



“Traffic and Parking Issues at Royal Preston Hospital”

December 2015 – August 2016

A report by the Traffic and Parking Issues Task and Finish Group

Members:

Councillor Drew Gale (Chair)

Councillor Peter Kelly (Vice Chair)

Councillor Crompton

Councillor Greenhalgh

Councillor Hammond

Councillor Routledge

Councillor Potter

Councillor Seddon

Councillor Yates

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Foreword by the Chair

The Panel looked at various issues prior to this study based around the theme of 'Parking and Traffic issues around Royal Preston Hospital'.

It was agreed that the report and the issues it scrutinised would be complimentary to the work the City and County Councils are already doing in this area.

The Panel met with several people, including council officers who provided very informative presentations. Open and honest discussions took place, and debate led to suggestions on how we, as a Council, could be more supportive in combating the issue detailed.

Members were very enthusiastic and found the presentations very informative. We were very well supported by officers and other councillors. We hope that following on from this study, Preston will work to establish better policy and links with our partner organisations and the wider communities to ensure we are the city that others benchmark.

May I take this opportunity to thank everyone involved in this study.

Councillor Gale

Recommendations

1. That Royal Preston Hospital be requested to consider staggering visiting times around peak times for local schools and Preston College i.e. 3-4pm.
2. That Royal Preston Hospital be requested to expedite their proposals to relocate non-acute services e.g. admin staff and outpatients.
3. That Royal Preston Hospital be requested to investigate additional off-site park and ride facilities for staff.
4. That Royal Preston Hospital be requested to review its on-site car parking arrangements, particularly with regard to addressing the problem of the entrances to the car parks within the hospital being too close to the main entrances.
5. That Lancashire County Council and the Hospital try to address congestion arising from the short right hand turn into the site from Sharoe Green Lane, e.g. is it possible to lengthen the right turn lane?
6. That RPH consider relocating disabled parking facilities to assist easing congestion close to the hospital entrance, provided appropriate alternative locations can be found.
7. That Lancashire County Council investigate possible measures to ease congestion on Sharoe Green Lane/Garstang Rd/Black Bull Lane e.g. relocating the pedestrian crossing on Sharoe Green Lane and /or providing bus lay-bys to ease flow of buses actually needing to enter the hospital grounds.
8. That Lancashire County Council Highways (and Lancashire Constabulary where appropriate) be requested to carry out targeted enforcement and consider an extension of short term parking restrictions for a trial period in specified areas which are identified as the worst affected by parking issues, as follows: Castle Mount, Tower Lane, Hawkhurst Ave, St Clare's Ave, St Francis Close, Marina Drive, Broadwood Drive, Brooklands Ave and South Drive; Sharoe Mount Avenue, Parklands Drive and Churchfield; and Princess Drive, Janice Drive, Inglehead and roads to the rear of the Black Bull Pub - Broadway, Northway, Greenway
9. That the Overview and Scrutiny Management Committee be informed of the outcome of Air Quality Control monitoring in 12 months' time and that appropriate action be taken if necessary.
10. That Royal Preston Hospital be requested to expedite its consultation within the earliest possible time period, as this will affect all of the above.

1. Introduction / Background

Royal Preston Hospital is part of Lancashire Teaching Hospitals and provides a range of services from 24 hour accident and emergency to Neurosurgery and neurology to local residents, serving an area of around 390,000.

It also provides specialist services, such as plastic surgery, renal, cancer and brain surgery to 1.5 million people in Lancashire and South Cumbria.

The problems of parking provision and traffic congestion in the area have been well documented. There have been ongoing issues particularly around parking in residential areas and it has been difficult to build consensus about the solutions.

Preston operates within the context of Lancashire's Local Transport Plan.

2. Methodology

One of the main aims of this Task and Finish Group was to involve all parties, including the hospital, highways authority, ward councillors and local residents in identifying solutions to the problems locally.

To this end, ward councillors were formally invited to present their views to the Task and Finish Group at a public meeting. Local residents associations were also permitted to address the Task and Finish Group and given the opportunity to submit any written evidence or representations during the course of the study.

Representatives from Royal Preston Hospital and Lancashire County Council were also interviewed at public meetings of the task and finish group.

Members also conducted interviews / evidence gathering in sub groups, meeting with organisations and bodies outside the setting of formal public meetings and having informal discussions in various locations in Preston.

Individuals from Preston Bus, Preston Fire Station, Lancashire Constabulary and local County Councillors were all interviewed by sub groups.

3. Summary of Meetings

17 December 2016

The first meeting of the Task and Finish Group was held on 16 December 2016 at which members agreed the scope of the study. The Task and Finish Group also conducted its first interviews – firstly with Chris Hodson, Environmental Health Manager to explore Air Quality Control issues in the area and then with Sharoe Green ward councillors, who had been extensively involved in the matter for several years and had held many meetings with residents and the representatives of the Royal Preston Hospital to find ways to ease the traffic and parking issues in the area.

[Minutes of Meeting 17 December 2015](#)

28 January 2016

At the second meeting, held on 28 January 2016, interviews were held with representatives from Royal Preston Hospital. It was revealed that a consultation with residents of Preston and Chorley was being carried out in June 2016 and the Trust would be exploring all options at that stage, including that of a multi storey car park.

A range of issues were highlighted, including management of the hospital site / staff car parking facilities, street parking restrictions and enforcement, moving outpatient appointments off site and staggering visiting times.

Representatives from Sharoe Green and Sherwood Community Association, who were in attendance as public observers, were also permitted to outline their views to members and it was agreed that any further representations the Association wished to make would be submitted in writing.

[Minutes of Meeting 28 January 2016](#)

23 March 2016

The Task and Finish Group interviewed representatives from Lancashire County Council Highways Department on 23 March 2016. Issues raised were residential parking permit schemes, parking restrictions / enforcement, vehicle obstruction, bus services, and traffic and congestion.

[Minutes of Meeting 23 March 2016](#)

4. Interviews and additional written evidence

4.1 Chris Hodson, Environmental Health Manager, Preston City Council

Mr Hodson explained that there were five Air Quality Management Areas in Preston, including New Hall Lane and Broughton. The area surrounding the hospital had been modelled for air quality, however it had not met the criteria levels for investigation. In order to be designated as an Air Quality Management Area a certain level of Nitrogen Dioxide must be reached at residential dwellings and the model showed that the pollution levels were lower than the limits set by Central Government. This screening model is a recognised method for assessing whether an area needs to be further investigated via monitoring.

Further to a request from the Task and Finish Group, Mr Hodson agreed to monitor the area and the testing location would be agreed in consultation with the local councillors. The Group was informed that the monitoring had to take place over a period of 12 months.

Mr Hodson addressed questions and issues raised by Members including the location of the monitoring tubes. The Group was informed that residential dwelling was a key factor for Air Quality Management Area designation.

Mr Hodson indicated that once an area is found to be meeting the criteria levels, an action plan is produced and it is monitored by DEFRA to whom progress is reported.

4.2 Ward Councillors – Sharoe Green Ward Councillors Mrs Gildert and Walker

The Task and Finish Group were informed that the ward councillors had been extensively involved in the matter for many years. The ward councillors had held many meetings with residents and the representatives of the Royal Preston Hospital to find ways to ease the traffic and parking issues in the area. It was suggested that at certain times of the day the hospital area was a no go zone due to the volume of traffic and parking problems there. It was agreed that there needed to be a strategic approach to resolving the problems.

The proposed multi-storey car park would ease some of the problems but there were other measures that could help reduce the impact of the traffic and parking problems. Roads being widened, changes in working patterns for administrative staff, phasing of traffic lights, off-site appointments, staggered visiting times and less development on-site at the hospital were some of the proposals that ward councillors felt need to be considered.

The ward councillors confirmed that they had had discussions with the hospital in respect of the approved multi-storey car park, however there were issues in respect of costs and they did not think it could be developed. The Trust was developing a

masterplan which was looking at a whole range of issues relating to the hospital and their focus was key medical provision on-site. It was suggested that the hospital were looking at dispersing appointments away from the main site.

It was pointed out that a lot of issues in respect of traffic were related to infrastructure which was a matter for County Highways to address.

4.3 Mr P Holt and Mr M Brandon, Facilities, Royal Preston Hospital

Mr Holt indicated that a consultation with residents of Preston and Chorley was to be carried out in June 2016*. Therefore, the Trust would be exploring all options at this stage, including a multi storey car park, and would not predetermine the solution to the issue.

(*This was subsequently revised to later in year).

Mr Holt further indicated that the Trust realised the need to examine the overall management of the site including the use of car parking facilities. He stressed that they were aware of the scale of the problem and trying to respond to the concerns of all involved. He added that a newsletter for staff and residents had recently been launched to keep people informed.

He gave examples of where the Trust had already looked at options to address traffic and parking issues around the hospital, e.g. tendering for a park and ride scheme and working with Preston College to provide extra 50 spaces.

Councillor Kelly expressed concern that the multi storey car park discussed in previous years would now be a white elephant if it was not included as part of the solution following consultation. Mr Holt stressed that the Trust would consider all the options, one of which was a metal deck car park. However, this option was expensive and a commercial risk; the Trust would require the private sector (e.g. NCP) to take on that risk. He added that a multi storey car park option would need to be supported by street parking restrictions and parking enforcement.

Mr Morgan quoted some figures as regards car parking provision as follows:-

Total on site spaces for visitors and staff (includes provision on St Clare's car park)	2035
Total for staff (including 32 spaces on St Clare's)	1,336

Additional rented spaces on Preston Business Centre	300
Additional rented spaces on Preston Grasshoppers	200

He explained that it was impossible to say how many staff from Royal Preston Hospital were actually using the car parking spaces because staff from both Chorley and Preston were entitled to use them. The Trust as a whole employs approx. 7,500 people, although obviously actual demand would fall below this due to varying shift patterns, sickness, leave etc.

Members asked for some additional information which Mr Morgan agreed would be provided to the Task and Finish Group after the meeting:

1. How many staff work each day at RPH?
2. How many Outpatients clinics does the trust provide at RPH on a daily basis?
3. How many Outpatients does the trust see on a daily basis?
4. What are the times of the clinics and the time allocated for each new and follow up patient on a daily basis?

Mr Morgan indicated that parking provision costs £200,000 per annum and also a contribution to Preston Bus of £40,000 to run park and ride.

Councillor Kelly expressed concern that given the number of car parking spaces quoted against number of employees, there was always going to be a deficit in provision in terms of supply and demand. Additionally, given the timescale for the consultation and subsequent masterplan to come to fruition – it may take up to 10 years to be implemented.

Mr Holt indicated that the Trust was looking at alternative options to address some of the issues in a shorter timescale, such as:

- moving outpatient appointments off site and into the community
- staggering visiting times (being explored with nursing manager)

The Task and Finish Group raised the issue of hospital staff incentives to park on the hospital car park as opposed to the nearby residential estate. Mr Holt indicated that staff did get charged for parking and members felt that this could be viewed as an incentive to park elsewhere for free. Mr Holt said that it would not be appropriate to use NHS resources to ‘incentivise’ staff to park in the allocated parking sites either financially or otherwise because the Trust’s priority was the patients.

Mr Holt then referred to the dispute with junior doctors regarding working hours which had been featured in the national news. He indicated that it may be another factor affecting parking issues – however at this point they were not sure if positively or negatively.

Finally, he referred to the Staffing Parking Scheme which was currently under review and indicated that staff may ultimately be asked to reapply for parking permits. He agreed to provide members with a copy of the staff parking policy.

4.3.4 Information provided by Lancashire Teaching Hospitals Trust following the meeting

Position Statement

Current Position

Demand for staff car parking spaces during working hours of 8am to 6pm Monday to Friday is outstripping supply. Currently staff car parks are reaching capacity by 9am each week day morning.

The introduction of the out of hours permits for all new starters from 1st September 2014 has failed to resolve the demand issue. The Masterplan developments will lead to further losses of car parking spaces to allow for the development schemes to progress.

The increased demand for parking (both staff and visitors/patients) is due to:

- A general increase in car usage
- Service delivery issues i.e. clinic and visiting times
- Ongoing site developments
- Increased staff numbers

There are 5242 staff car parking permits currently in use.

Current Staff parking capacity

Staff Parking	Car parking spaces
Onsite RPH	1304
Onsite Chorley District Hospital	804
PBC (Park & Ride)	300
Grasshoppers (Park & Ride)	200

St Clare's	32
Total	2640

Current visitor parking capacity

Visitor Parking	Car parking spaces	Disabled
RPH (inc.Education Centre 1)	699	111
Chorley District Hospital	265	57
PBC (SMRC)	23	25
Total	987	0

Education Centre 1 RPH car park – this car park has 43 spaces. Currently Human Resources reserve spaces as needed on a daily basis and supply a list of attendees 24 hours in advance to the car parking team. On arrival the name is checked on the list and the barrier lifted or the driver is advised to park elsewhere. Any surplus spaces are used by the car parking team as an overflow for staff parking.

2035 spaces on RPH site (including x 32 at St Clare's)

Disabled x 111 at RPH

x 1.98 permits issued per space (24/7)

Responses to Questions

How many staff work each day at RPH?

There are 6,089 of 7,532 LTHTR staff which are based at RPH. Clearly operating a 24/7 service not all will be on site at any one time and some of these work rotational shifts, some are community outreach workers and some will be absent from work if on leave or sick.

Royal Preston Site Only

Average Daily Clinics split by Month

	Total Clinics held	Average Daily Clinics Calendar days	Average Daily Clinics Working days
Apr-15	4826	161	241

May-15	4690	151	247
Jun-15	5340	178	243
Jul-15	5401	174	235
Aug-15	4533	146	227
Sep-15	5167	172	235
Oct-15	5284	170	240
Nov-15	5511	184	262
Dec-15	4950	160	236
Total	45702	166	241

Average Daily Outpatient Attends by Month

	Total Attends	Avg Daily Attends Calendar Days	Avg Daily. Attends Working Days
Apr-15	31419	1047	1571
May-15	30366	980	1598
Jun-15	34281	1143	1558
Jul-15	34509	1113	1500
Aug-15	29659	957	1483
Sep-15	32457	1082	1475
Oct-15	33034	1066	1502
Nov-15	34522	1151	1644
Dec-15	30110	971	1434
Total	290357	1056	1528

Clinic Duration

Average morning clinic times at RPH are 8:30 am - 12:30 pm

Average afternoon clinic times at RPH are 13:30 pm - 16:30 pm

Note though that the use of weekend and evening clinics are increasing

New slot duration ranges from 10 mins to maximum of 1 hour depending upon specialty, average is around 20 minutes

Follow-Up slot duration ranges from 5 mins to maximum of 30 minutes depending upon specialty, average is around 10-15 mins

4.3.5 Representations provided by Local Residents

Visits to Brooklands Avenue

Total Number of Visits to Brooklands Avenue since introduction of parking order	306	Letter dated 23rd September 2015, T Price LCC
Actual 'effective number of visits' since TRO introduction	153	Email Response from LCC to local resident: query regarding number of visits to constitute effective enforcement in time limited zone. 2 visits required for 1 enforcement visit.
Date of Introduction of Traffic Regulation Order	13th February 2012	Letter dated 23rd September 2015, T Price LCC

Determination of the number of 'effective' enforcement visits per annum

2012	45%	69*	From FOIA request
2013	21%	32*	From FOIA request
2014	17%	26*	From FOIA request
2015	17%	26*	From FOIA request
Total Visits since TRO introduction		153	(Calculation Check)

Figures marked* have been added by local resident using data in top table above – only the percentages per year provided as a result of FOIA request

The above data was compiled by a local resident based upon figures received from Freedom of Information request and figures quoted in separate written correspondence with LCC.

NB: It should be acknowledged that these figures are not accepted by County Councillor Fillis, Cabinet Member for Highways and Transport and LCC officers as the only information provided as part of a FOIA request were the percentages per year.

A number of letters of correspondence between County Councillor Fillis and the local resident were provided, the most recent of which, dated 30 March 2016 is attached at **Appendix D**.

In correspondence with County Councillor Fillis, Cabinet Member for Highways and Transport, the resident expresses the view that:

“There is a strong connection I believe between insufficient enforcement activity and parking that obstructs driveways. Tighter controls and greater enforcement would (I believe) stem the tide of vehicles whose owners are using the local streets as a hospital car park. This will in turn reduce or eliminate the inconsiderate parking problem and abuse faced by the residents. I am sure that a cost neutral solution to residents only parking could be achieved and which will shift the emphasis for a suitable next step back onto RPH. It will remove the buffer zone that is so problematic for the residents.”

Representatives from the Sharoe Green and Sherwood Community Association attended a meeting of the Task and Finish Group on 28 January 2016 and made verbal submission to members. They also submitted representations previously made to a planning application for a Multi Storey Car Park on the Royal Preston Hospital site in December 2014 (which can be accessed via web link in appendix).

Various email correspondence between local residents, Lancashire Constabulary and the Lancashire Teaching Hospitals Trust was provided as evidence to the Task and Finish Group.

The key concerns expressed by local residents were unauthorised parking and the perceived lack of enforcement of parking restrictions. The streets cited as particularly problematic were Brooklands Avenue and Marina Drive.

Preston City Councillors and local County Councillors have been involved in the issue. County Councillor Sedgewick has undertaken patrolling of the area with a car camera.

4.4 Lancashire County Council Highways Department -

Mr Neil Stevens - Development Control Manager

Ridwan Musa - Highways Manager South

Jim Kelly - Area Highways Manager South

4.4.1 Key Issue: Parking and Enforcement

Residential Parking Schemes / Parking Restrictions - effectiveness

Mr Musa provided the Task Group with a copy of the criteria for Residential Parking Permit Schemes (see appendix). He explained that the residential area opposite the

hospital (Brooklands) does not meet the criteria, due to factors such as residents having access to off street parking, and available kerb space. He suggested that in such cases, there were other options including restricted parking.

Members of the Group expressed concerns that enforcement issues in the area had been ongoing for a number of years and that there was a lack of a coordinated, strategic response from LCC. Mr Musa indicated that measures taken in support of Royal Preston Hospital, such as a two hour parking restriction, seemed to be having a desired effect. He also explained that every enforcement enquiry is logged, a response provided in 20 working days and that appropriate action was taken following investigation. He stressed that it was important to balance local concerns against the needs of the hospital i.e. high demand for parking spaces.

He also said that residential parking schemes can cause displacement and are only part of the solution; there was a need to address the origin of the problem, i.e. RPH. He highlighted the importance of the hospital having a workable travel plan.

Residential road access / vehicle obstruction

Cllr Kelly raised the issue of the accessible width of the roads, stating that two vehicles cannot pass through if the pavement is double parked on both sides. He enquired if it was possible to have white lines across residents' driveways to prevent parked vehicles blocking access. He also suggested that if this housing development were to happen now, it may not meet current criteria for roads. Neil Stevens informed the Group that a parking bay should be a minimum of 2.4m wide (to allow exit from vehicle). A road width of 4m could allow two vehicles to pass but not if double parked and the doors open.

Cllr Kelly indicated that a very small car such as a mini was 2.2 - 2.3 m wide with doors open and that a larger car, such as a BMW, would be nearer to 2.8m. Mr Stevens pointed out that doors are not open permanently, and, if roads are too wide it can create speeding issues. He stated that the width is suitable for a built environment.

Mr Musa indicated, with regard to obstruction, that this was a police matter. However, Cllr Seddon pointed out that the police can only get involved if a residents' vehicle cannot exit their own driveway – not if a resident cannot access their own property from the highway.

Cllr Seddon stressed that parking issues had been a problem since RPH opened and asked if LCC had ever carried out an assessment and sought a solution. He emphasized the need to be proactive, not reactive. He asked whether there was a similar case to learn from and suggested measures such as hourly restrictions that might discourage all day parkers – e.g. 3 – 4pm.

Councillor Seddon expressed concern that the highways authority was implementing one-off solutions to individual complaints – not addressing the whole area strategically.

Mr Musa indicated he was aware of a large number of complaints from residents and that, following investigation, two hourly parking restrictions had been introduced. He stressed that every issue is on a priority level. LCC must target resources to areas where there have been accidents to address issues there.

Mr Stevens highlighted that LCC already do work with RPH in some areas e.g. application for multi storey car park. Mr Musa indicated that they were working with RPH to manage parking better on the site.

Alternative transport - Bus Routes

Cllr Crompton highlighted that RPH have a parking strategy for staff and visitors, however they cannot tell staff how to travel to work or where to park outside the hospital grounds. He also pointed out that there was a bus route to the hospital from Preston Grasshoppers and Bluebell Way but the service was not used. Cllr Crompton said he had some evidence from local police indicating that the problems relate to specific places within the residential area. He passed the information to the interviewees who said they were happy to consider it.

Cllr Yates referred to another bus route which was ending next week (i.e. Lea/Larches to RPH). Mr Stevens confirmed that the service was not subsidized by LCC. Chris Hayward, Director of Development indicated that some services are subsidized by developers for a limited time (and therefore it may have come to an end in this case). The Chair suggested that this may be an issue to address in the Group's final recommendations.

Other key points made

- Cllr Greenhalgh stressed the need for regular dialogue with all parties, i.e. LCC, RPH and residents. The Chair suggested that perhaps PCC could facilitate this.
- The Task Group enquired as to the regularity of enforcement / issuing of Penalty Charge Notices and the possibility of implementing a yellow line system.

Mr Musa said that areas which are the subject of a Traffic Regulation Order are patrolled on a regular basis; areas with no TRO are not targeted. However, if there is a traffic offence a fine can be issued - it does not require a TRO to be in place.

- Members highlighted the problem of the split responsibility of enforcement agencies, namely that parking on yellow lines are the responsibility of LCC

Parking Services (traffic enforcement agency) and vehicle obstruction is a police matter (but ONLY if owner's vehicle is blocked in driveway).

4.4.2 Key Issue: Traffic and Congestion

Mr Musa informed members that statistically the time when there is most congestion is between 3pm and 4pm. Cllr Seddon also cited heavy traffic sometimes in the morning due to RPH clinics and also Friday afternoons.

The Chair suggested that it would be useful to have traffic data as evidence – i.e. number of vehicles, speed/flow, peak / off peak times.

Mr Stevens explained that speed measurements were taken on an annual basis. However, he was happy to supply traffic data requested at peak times e.g. 7.00 am – 10.00am, 11am – 2pm, and evening time as appropriate.

Finally, the representatives from LCC highways were asked if they had any suggestions about what can be done to address the issues.

Mr Stevens said that in the past LCC had put a number of suggestions to RPH and that he would send those suggestions to the Task and Finish Group.

Mr Musa highlighted the following:-

- RPH car park entrances – quite close to the main site entrances affecting highway traffic and the exit located at the far end of hospital complex.
- Visiting times – local colleges and schools finishing around same time.

4.5 May 2016 – July 2016: Sub Group Interviews

In the new municipal year, members split into sub groups consisting of two or three councillors and carried out interviews with external organisations, as follows:

Organisation/ Representative	Task Group Members attending	Date of Interview
County Councillors DeMolfetta, Sedgewick and Driver - LCC	Councillors Hammond and Seddon	7th June 11.30am at Ingol Golf Club
Police – John McLaughlin, Traffic Management Officer	Councillors Hammond and Seddon	7th June 11.30am at Ingol Golf Club

Preston Bus – John Asquith	Councillors Greenhalgh and Kelly	22nd June 10.00am in the Council Chamber Annexe, Town Hall
NW Ambulance Service*		

*NWAS indicated that there were no issues to report from their perspective and put this writing.

Response by Duncan Coward, Head of Waste Management – Refuse Collection near Royal Preston Hospital

For the refuse collection service, there are no significant issues re parking around residential areas near Royal Preston Hospital.

Occasionally there are access issues due to parked up areas (Methuen Avenue / Raleigh Road), but it has always been possible to access the road later in the day or next day.

Whilst we appreciate the inconvenience that residents can experience due to collections not taking place as expected we will always return as soon as we are able.

Reports from Sub Groups June – August 2016

Local County Councillors and Lancashire Constabulary

Councillors Hammond and Seddon, who interviewed County Councillors DeMolfetta and Sedgewick and John McLaughlin, Traffic Management Officer (South BCU), Lancashire Constabulary, on 7th June, reported that the key issue identified in their discussions was lack of enforcement of existing parking regulations. They identified a number of problem areas, particularly a number of roads in Sharoe Green and College / Greyfriars wards, which were:

Castle Mount, Tower Lane, Hawkhurst Ave, St Clare’s Ave, St Francis Close, Marina Drive, Broadwood Drive, Brooklands Ave and South Drive; Sharoe Mount Avenue, Parklands Drive and Churchfield; and Princess Drive, Janice Drive, Inglehead and roads to the rear of the Black Bull Pub - Broadway, Northway, Greenway

Other key issues identified were:-

- Hospital traffic from Sharoe Green Lane / Garstang Road backing up from the barriers on hospital property. This is partly due to the length of the centre right turn lane on Sharoe Green Lane being too short.

- Congestion and gridlock on Garstang Road / Black Bull Lane at hospital visiting times
- It was suggested that some of the parking issues were due to hospital staff, however it was acknowledged that there were other factors such as employees of nearby businesses who were prohibited from parking on customer car parks.

Meeting with John Asquith, Preston Bus - 22 June at 10.00am in the Town Hall Annexe

Preston Bus suffers greatly with road congestion. The average speed for any bus is just 9mph. Preston Bus are committed to provide a reliable and dependable service hence the concerns about traffic congestion.

Their main problem with R.P.H is access by the public to the public car parks and in particular to the disabled parking, all of which are at the front of the hospital and cause congestion especially at visiting time.

At its meeting on 3.8.16, suggestions/proposed recommendations from the Task and Finish Group were:-

- investigating the feasibility of relocating the disabled parking facilities
- finding an alternative to buses entering the hospital – e.g. laybys on Garstang Road or
- relocating the pedestrian crossing (on Sharoe Green Lane).

Arising from discussions, Councillor Yates related that the bus service previously stopped which runs between Lea, Larches and Savick and RPH will be back on 5th September.

Councillor Seddon also highlighted the observed increase in ambulances going to RPH following the closure of Chorley A&E.

5. Final Comments

Towards the end of this study, the consultation Royal Preston Hospital originally planned for summer had been postponed for later in the year. The Task and Finish Group identified a number of factors which it felt were key to addressing the problems and the recommendations are presented with this in mind.

This is an ongoing issue which no doubt members will wish to revisit in the light of future developments.

6. Comments by Corporate Management Team

The study is welcomed and it highlights the challenges faced by residents, patients, visitors and the management of Royal Preston Hospital.

The senior team at RPH maintain a regular and productive dialogue with the Council's senior managers and elected Members. As the Board progresses its consultation on the future of the Hospital Trust, the Council will need to continue a positive engagement to ensure the best possible future plan for residents and patients.

Appendix A

Traffic and Parking Issues at Royal Preston Hospital

Scope:

To identify the extent of traffic and parking problems within one mile around the area around Royal Preston Hospital and to identify contributory factors

Why is there congestion and how can we avoid it?

Terms of Reference:

Key information / issues

- LCC Highways – current district roads plan
- Statistics on road traffic – no. vehicles – private vehicles, buses, ambulances
- Evidence re traffic incidents / accidents
- Availability of parking and parking restrictions/enforcement in the surrounding area – one way traffic
- How many parking places at each location allocated to staff / patients. How many staff permits issued.
- What are the peak times / flow pattern
- How many staff park off site
- Public transport servicing the area (inc Park and Ride – revisit P&R at the hub?)
- How many patients/visitors park off site
- How many use public transport
- Staff / visitors survey?
- No. hospital appointments; forecasted figures; turnover of in/outpatients for specialist (major trauma) centre; visitors
- Air Quality Management Plan
- Signal phasing at Black Bull Lane
- Availability of land – estates database
- Car parks - Booths, St Clare's, Preston College, Preston Grasshoppers

Key people to hear from

- LCC County Highways Department and County Councillor
- Russell Rees, Engineering
- Chris Hodson, Environmental Health Manager
- Royal Preston Hospital (inc. Mr Morgan, Head of Estates, facilities)
- Police (Appropriate representative)
- Emergency services (Fire/Ambulance)
- Preston Bus
- PALS
- Ward councillors (plus CC De Molfetta and CC K Sedgewick)
- Refuse Collection – Duncan Coward

External Visit

Potential hot spot visit

Lead Officer

Chris Hayward, Director of Development

Size of panel

9 (Ratio 5:3:1:1)

Time estimate

Long Term

Resources

Member Services

Target Audience

LCC

Hospital Trust

Management Team comment

This is a very large study and is likely to take up to 6 months.

Appendix B

Links to webpages containing background documents:

[Sharoe Green & Sherwood Community Association – representations for Planning Application for a Multi-Storey Car Park \(MSCP\) on the Site of Royal Preston Hospital \(December 2014\)](#)

[Lancashire Teaching Hospitals NHS Foundation Trust Car Park Management Operational Procedure \(under review\)](#)

[Lancashire Teaching Hospitals NHS Foundation Trust Healthy Travel Plan](#)

[Site Map of Parking Provision at Royal Preston Hospital \(May 2014\)](#)

Criteria for Residential Parking Permit Schemes

1. Not less than 67% of the available kerb space should be occupied for more than six hours between 8.00am and 6.00pm on five or more days in a week from Monday to Saturday and a bona fide need of the residents should be established.

Note: 'Available kerb space' is defined as the length of unrestricted carriageway where parking could be permitted. This would of course exclude junctions, accesses and areas subject to existing waiting restrictions (but not limited waiting).

2. Not more than 50% of the car owning residents have or could make parking available within the curtilage of their property, or within 200 metres (walking distance) of that property in the form of rented space or garages etc. Off-street parking space should not be available within 200 metres walking distance.

Note: Off-street car parks are considered as an available facility for local residents but not where an hourly/daily charge is made (eg. pay and display) unless contract arrangements or similar have been provided.

3. The peak or normal working day demand for residents' spaces should be able to be met.

Note: The parking problem or peak demand time may be outside the normal working day, eg next to a shift working factory or hospital, and this should be taken into consideration.

4. When considering the introduction of concessions for residents within an existing restricted area the re-introduction of a limited number of parked vehicles should not negate the original reasons for introducing the restrictions.
5. The Police should be satisfied that a reasonable level of enforcement of the proposals can be maintained or alternatively that enforcement could be adequately carried out by some alternative means.
6. The proposals should be acceptable to the greater proportion of the residents. A 75% response rate from households, with greater than 50% of these being in favour of the scheme, is considered acceptable.
7. The introduction of the scheme should not be likely to cause unacceptable problems in adjacent roads.
8. Permits for non-residential premises should be able to be limited in their issue to essential operational use only.

Phone: 01772 530694
Email: john.fillis@lancashire.gov.uk
Your ref:
Our ref: CCJF/LL 20669
Date: 30 March 2016

Dear

Parking Enforcement on Brooklands Avenue, Fulwood, Preston

Thank you for your further email of 26 February 2016, regarding parking enforcement on Brooklands Avenue, Fulwood, Preston.

As previously advised, I have asked our highway engineers to review the restrictions in the area to see if there is a more appropriate layout. I had specifically referred to the fact that our enforcement officers are unable to take action where a vehicle is parked in a limited waiting bay, even if it was blocking access to your drive.

Therefore until this review has taken place and any changes have been implemented, then any changes to the enforcement regime would not assist you with your current access problems.

I can confirm that I do not have access to records for other County Councils and therefore I am unable to advise how their enforcement regime differs from ours.

I am sure other areas face similar problems on streets adjacent to hospitals, there would be many other contributory factors which would mean that any comparisons would be of limited value.

Yours sincerely



County Councillor John Fillis
Cabinet Member for Highways and Transport