition	Law, HR & Asset Management	Review of the work of Environmental Health and Trading Standards
Dog Fouling	Law, HR & Asset Management	Review of Dog Fouling initiatives
Doorstep Crime	Law, HR & Asset Management	Progress in Tackling Doorstep Crime
2010/11 Quarter 2 Performance Report	Technical Services Law, HR & Asset Management	Regular report covering performance and financial issues
<b>20<sup>th</sup> January 2011:</b>		
Waste Recycling/ Minimisation Update – NI 191 & NI 192	Technical Services	Progress report on delivering Corporate Priority 2.1: Sustain improved levels of recycling

Streetscene Environment Services Contract – Fourth Annual Review	Technical Services	Progress report and formal presentation on the strategic contract with Biffa that commenced in August 2006
Review of second phase Pavement/ Verge Parking Enforcement initiative	Technical Services	Review of second phase of initiative as requested by O&S Committee (could be delegated to Highways & Traffic Representations Panel with Committee approval)
Scottish Power	Technical Services/Scottish Power#	Reps to attend OSC (See mins 14 Sept) – report on work schedules for council and Scottish Power.
Gateway 5	Technical Services	Further report request – (see mins Sept 10)
<b>10<sup>th</sup> March 2011:</b>		
Flood Working Group Progress Report	Technical Services	Progress report of the formal Working Group established by the O&S Committee
Carbon Reduction Progress Update – NI 186 (Wirral-wide activity)	Technical Services	6 monthly Progress report on delivering Corporate Priority 2.2: Reducing Wirral's carbon footprint
Carbon Reduction Commitment (CRC)	Technical Services	CRC Initiative Progress Report
Underage Sales	Law, HR & Asset Management	Progress in the Control of illicit sales to Young People.
Quarter 3 Performance Report	Technical Services Law, HR & Asset Management	Regular report covering performance and financial issues

NB: The Sustainable Communities Scrutiny Committee is the designated committee to provide the statutory scrutiny of the Community Safety Partnership. The scrutiny work is still to be identified and is the subject of consultation between the Scrutiny committee and the community Safety Partnership.





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## WIRRAL COUNCIL

### SUSTAINABLE COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE - 17 NOVEMBER 2010

#### REPORT OF THE DIRECTOR OF TECHNICAL SERVICES

#### DECISIONS TAKEN UNDER DELEGATED POWERS

##### 1.0 EXECUTIVE SUMMARY

1.1 The purpose of this report is to inform Members, in accordance with the Approved Scheme of Delegation, of any instances where delegated authority has been used by the Director of Technical Services with respect to the appointment of Contractors or Consultants.

##### 2.0 TENDER ACCEPTANCE

2.1 The following tenders have been accepted since the last such use of delegated authority was reported to this Committee on 14 September 2010.

Project Title: Coronation Park  
Football Pitch Drainage  
Contract Sum: £87,074.05  
Contractor: Souters Sports Ltd

Project Title: Graffiti and Fly Posting Removal  
Contract 2010/2013  
Contract Sum: £69,014.00 per annum  
Contractor: LC Together

Project Title: Comprehensive Lift Maintenance  
Contract 2010/2013  
Contract Sum: £44,328.01 per annum  
Contractor: Knowsley Lift Services Ltd

Project Title: Specialist Consultancy Advice and Support for the Highway  
and Engineering Services NEC 3 Contract  
(2 year contract)  
Contract Sum: £30,800 per annum  
Consultant: Earle Integrated Project Management and Consulting

##### 3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications as a result of this report. The approved tenders above were the lowest/most economically advantageous received.

##### 4.0 STAFFING IMPLICATIONS

4.1 There are no staffing implications as a result of this report.

## **5.0 EQUAL OPPORTUNITIES IMPLICATIONS / HEALTH IMPACT ASSESSMENT**

5.1 There are no equal opportunities implications or health impact assessments required as a result of this report.

## **6.0 COMMUNITY SAFETY IMPLICATIONS**

6.1 There are no community safety implications as a result of this report.

## **7.0 LOCAL AGENDA 21 IMPLICATIONS**

7.1 There are no Local Agenda 21 implications as a result of this report.

## **8.0 PLANNING IMPLICATIONS**

8.1 There are no planning implications as a result of this report.

## **9.0 ANTI-POVERTY IMPLICATIONS**

9.1 There are no anti-poverty implications as a result of this report.

## **10.0 SOCIAL INCLUSION IMPLICATIONS**

10.1 There are no social inclusion implications as a result of this report.

## **11.0 HUMAN RIGHTS IMPLICATIONS**

11.1 There are no human rights implications in this report.

## **12.0 LOCAL MEMBER SUPPORT IMPLICATIONS**

12.1 There are no local member support implications in this report.

## **13.0 BACKGROUND PAPERS**

13.1 None.

## **14.0 RECOMMENDATION**

14.1 That the report be noted.

DAVID GREEN  
DIRECTOR OF TECHNICAL SERVICES