

# Public Document Pack

**Peak District National Park Authority**

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Aldern House, Baslow Road, Bakewell, Derbyshire. DE45 1AE



**Our Values: Care – Enjoy – Pioneer**

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Our Ref: A.1142/5176

Date: 16 April 2026



## NOTICE OF MEETING

Meeting: **Resources Committee**

Date: **Friday 24 April 2026**

Time: **10.00 am**

Venue: **Aldern House, Baslow Road, Bakewell, DE45 1AE**

PHILIP MULLIGAN  
CHIEF EXECUTIVE

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- 10**      **PART B** (Pages 55 - 56)  
The following items are exempt, confidential items.
- Please go to the Part B agenda items.
- 11**      **Project Risk Programme - Access for All Funding (2025/26)** (Pages 57 - 70)      20 mins  
Appendix 1
- 12**      **Exempt minutes from Resources Committee on 23rd January 2026** (Pages  
71 - 74)

### **Duration of Meeting**

In the event of not completing its business within 3 hours of the start of the meeting, in accordance with the Authority's Standing Orders, the Committee will decide whether or not to continue the meeting. If the Authority decides not to continue the meeting it will be adjourned and the remaining business considered at the next scheduled meeting.

If the Committee has not completed its business by 1.00pm and decides to continue the meeting the Chair will exercise discretion to adjourn the meeting at a suitable point for a 30 minute lunch break after which the committee will re-convene.

### **ACCESS TO INFORMATION - LOCAL GOVERNMENT ACT 1972 (as amended)**

#### **Agendas and reports**

Copies of the Agenda and Part A reports are available for members of the public before and during the meeting on the website <http://democracy.peakdistrict.gov.uk>

#### **Background Papers**

The Local Government Act 1972 requires that the Authority shall list any unpublished Background Papers necessarily used in the preparation of the Reports. The Background Papers referred to in each report, PART A, excluding those papers that contain Exempt or Confidential Information, PART B, can be inspected on the Authority's website.

#### **Public Participation and Other Representations from third parties**

Please note meetings of the Authority and its Committees may still take place at venues other than its offices at Aldern House, Bakewell when necessary. Public participation is still available and anyone wishing to participate at the meeting under the Authority's Public Participation Scheme is required to give notice to the Customer and Democratic Support Team to be received not later than 12.00 noon on the Wednesday preceding the Friday meeting. The Scheme is available on the website <http://www.peakdistrict.gov.uk/looking-after/about-us/have-your-say> or on request from the Customer and Democratic Team 01629 816352, email address: [democraticandlegalsupport@peakdistrict.gov.uk](mailto:democraticandlegalsupport@peakdistrict.gov.uk).

#### **Written Representations**

Other written representations on items on the agenda, except those from formal consultees, will not be reported to the meeting if received after 12 noon on the Wednesday preceding the Friday meeting.

#### **Recording of Meetings**

In accordance with the Local Audit and Accountability Act 2014 members of the public may record and report on our open meetings using sound, video, film, photograph or any other means this includes blogging or tweeting, posts on social media sites or publishing on video sharing sites. If you intend to record or report on one of our meetings you are asked to contact the Customer and Democratic Support Team in advance of the meeting so we can make sure it will not disrupt the meeting and is

carried out in accordance with any published protocols and guidance.

The Authority uses an audio sound system to make it easier to hear public speakers and discussions during the meeting and makes a live audio visual broadcast a recording of which is available after the meeting. From 3 February 2017 these recordings will be retained for three years after the date of the meeting.

### **General Information for Members of the Public Attending Meetings**

Please note that meetings of the Authority and its Committees may take place at venues other than its offices at Aldern House, Bakewell, when necessary. The venue for a meeting will be specified on the agenda. There may be limited spaces available for the public at meetings and priority will be given to those who are participating in the meeting. It is intended that the meetings will be audio visually broadcast and available live on the Authority's website.

This meeting will take place at Aldern House, Baslow Road, Bakewell, DE45 1AE.

Information on Public transport from surrounding areas can be obtained from Traveline on 0871 200 2233 or on the Traveline website at [www.travelineeastmidlands.co.uk](http://www.travelineeastmidlands.co.uk)

Please note there is no refreshment provision available.

### **To: Members of Resources Committee:**

Chair: C Greaves  
Vice Chair: A Nash

N Adams	H Corran
Prof J Dugdale	C Farrell
C Kelly	S Mabbott
A Martin	K Rustidge
K Smith	Dr R Swetnam
S Thompson	Y Witter

**Other invited Members:** (May speak but not vote)

V Priestley

Constituent Authorities  
Secretary of State for the Environment  
Natural England

**Peak District National Park Authority**  
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 Aldern House, Baslow Road, Bakewell, Derbyshire. DE45 1AE



## MINUTES

**Meeting: Resources Committee**

**Date:** Friday 23 January 2026 at 10.00 am

**Venue:** Aldern House, Baslow Road, Bakewell, DE45 1AE

**Chair:** C Greaves

**Present:** H Corran, Prof J Dugdale, C Kelly, A Martin, A Nash, K Rustidge, K Smith, Dr R Swetnam, S Thompson and Y Witter

**Apologies for absence:** N Adams, C Farrell and Patrick.

### **1/26 MINUTES OF PREVIOUS MEETING HELD ON 14 NOVEMBER 2025**

The minutes of the Resources Committee held on Friday 14th November 2025, were approved as a correct record.

### **2/26 URGENT BUSINESS**

There was no urgent business.

### **3/26 PUBLIC PARTICIPATION**

No members of the public had given notice to make representations at this meeting.

### **4/26 MEMBERS DECLARATIONS OF INTEREST**

There were no member declarations of interest.

### **5/26 LANDSCAPE OBSERVATORY FUNDING 2026/27**

The Strategy and Performance Manager presented the report which was seeking approval for the Authority to enter into agreements with the Protected Landscape Partnership and National Parks England to accept funding to continue to host Landscape Observatory in 2026-27.

The following was noted:

- The final version of the budget to be submitted to DEFRA Funding Committee on Friday 10<sup>th</sup> March 2026.
- As a result of this work two posts within the Strategy and Performance Team have been back-filled in order to maintain the existing capacity of the team.

The recommendations as set out in the report were moved and seconded, put to the vote and carried.

**RESOLVED:**

1. That acceptance of funding for Landscape Observatory project work streams, as described in this report, of up to £650,000 for 2026-2027 is approved. Approval of the terms of funding is delegated to the Head of Resources in consultation with the Chief Finance Officer.
2. That authority be delegated to the Authority Solicitor to enter into and determine the terms and conditions of the funding agreement and all other legal documentation required for the project in the best interests of the Authority.
3. That approval be granted to incur expenditure up to £650,000 as detailed in the report, pursuant to Part 3, C3.(c), subject to compliance with the Contract Procedure Rules and Standing Orders.
4. That this project be monitored by Resources Committee and progress reported annually to the Members Forum.

**6/26 BYELAWS FOR NORTH LEES ESTATE VERGE PARKING**

The Corporate Property Manager presented the report which was seeking approval to make, implement and enforce byelaws to restrict verge parking on land owned by the National Park Authority or on Access Land associated with sites within Authority ownership.

The following points were noted:

- The money from a parking fine cannot come direct to the Authority, the court receives the fee – as our legislation does not permit. In terms of the fine process this must go via court though a paper-based exercise (called Single Justice Procedure). The Authority would not be expected to attend court, other than if the parking fine were to be disputed.
- The details of the signage within the carparks and on the verges was explored. The cost would not be expensive. The intention is for the signs to be short and succinct but if possible it may be able to use the signs to educate the public about the damage to the landscape.
- The new formal parking provided in the car parks on the North Lees Estate will equal the current capacity of the carparks and the current verge parking. Monitoring of the car parks and the verge areas is vital.
- The comms message to the general public needs to reinforce that this is a conservation activity and not an income generating activity which has been brought about in order to protect the verges which are SSSI. The message should focus on the nature and landscape elements, the intrusion and damage to the landscape and the cultural heritage element.
- The higher fine is appropriate and should work as a deterrent. Consistency of implementation and enforcement is essential and visibility of enforcement is vital.
- Many of the verges will become mounds where the carparks are being extended (Dennis Knoll). At Hollin Bank the verges are owned by Highways and are not access land and discussions are taking place with Highways regarding using bunds or posts on the verges as a preventative measure.

- It is hoped that after the 4 week consultation and submission to DEFRA for approval that the new measures will be in place by the summer.
- A technological response to parking was discussed and whether there was a way of making use of an app to direct visitors to available parking at the outset of their journey. Eastern Moors are trialling the use of drones to monitor carpark availability and visitors to the area.

The recommendations as set out in the report were proposed and seconded, put the vote and carried.

**RESOLVED:**

1. To approve the strategy detailed in this report to restrict verge parking on the areas of Authority-owned land and highway identified within the proposed byelaws at Appendix 1, and highway land within the North Lees Estate.
2. To delegate authority to the Authority Solicitor to take all necessary steps to make and finalise the proposed byelaws at Appendix 1, including advertising, consulting upon and applying to the Secretary of State for confirmation.
3. To delegate authority to the Authority Solicitor, in consultation with the Chair and Vice Chair of Resources Committee, to make any necessary amendments to the byelaws following the consultation process.
4. To delegate authority to the Head of Assets and Enterprise and the Authority Solicitor to implement and enforce the byelaws in their entirety once confirmed and in effect.
5. To delegate authority to the Authority Solicitor and Head of Assets and Enterprise to agree and enter into appropriate arrangements with Derbyshire County Council (and other Highways Authorities as appropriate) in order to achieve the same aims in respect of verge parking on highways land within the North Lees Estate that is not access land. This may include agreements for the delegation of functions of other authorities to the Authority, and the making, implementation and enforcement of any legal process to achieve these aims, as appropriate.

**7/26 EXEMPT INFORMATION S100(A) LOCAL GOVERNMENT ACT 1972**

The Committee is asked to consider, in respect of the exempt items whether the public should be excluded from the meeting to avoid the disclosure of Exempt Information.

Draft motion:

That the public be excluded from the meeting during consideration of agenda items 10, 11, 12, 13 and 14, to avoid the disclosure of Exempt Information under S100 (A) (4) Local Government Act 1972, Schedule 12A paragraph 3 "Information relating to the financial or business affairs of any particular person (including the authority holding that information)".

The draft motion as set out above was proposed, seconded, put to the vote and carried.

**8/26 Fieldhead Lease Renewal**

The recommendations as set out in the report were moved and seconded, put to the vote and carried.

**9/26 Millers Dale Lease Renewal**

The recommendations as set out in the report were moved, seconded, put to the vote and carried.

**10/26 Active Travel Funding**

The recommendations as set out in the report were moved, seconded, put to the vote and carried.

**11/26 Quarter 3 Budget Monitoring**

The briefing paper and contents of the appendices were noted.

**12/26 Exempt minutes from Resources Committee on Friday 14 November 2025**

The exempt minutes from Resources Committee on Friday 14 November 2025 were approved as a correct record.

The meeting ended at 11.29 am

## **6. REVIEW OF OCCUPATIONAL SAFETY AND HEALTH POLICY, ANNUAL REPORT (2025-26) AND 2026-27 ACTION PLAN**

### **1. Purpose**

The report seeks approval of the revised Occupational Safety and Health Policy and the Health, Safety and Wellbeing objectives for 2026-27. In addition, the report also provides the annual occupational health and safety overview for the 2025-26 period, offering assurance that satisfactory measures remain in place.

### **2. Context**

**2.1** The Authority's Occupational Safety and Health Policy, a document required by law, is reviewed annually to ensure that it remains up to date with both the Authority structure and arrangements to deliver occupational safety and health and with current legislation. Any changed circumstances are taken into account and improvements made wherever possible.

**2.2** This year the policy has been updated to reflect revised reporting arrangements with overall reporting to both the Resources Committee and Health, Safety & Wellbeing Committee now taking place once per year in April. The amendments also incorporate revised committee and team names to ensure consistency with the current governance structure. A marked-up version highlighting the changes is provided as Appendix 1.

**2.3** There have been no Occupational Safety and Health (OSH) matters raised by UNISON, Staff Committee or the Safety representatives.

**2.4** The annual report summarises the work undertaken and the actions completed. It provides assurance that the Authority has appropriate health and safety mechanisms in place and remains prepared to respond effectively to any incidents, concerns, or emerging risks.

### **3. Proposals**

**3.1** The new Occupational Safety and Health Policy for 2026/27 should be ratified as Authority policy for adoption from 24 April 2026.

**3.2** The work summarised in the annual report, to deliver good and continuously improving OSH management here at the Authority throughout 2025-26, is recognised.

**3.3** Proposals for specific matters to be addressed, as set out in the draft Health Safety and Wellbeing objectives for 2025-27, are approved.

### **4. Recommendations**

**1. That the revised Occupational Safety and Health Policy (Appendix 1) be approved as Authority policy from 24 April 2026.**

**2. The Occupational Safety and Health annual report 2025-26 (Appendix 2), is noted.**

**3. The Health Safety and Wellbeing objectives for 2026-27 (Appendix 3), are approved.**

### **5. Corporate Implications**

#### **a. Legal**

Pursuant to the Health and Safety at Work etc. Act 1974 and the subordinate legislation thereunder, the Authority has a statutory duty to put adequate arrangements in place to control occupational health and safety risks. This includes a written health and safety

policy, suitable and sufficient risk assessments, effective planning, organisation, control, monitoring and review of the preventative and protective measures arising from any risk assessment, effective training programmes, and staff engagement. A process of continuous performance monitoring should be undertaken to ensure legal compliance and allow necessary improvements to be made to avoid criminal / civil penalties, insurance losses and/or reputational damage.

- b. Financial  
There are no additional financial implications, the funds are already allocated.
- c. National Park Management Plan and Authority Plan  
Occupational safety and health supports the Authority Plan Objective C and the National Park Management Plan by ensuring staff and volunteers can work safely and confidently in diverse and often remote environments. Strong safety practices protect our people, sustain effective service delivery, and reinforce our commitment to workforce wellbeing and responsible management of the National Park.
- d. Risk Management  
No issues
- e. Net Zero  
*No issues*

**6. Background papers (not previously published)**

None

**7. Appendices**

- Appendix 1 - Final draft Occupational Safety and Health Policy
- Appendix 2 - Occupational Safety and Health annual report 2025-26
- Appendix 2 - Health, Safety and Wellbeing Objectives 2026-27

**Report Author, Job Title and Publication Date**

Natalie Webster, People Manager, April 2026.

**Responsible Officer, Job Title**

Emily Fox, Head of Resources



## Occupational Safety and Health Policy

### Care

*We care for the Peak District National Park, the people we work with and all those we serve. It is at the heart of everything we do.*

### PART I

#### Our Occupational Safety and Health Policy: Statement of intent

It is our intent to:

- demonstrate an ongoing and determined commitment to improving occupational safety and health throughout our organisation
- comply with the requirements of health and safety legislation as a minimum
- exceed the guidance of the Health and Safety Executive and that of other relevant regulatory bodies, wherever practicable

### Principles

**1. AWARENESS: All of our people and the people we work with, will have good awareness and understanding of occupational safety and health hazards and risks that may affect them and others**

#### 1.1 Occupational Safety and Health Policy statement.

Adequate resources will be provided to ensure all our people and others we work with are aware of this policy and are committed and supported to achieve its' effective implementation.

#### 1.2 Communication and consultation.

There will be active open communication and consultation between all our people and others we work with. Occupational safety and health will be integrated into our communications, wherever appropriate.

#### 1.3 Management roles and responsibilities.

Roles and responsibilities for occupational safety and health will be defined, as necessary, within job descriptions and routinely included in service plans.

The Senior Management Team, comprising the Chief Executive and Heads of Services, will ensure that:

- adequate resources are provided for occupational safety and health

- occupational safety and health is adequately assessed, controlled and monitored
- our people are actively involved on matters that affect occupational safety and health

#### 1.4 Hazard identification.

We will identify our occupational safety and health hazards. We will inform our people and others we work with, as appropriate, of these workplace hazards.

We will require our contractors and working partners to identify occupational safety and health hazards that may impact on our work activities.

### **2. COMPETENCE: All our people and working partners have the competence to undertake their work with minimum risks to occupational safety and health**

#### 2.1 Occupational safety and health training.

All our people will be adequately instructed and trained on the occupational safety and health issues that affect them, and the safe working practices that should be followed.

We will ensure, as far as is practicable, the occupational safety and health competence of our contractors and others we work with.

#### 2.2 Behaviour and culture.

The Senior Management Team, as well as the Wider Management Team, will demonstrate leadership in occupational safety and health, including undertaking tours to ensure that occupational safety and health issues are identified, assessed and managed. Systems will be in place and people will be empowered to raise occupational safety and health concerns with all levels of management.

#### 2.3 Risk assessment and management.

We will assess the risks associated with occupational safety and health hazards in the workplace. All our people will be informed of the occupational safety and health hazards and risks that affect their work. We will take action to prevent, reduce or control risks to an acceptable level and reduce the potential for incidents and accidents. We will require our contractors and working partners to identify, assess and control occupational safety and health risks that may impact on our work activities.

### **3. COMPLIANCE: Our work activities achieve compliance with legislation, and our people are empowered to take action to minimise occupational safety and health risks**

#### 3.1 Incident investigation.

We will report and investigate accidents, incidents and near misses to drive improvement in our occupational safety and health management. Any lessons learned will be used to take corrective action to prevent recurrences.

#### 3.2 Measuring performance.

We will actively and openly, review and report on our occupational safety and health performance against agreed objectives and targets. Action plans will be developed to support the delivery of these objectives and targets.

### 3.3 Occupational safety and health management system.

We will implement management systems to ensure we:

- comply with health and safety legislation as a minimum
- continually improve our occupational safety and health performance, wherever practicable adopting recognised best practice

### 3.4 Contractor improvement.

We will engage and collaborate with our contractors, as far as is practicable, to ensure their:

- occupational safety and health capability and competence fulfil our expectations
- occupational safety and health performance is monitored and reviewed
- work activities have minimal occupational safety and health impacts on our activities

## **4. EXCELLENCE: The Authority is recognised for excellence in the way it manages occupational safety and health**

### 4.1 Developing innovative practices.

We will constantly encourage, develop, review and share “occupational safety and health good practice” both internally and externally.

### 4.2 Influencing people we work with.

We will only work with others who are willing to meet and achieve our occupational safety and health expectations. We will engage and influence working partners to drive improvements in occupational safety and health.

### 4.3 Work-related health.

We will assess our occupational health risks. All our people will be informed of the occupational health risks that affect their work. We will take action to prevent, reduce or control occupational health risks to an acceptable level and reduce the potential for ill health, including assessing all our people’s fitness for work. Health surveillance will be conducted, as necessary.

## **PART II**

## **5. Delivering our policy**

Our policy will be delivered by:

- generating a culture that does not tolerate threats to occupational safety and health
- ensuring the involvement of all our people and all of the people we work with

- all Services and Teams implementing suitable management systems and processes in the workplace

## 5.1 Organisation and arrangements for implementing the Authority's Occupational Safety and Health Policy

Roles and responsibilities for Authority Members, managers, those with special responsibilities for occupational safety and health and for all staff are clearly stated in job descriptions.

### 5.1.1 Authority Members

Authority Members have a duty to ensure that occupational safety and health is effectively managed throughout the organisation. Having delegated authority to deal with occupational safety and health matters to the Senior Management Team, Members ensure that there are in place comprehensive corporate occupational safety and health arrangements through the scrutiny of reports at the **Resources Committee**.

### 5.1.2 Management Team responsibilities

The Senior Management Team will ensure that all operations are compliant with relevant regulatory frameworks and legislation.

- (a) The Chief Executive is responsible for providing leadership to Heads of Service. The Authority's Senior Management Team, which comprises the Chief Executive and the Heads of Service, is responsible for setting the strategic direction of occupational safety and health management, ensuring delivery and for monitoring and reviewing occupational safety and health performance.
- (b) The Chief Executive will commission investigations in the case of work-related accidents that involve a fatality, specified injury, occupational disease or dangerous occurrence, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).
- (c) The Senior Management Team will receive an annual report on safety performance and conduct an annual review of this Policy.
- (d) A member of the Senior Management Team will Chair the Health, Safety and Wellbeing Committee. **Human Resources and the Business Centre Team shall provide administrative support.**
- (e) Heads of Service will allocate appropriate resources to enable Team Managers and the staff allocated to each service to discharge their occupational safety and health responsibilities.
- (f) Heads of Service will be responsible for putting the Authority's policy arrangements into practical effect to manage workplace risks for their service(s). Though this may in practice be devolved to other staff and teams, the responsibility will remain with the Head of Service.

### 5.1.3 Team Managers

Team Managers are responsible for the day-to-day operational occupational safety and health management of their team members and others working with or for them, including volunteers. Key Team Manager safety management tasks include:

- (a) Ensuring that all those at work and volunteering are given sufficient information, appropriately supervised and/or trained and are suitably competent, for the tasks they are expected to undertake.
- (b) Where necessary, the production, maintenance and use of suitable and sufficient risk assessments and/or work instructions.
- (c) Ensuring that all safeguards and safety procedures identified by risk assessments and by other relevant documents, such as manufacturers operating instructions, are properly used and followed.
- (d) Ensuring that an incident report form (OSH-AIR1) is completed and received for any significant incident, including accidents, near misses and any incident involving violence at work. Completed incident report forms to be sent to [OSH@peakdistrict.gov.uk](mailto:OSH@peakdistrict.gov.uk) for monitoring.
- (e) Considering, for all reported incidents received, whether any further action is necessary and for these incidents complete an incident investigation report. Completed reports are sent to a Head of Service/Management Team as necessary, for comment and forwarded to [OSH@peakdistrict.gov.uk](mailto:OSH@peakdistrict.gov.uk) for monitoring and if appropriate, to be highlighted for learning the at quarterly Health Safety and Wellbeing (HS&W) Committee.
- (f) Ensuring appropriate arrangements are put in place for dealing with emergencies.
- (g) Ensuring that work to be carried out by any other people that we work with is organised and managed so that risks to Authority staff and others are reduced to the lowest practicable level.

#### 5.1.4 All Employees, Volunteers and Authority Members

All Employees, Volunteers and Authority Members are responsible for the day-to-day operational safety management of themselves and others working with them, for risks that they create or have control over. This means that:

- (a) All those at work, volunteers and Members will co-operate with managers so that the Authority is not prevented from carrying out its legal obligations.
- (b) All safeguards, safety procedures and other controls identified by risk assessments are complied with.
- (c) Any accident, near miss or violent incident shall be reported promptly to the appropriate line manager and recorded using the incident report form (OSH-AIR1) and forwarded to [OSH@peakdistrict.gov.uk](mailto:OSH@peakdistrict.gov.uk) for review and monitoring.

### 5.1.5 External Occupational Safety and Health Advice

The Authority receives external OSH advice, as necessary, including to ensure that the statutory requirement to obtain competent advice is met.

### 5.1.6 Role of Safety Representatives

Safety Representatives play a key role in promoting and supporting good occupational safety and health management. Safety Representatives are all members of the Health, Safety and Wellbeing Committee and represent all areas of the Authority and its staff. The role of Safety Representatives includes:

- a) Participating as a member of the Health, Safety and Wellbeing Committee and attending meetings of the committee, as required.
- b) Promoting good occupational safety and health practice.
- c) Acting as a point of contact for all staff, volunteers and Members for all matters concerning occupational safety and health.
- d) Encouraging and monitoring incident and near miss reporting and initiating further incident investigation, where necessary.
- e) Monitoring and reporting on working practices to line managers in accordance with a forward work programme agreed by the Health, Safety and Wellbeing Committee.
- f) Reporting all activity performed and findings to the Health, Safety and Wellbeing Committee (Representatives Service reports).

## PART III

### 6. Governance arrangements

6.1 A Health, Safety and Wellbeing Committee is constituted under the Safety Representatives and Safety Committees Regulations 1977. It includes:

- Senior Management Team member (Chair of the Committee)
- People Team member
- UNISON Accredited H&S Representative\*
- A Staff Committee Representative
- Safety Representatives from all principle Services

*\*To be confirmed*

The Committee, which has both consultative and performance management roles, shall routinely meet quarterly.

6.2 At the April meeting, the Committee shall:

- (a) Receive, review and agree the Occupational Safety and Health Policy to be implemented the following year.

- (b) Receive and review the Occupational Safety and Health Annual Report for the previous year. This report shall include the final outcomes against strategic objectives and performance information.
- (c) Agree and set strategic objectives for the following year. This to include occupational safety and health training and system developments such as significant new OSH documentation including generic risk-assessments and associated guidance, specific safety-management plans, safe working procedures and other guidance.
- (d) Consider any occupational safety and health matters raised by UNISON, Staff Committee and Safety Representatives.

The constitution of the Committee allows for the co-option of other members of staff and specialists, as necessary.

The Committee may convene a meeting at any other time, as necessary, to be arranged by mutual consensus.

6.3 The Resources Committee receives, for notification and endorsement, the Occupational Safety and Health Annual Report and the revised Occupational Safety and Health Policy for implementation the following year. The Resources Committee receives such reports on behalf of the Authority.

**Date of issue:** April 2026

**Author:** People Management

**Saved at:** Human Resources only/Occupational Safety and Health/OSH Policy

**Review due:** February/March 2027

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## Occupational safety & health annual report 2025-26

### 1. Context

This report provides an overview of occupational safety and health (OSH) activity across the Peak District National Park Authority (PDNPA) for the reporting year. It aims to provide assurance and outlines the progress made in maintaining safe working environments for employees, volunteers, contractors and visitors, including how risks have been managed and how incidents have been reviewed and acted upon.

As an organisation with statutory duties, operational services, and a large staff, volunteer and visitor population, PDNPA remains committed to ensuring that all activities are carried out safely, responsibly, and in full compliance with health and safety legislation.

### 2. OSH Policy and Governance

It is a legal requirement to have a suitable occupational safety and health policy setting out an organisation's intentions, administration and arrangements to deliver occupational safety and health. The policy has been reviewed and the updated 2026-27 version is due to be ratified by Resources Committee on 24 April 2026.

The Health, Safety and Wellbeing Committee (HSWC) met quarterly, reviewing performance, incidents and any corrective actions. The representation of all services at the HSWC, along with Trade Union, Staff Committee and our external OSH consultant representation, continued throughout the year. At the time of writing, there are 18 safety representatives, including the Chair and the People Manager. However, recent organisational changes mean that some of these representatives will be lost, and a review of the HSWC membership is therefore required to ensure all service areas continue to be appropriately represented.

Routine safety management of our activities is the responsibility of the Authority, management and employees.

### 3. Progress against the 2025/26 Action Plan (Year-end position)

During the reporting year, steady progress was made against the objectives set, reflecting our continued commitment to strengthening occupational safety and health performance. A review of these objectives shows progression across key areas, with actions completed and others reviewed for further progression into 2026-27. A detailed summary of each objective and its final year-end status is provided in Appendix 2A.

### 4. Key OSH Performance Indicators

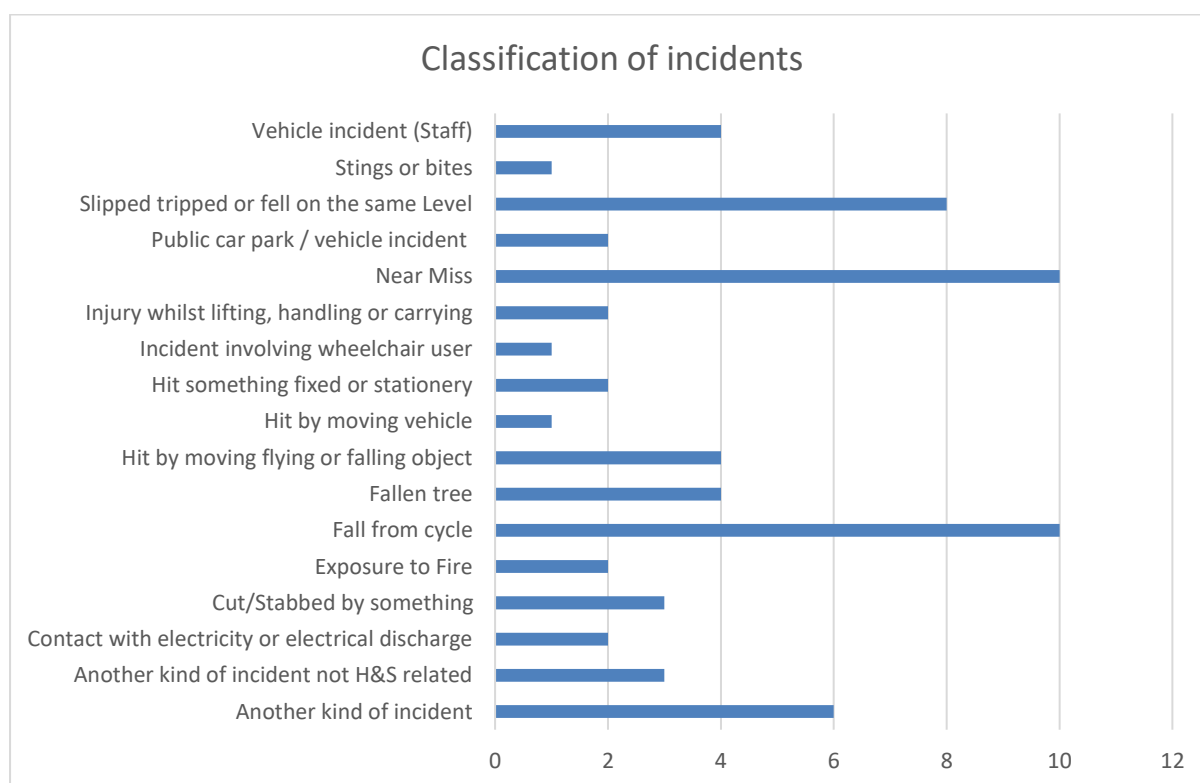
#### Accident/Incident statistics

The table below provides accident and incident reporting figures for 2025-26 and shows an overall reduction in accidents/incidents recorded across employees, volunteers and the public during the reporting period.

People affected	2024-25	2025-26
Staff/Member	25	26
Visitor/Member of the public	42	32
Volunteer	14	7
Contractor	1	0
\`No-one (near miss)	3	0
<b>TOTAL</b>	<b>85</b>	<b>65</b>

Although overall incident reporting appears to have reduced, internal employee reporting has remained at a similar level to last year. Public and volunteer reports continue to be important in highlighting wider risks, and staff play a key role in encouraging this reporting to ensure issues are captured and acted on. However, our employee accident and incident data still suggests there is some under-reporting. While the introduction of new reporting forms and processes in 2024-25 has helped raise the profile of safety reporting, the level of detail required, uncertainty about what incidents should be reported, competing operational pressures or a perception that minor incidents are not significant enough to log may all be contributing factors.

A further breakdown of the categorisation is provided below.



All incidents were investigated promptly, with corrective and preventative actions implemented as needed. All logged incidents are reviewed monthly at a meeting of key staff to ensure sufficient information is reported and follow up actions are completed in a timely manner.

### Summary of Significant Incidents

One volunteer incident was reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) as the individual was taken to hospital and received treatment for a head wound. The injury occurred while a small post knocker was being used to drive wooden stakes to support newly planted tree guards; during the activity,

a stake failed at a knot, causing it to deflect and resulting in the post knocker striking the individual's head.

A follow-up investigation has been undertaken and confirmed that the relevant risk assessment was in place and being followed, and appropriate demonstrations had been provided to volunteers on how to carry out the task safely.

As a result of the investigation, updates are being made to the generic risk assessment for tree planting and additional on-site checks will be incorporated into future activities to strengthen safety controls.

### Training and competency

Mandatory safety training:

- IOSH Managing Safely - planned training was postponed due to the impact of ongoing organisational change throughout the year on managers' capacity and availability. In February 2026, 7 employees were enrolled on the full online self-guided Managing Safely training and 13 were enrolled for refresher training. To date, 8 have been completed with an overall completion deadline of the end of June 2026. A rolling programme of refresher training has now been implemented and there are plans for a further 11 staff/new hires to be enrolled throughout 2026-27.
- Fire safety – 149 staff and 2 volunteers completed our online learning. These were both new starters and refreshers throughout the year.
- First aid – 16 staff completed some form of first aid training during the year.
- Introduction to Health and Safety – 17 staff and 59 volunteers completed our training as part of their induction.

Specialist training delivered:

- Risk assessment training: 24 staff completed risk assessment training in June 2025.

### Workforce survey

At the time of writing, the 2026 staff and volunteer survey, open until 15 April 2026, seeks feedback on a number of key functions including health and safety. The survey is anonymous. An update will be provided to the HSWC and the Resources Committee meeting.

In the survey, staff have been asked to respond from strongly disagree to strongly agree on three statements relating to safety and wellbeing:

- I feel safe in my work environment
- I know the relevant H&S policies and procedures relating to my work
- I feel my wellbeing at work is considered a priority

Volunteers have been asked to respond from strongly disagree to strongly agree on three statements relating to safety and wellbeing:

- I feel safe when volunteering
- I know the relevant H&S policies and procedures relating to my work
- I feel that my wellbeing while volunteering is considered a priority

## **5. Risk management**

All of our 19 generic risk assessments have been reviewed during the year in line with our scheduled programme. Any updates following the review were provided at the HSWC and published on the HUB.

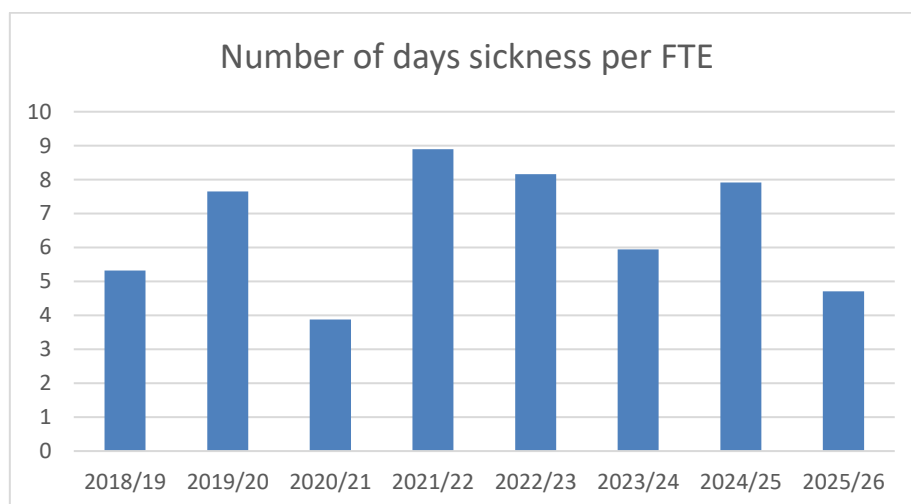
In October 2024, an audit of specific risk assessments began, with the Wider Management Team asked to confirm what assessments their teams use, when they were last reviewed, and how they are stored.

A sub-group of the HSWC reviewed the findings, which highlighted gaps in coverage, some outdated assessments, varied competence, and inconsistent storage arrangements. The HSWC approved several actions, including reviewing the current process, developing best-practice flowcharts, delivering risk-assessment training (completed), and identifying a consistent storage location.

Work to progress these actions, which was scheduled for Q4 of 2025-26, was delayed due to capacity constraints. The outstanding actions will be carried forward into the 2026–27 work plan, with a meeting of the working group scheduled to be held in May 2026.

## 6. Health and wellbeing

Our key sickness absence indicator is the average number of days lost to sickness per full-time equivalent (FTE). In 2025/26, sickness absence stands at 4.71 days per FTE, which is below the organisational target of 9 days and significantly better than public sector and local government norms. This improvement is primarily attributable to a sustained reduction in long-term sickness absence over the past two quarters. At present, there are no employees classified as long-term sick. The chart below illustrates absence trends over the past eight years.



Absence related to mental health accounts for approximately one third of all recorded absence this year. Mental health absence is tracked separately, to assure wellbeing oversight and effective support controls, and is routinely monitored and reviewed through absence reporting processes. It should be noted that none of the absences have been attributed to work-related stress.

A range of measures are in place to support employee mental health and wellbeing, including access to an Employee Assistance Programme (which offers confidential counselling 24/7), delivery of a resilience workshop for all staff in April 2025, and ongoing access to psychological and local counselling interventions where required. These continue to be actively promoted across the organisation. We have also renewed our commitment to Mindful Employer.

In addition, our stress risk assessment process has been strengthened in 2025, and managers are supported through the use of a structured “talking toolkit” to facilitate effective conversations around stress at work.

## **7. Employee engagement**

As part of our commitment to raising the profile of occupational safety and building staff capability, we set a corporate objective for all employees: to ‘take responsibility for the day-to-day operational safety management of yourself and those working with you.’ A total of 138 specific objectives were recorded during the year. To date, 38 have been completed, with final results expected by the end of June.

## **8. Areas for development and priorities for 2026/27**

Our occupational safety and health priorities for 2026/27 are set out in the OSH Action Plan 2026/27 and during April, both HSWC and Senior Management Team will be consulted on the drafted objectives. The priorities focus on strengthening OSH governance, improving risk management processes, and building organisational competence.

Key areas of work include reviewing the membership of the Health, Safety & Wellbeing Committee, progressing improvements to specific risk assessments, and completing the refreshed programme of site inspections and audits. We will also continue to promote and simplify incident reporting and enhance management capability through mental health training and ongoing IOSH Managing Safely provision. These priorities will support a more consistent, proactive and resilient approach to health, safety and wellbeing across the organisation in the year ahead.

## **9. Conclusion**

The 2025-26 year reflects steady progress in strengthening occupational safety and health across the organisation. Incident reporting, governance activity and generic risk assessment reviews have all contributed to improved safety awareness and control measures. While some areas will continue into 2026-27, clear priorities are being set to build capability, enhance wellbeing support and increase employee engagement. With ongoing commitment from staff and leadership, the organisation is well positioned to further improve its OSH performance in the year ahead.

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Health Safety and Wellbeing Objectives 2025-26

Summary of objective	Detail	Measure/end result
<p>Management has sufficient health and safety knowledge and competence to ensure compliance with our legal obligations</p>	<ul style="list-style-type: none"> <li>• Provision of IOSH Managing Safely training or refresher courses</li> <li>• Provision of Risk assessment training</li> </ul>	<p>100% completed IOSH Managing Safely courses by post holders where training identified as essential                      All managers risk assessment trained and relevant specific risk assessments completed  <b>Completed: IOSH training was delayed pending organisation change throughout the year. 20 staff enrolled on training courses in February 2026 and a new rolling programme of training/refresher courses has been implemented with a further 11 staff/new hires to be enrolled throughout 2026/27.</b>  <b>24 staff completed risk assessment training in June 2025.</b></p>
<p>To raise the profile of occupational safety and enhance staff competence to undertake their work in safety</p>	<p>This year’s Employee Performance Review (EPR) corporate objective, demonstrating the Care value, is ‘to take responsibility for the day-to-day operational safety management of yourself and others working with you’.</p>	<p>All staff are confident and understand their responsibilities on health and safety matters including risk assessments and incident reporting  <b>Completed: 138 staff had a corporate objective logged in People Hub, to date 38 are marked as completed with our look back Enjoy conversations not due to be completed until the end of June.</b></p>
<p>The Authority has a robust process assessing and managing risk</p>	<ul style="list-style-type: none"> <li>• Process to report incidents is promoted amongst the workforce on the HUB and at Staff Briefings</li> <li>• Review of specific risk assessment (SRAs) templates</li> <li>• Create guidance notes on how to complete SRA</li> </ul>	<p>All staff know their responsibility to promptly report any accident, near miss or violent incident to the appropriate line manager using the incident report form (OSH-AIR1)</p>

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	<ul style="list-style-type: none"> <li>• Identify location for filing current SRAs to enhance access and learning from others</li> </ul>	<p><b>There is a fixed post on the front page of the staff HUB relating to accidents and incidents, linking to the guidance and associated forms and an annual reminder is to be provided to the Wider Management Team in May.</b></p> <p><b>The review of specific risk assessments planned for Q4 has been delayed due to capacity. The action will be carried forward to 2026/27 with a meeting of the Working Group scheduled for 21 May 2026</b></p>
<p>To ensure appropriate generic and specific risk assessments are in place and accessible</p>	<ul style="list-style-type: none"> <li>• Scheduled review generic risk assessments</li> <li>• Undertake audit of specific risk assessments in Q4</li> </ul>	<p>Any audit or assessment of health and safety is at least 'Reasonable Assurance' in line with 2022/23 Audit</p> <p><b>Our rolling programme for the review of generic risk assessment has been completed for 2025/26 with any amendments/updates reported to Health, Safety and Wellbeing Committee.</b></p> <p><b>The review of specific risk assessments planned for Q4 has been delayed due to capacity. The action will be carried forward to 2026/27 with a meeting of the Working Group scheduled for 21 May 2026</b></p>

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### Health Safety and Wellbeing Objectives 2026-27

Summary of objective	Detail	Measure/end result	Timescale
Ensure the organisation has an effective and representative membership that reflects the structure and supports strong governance.	Review membership of Health, Safety & Wellbeing Committee following changes to the organisation structure.	Revised HSWC membership confirmed ensuring representation from all service areas.	May 2026
The Authority has a robust process for assessing and managing risk with risk assessments in place and accessible.	<ul style="list-style-type: none"> <li>• Undertake audit of specific risk assessments</li> <li>• Review of specific risk assessment (SRAs) templates</li> <li>• Create guidance notes on how to complete SRA</li> <li>• Identify location for filing current SRAs to enhance access and learning from others</li> </ul>	Any audit or assessment of health and safety is at least 'Reasonable Assurance' in line with 2022/23 Audit	March 2027
Ensure robust oversight of workplace safety by maintaining an effective programme of site inspections and audits.	Complete a refresh of the site inspection/audit carried out in 2024.	<p>Revised site inspection/audit programme completed.</p> <p>Reported to Senior Management Team/HSWC.</p>	<p>April-June 2026</p> <p>July 2026</p>
To raise the profile of occupational safety and enhance staff competence to undertake their work in safety.	<ul style="list-style-type: none"> <li>• Promote process for reporting incidents amongst the workforce, at Staff Briefings and Wider Management Team.</li> <li>• Explore improvements to easier reporting mechanisms.</li> </ul>	Increase in accident/incident reporting.	March 2027

<p>Management has sufficient health and safety knowledge and competence to ensure compliance with our legal obligations</p>	<ul style="list-style-type: none"> <li>• Provide mental health training for managers.</li> <li>• Continue rolling programme of IOSH Managing Safety training or refresher courses throughout the year.</li> </ul>	<p>100% completed IOSH Managing Safety courses by post holders where training identified as essential</p>	<p>December 2026</p>
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## **7. REVIEW OF SAFEGUARDING POLICY, ANNUAL REPORT (2025-26) AND 2026-27 ACTION PLAN**

### **1. Purpose**

The purpose of this report is to seek approval of the revised Safeguarding Policy for 2026. The report also provides the annual safeguarding overview for the 2025/26 period, offering assurance that satisfactory safeguarding measures remain in place to ensure our legal duty of care in providing a safe environment for children and vulnerable adults who access our services. In addition, the report seeks approval of the proposed Safeguarding Action Plan for 2026/27.

### **2. Context**

**2.1** Public bodies are required to have due regard to making arrangements to safeguard children and vulnerable adults when delivering their work. The Authority has had a Safeguarding Policy and procedures in place for some time, with the current version ratified at the former Programmes and Resources Committee meeting on 24 January 2025 (Minute reference 5/25).

**2.2** The Authority's Safeguarding Policy is reviewed annually to ensure that it remains up to date with both the Authority structure and arrangements to protect children and vulnerable adults who receive our services. Any changed circumstances are taken into account and improvements made wherever possible.

**2.3** This year, the policy has been updated to reflect changes to the overall reporting arrangements to the Resources Committee, which will now take place once per year in April. The amendments also incorporate revised role and team names to ensure consistency with the current structure.

**2.4** In 2025/26, a more systematic approach to assessing the safeguarding measures in place at the Authority was implemented. The Safeguarding Working Group used the National Society for the Protection of Cruelty to Children (NSPCC) safety check standards checklist to review compliance with legislation and best practice and developed an action plan for the year.

**2.5** The annual report summarises the work undertaken and the actions completed. The Safeguarding Working Group (SWG) agreed the report provides reassurance that the Authority has appropriate mechanisms in place and in a state of readiness to respond to any suspicions or allegations made.

### **3. Proposals**

**3.1** The new Safeguarding Policy (2026) should be ratified as Authority policy for adoption from 24 April 2026.

**3.2** The work undertaken by the Safeguarding Working Group during 2025-26, and summarised in the annual report, which provides protection for children and vulnerable adults who receive our services, is recognised.

**3.3** Proposals for specific matters to be addressed, as set out in the draft Safeguarding Action Plan 2026-27, are approved.

### **4. Recommendations**

**1. That the revised Safeguarding Policy (Appendix 1) be approved as Authority policy from 24 April 2026.**

**2. The Safeguarding annual report 2025-26 (Appendix 2), is noted.**

**3. The draft Action Plan for 2026-27 (Appendix 3), is approved.**

**5. Corporate Implications**

a. Legal

Maintaining a safeguarding policy and having effective safeguarding procedures in place aligns with the range of legislation that requires various bodies to ensure that functions are discharged considering the need to safeguard and promote the welfare of children and vulnerable adults. Establishing awareness and knowledge throughout the Authority will also ensure co-operation and collaboration with other organisations to ensure an effective multi-agency approach.

b. Financial

There are no additional financial implications, as funds are already available.

c. National Park Management Plan and Authority Plan

Safeguarding supports the National Park Management Plan Objectives 8 and 9, and the Authority Plan Objective C, by ensuring the Peak District is a safe, welcoming, and inclusive place for all. Strong safeguarding practice protects vulnerable people engaging with our services, underpins confident and responsible use of the National Park, and enables staff and volunteers to carry out their roles in a secure and supportive environment.

d. Risk Management

The risks are managed according to the responsibilities set out in the Safeguarding Policy 2026 with the Safeguarding Working Group implementing the action plan.

e. Net Zero

No issues.

f. Equality

The Authority's policies and procedures must be compliant with the Authority's legal duty in relation to equality, and include the additional protections provided for children and vulnerable adults who access our services. All risk assessments must identify and address any specific adverse safeguarding impacts on a case-by-case basis.

**6. Background papers (not previously published)**

None

**7. Appendices**

Appendix 1 - Safeguarding Policy (2026)

Appendix 2 - Safeguarding Annual report 2025-26

Appendix 3 - Safeguarding Action Plan 2026-27

**Report Author, Job Title and Publication Date**

Natalie Webster, People Manager.

**Responsible Officer, Job Title**

Emily Fox, Head of Resources.



## **People Management: Policy on safeguarding**

**Date of issue:** April 2026  
**Author:** Natalie Webster, People Manager  
**Saved at:** Safeguarding / Policy and guidance  
**Review due:** Feb/Mar 2027

**Our Values: Care – Enjoy – Pioneer**

## 1. Introduction

- 1.1 The Authority provides a variety of services for children, young people and vulnerable adults in order to increase awareness, understanding and enjoyment of the special qualities of the National Park.
- 1.2 We believe that it is always unacceptable for any individual, and in particular for children, young people and vulnerable adults, to experience abuse of any kind. We recognise our responsibility to protect and safeguard their welfare by having a commitment to practice which protects them. We are also aware that employees working with, or in the vicinity of young people, are vulnerable to having allegations of abusive, illegal or improper conduct made against them.

## 2. Aims

The purpose of this policy is to provide protection for children and vulnerable adults who receive our services. It is supported by guidance to provide clear and practical advice on working with children, young people and vulnerable adults whilst minimising the risk of allegations being made against them. The policy is further supported by procedures which should be adopted if there is suspicion that a child or vulnerable adult may be experiencing, or be at risk of, harm.

## 3. Scope

This policy applies to our workforce, including Members, employees, casual workers, volunteers, agency staff, students, or anyone working on behalf of the Authority.

## 4. Definitions

- 4.1 **Child / children** refers to any person(s) under the age of 18.
- 4.2 **Teacher** means the responsible adult in charge of a group of children or vulnerable adults.
- 4.3 **Guardian** includes parents, relatives or the person responsible for the child.
- 4.4 **Vulnerable adult** is someone aged 18 or over who:
  - Is, or may be, in need of community services due to age, illness or a mental or physical disability.
  - Is, or may be, unable to take care of himself/herself, or unable to protect himself/herself against significant harm or exploitation.
- 4.5 **Designated Safeguarding Officer (DSO)** is the person who is primarily responsible for managing and reporting concerns about children within an organisation.
- 4.6 **Deputy DSO** trained to the same standard as the DSO.

## 5. Our commitment

5.1 We safeguard children and vulnerable adults. Specifically, we:

- Adopt safeguarding guidelines throughout our procedures and make clear the standards of conduct expected of our workforce when engaged in a professional activity.
- Recruit staff and volunteers safely, ensuring all necessary checks are made.
- Share information about child protection and good practice with children, parents/guardians and staff/volunteers.
- Respond swiftly to all suspicions or allegations of abuse.
- Provide effective management for staff through supervision, support and training

## 6. Responsibilities

6.1 Members of the Authority:

- There is a legal duty of care to provide a safe environment when children and vulnerable adults access our services.
- Ensure that our policy and practices reflect this duty and review the operation of the associated documents on an annual basis.

6.2 People Team

- The Designated Safeguarding Officer is the People Manager.
- Develop policies and procedures to safeguard children and vulnerable adults and assist line managers in applying these in practice.
- This policy is provided to all relevant staff and volunteers at induction along with the Guidance on safeguarding document which sets out our standard of conduct.

6.3 Managers

Put in place measures to minimise the risks to children and vulnerable adults. Managers must familiarise themselves with the guidance for staff working with children and vulnerable adults. In particular, line managers must ensure that they take steps to safeguard children and vulnerable adults by:

- Identifying posts and roles which require disclosure and barring checks.
- Ensuring that the right people are recruited to designated posts.
- Identifying training needs for those staff in designated posts.

6.4 Everyone

This policy applies to the whole workforce who act on behalf of the Authority and who come directly into contact with children or vulnerable adults. Every individual has a duty to report any concerns that they may have about inappropriate behaviour towards children and vulnerable adults from anyone they work with. This may not be behaviour linked to child abuse but that pushes the boundaries beyond acceptable limits and our guidelines for behaviour. Such behaviour may be

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witnessed by our own staff or volunteers, or individuals we come into contact with through work. Any concerns relating to safeguarding children must be reported to the DSO or appropriate authorities. Any information disclosed to the DSO is treated in confidence and only passed on to appropriate employees or professionals.

### 7. Complaints procedure

7.1 Any complaints relating to the mis-implementation of this policy should be directed through the procedure available at [Complaints procedure: Peak District National Park.](#)

### 8. Relevant legislation and links to other policies and guidance

8.1 Relevant legislation:

- Working Together to Safeguard Children (2024)
- Data Protection Act 2018
- General Data Protection Regulation 2018
- Equality Act 2010
- Children Act 2004
- Employment Act 2002
- Work and Families Act 2006
- Employment Rights Order 2006
- Employment Relations Act 2004
- Trade Union and Labour Relations (Consolidation) Act 1992

8.2 This policy should be read in conjunction with specific guidance on working with children and other policies and procedures covering equal opportunities, code of conduct, confidential reporting, discipline, learning and development and with the following:

- Guidance on Safeguarding
- Equality diversity and inclusion policy
- Employee performance reviews guidance
- Our Values (Oct 2020)
- Recruitment and selection guidance



## Safeguarding annual report 2025-26

### 1. Context

This report provides an overview of safeguarding activity across the Peak District National Park Authority (PDNPA) for the reporting year. It aims to provide assurance and outlines progress made in protecting children, young people, and adults at risk who interact with Authority staff, volunteers, services, or environments, whether onsite, online, or through outreach programmes.

As an organisation with statutory responsibilities, public contact and a large volunteer and visitor population, PDNPA remains committed to ensuring that all interactions are safe, respectful, and compliant with national safeguarding legislation.

### 2. Governance

We have a safeguarding policy which sets out the Authority's aims, commitments and responsibilities on safeguarding in the delivery of our services. The policy is subject to annual review and is published on our website at <https://www.peakdistrict.gov.uk/publications/operationalpolicies>

We have a Safeguarding Working Group (SWG) which is chaired by the Designated Safeguarding Officer (DSO) and the group met twice in this reporting period. Due to a number of structural changes across the organisation, the SWG currently consists of:

Post	Role
Designated Safeguarding Officer	People Manager
Deputy DSO and lead on volunteer processes	Volunteering Manager
Lead on staff processes including Disclose and Barring Checks (DBS)	HR Adviser

The group continues to ensure our policy and associated guidance align with the NSPCC, Derbyshire Safeguarding Children Partnership and Derbyshire Safeguarding Adults Board guidance. A review of the membership of the group following recent organisation changes is planned for 2026/27.

The SWG oversaw delivery of the 2025/26 Action Plan and has shaped the new 2026/27 priorities which remain linked to the NSPCC's safetycheck standards checklist.

### 3. Progress against the 2025/26 Action Plan (Year-end position)

During 2025/26, we continued to strengthen our safeguarding arrangements through a range of practical improvements across policy, procedures and day-to-day practice. Safeguarding guidance was actively promoted to staff and volunteers, with clear information provided at induction and through annual reminders for those in DBS-checked roles. Designated safeguarding roles remained in place throughout organisational change. Preventative measures were enhanced through continued safer recruitment training, completion of a DBS audit, and closer integration of safeguarding considerations within risk assessment processes. Communication and visibility also

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improved, with safeguarding messages highlighted at staff briefings and work undertaken to ensure updated posters and contact details. Induction and ELMS safeguarding training continued across the organisation. Throughout the year, a number of actions were paused pending implementation of changes to the organisation structure and further areas for development were identified, helping develop clear priorities for the next reporting period. The 2025/26 action plan, including the year-end position, is provided at Appendix 2A.

### 4. Policy, Procedures and Compliance

The PDNPA safeguarding policy and guidance have been reviewed and updated with minor amendments which reflect changes in the organisation structure. These amended versions are published on the HUB for staff to access and on Better Impact for volunteers.

Compliance reviews highlighted:

- Assess and implement mechanism for ensuring induction briefing is completed.
- Monitoring safe recruitment is not yet fully embedded.
- Clearer links between safeguarding and disciplinary and grievance procedures

### 5. Safeguarding Activity During the Year

#### Education and Training in 2025/26

It is recognised that staff and volunteers with special safeguarding responsibilities require training to enable them to develop and maintain the necessary skills, knowledge and understanding. The following safeguarding training has been carried out throughout 2025-26:

- The new DSO and Deputy DSO completed the National Society for the Prevention of Cruelty to Children (NSPCC) 2 day Designated Safeguarding Officer Training in June (this is a requirement for all Authority designated posts every 3 years).
- As part of Safeguarding Awareness Week:
  - 1 member of staff completed Online Safeguarding
  - 1 member of staff and 19 volunteers in DBS checked posts, completed Safeguarding for All - Adult's Edition
  - 231 staff, 14 volunteers and 10 members completed Safeguarding for All - Children's Edition
- 4 staff completed Safer Recruitment training.
- 19 staff completed a half day classroom *Safeguarding in Practice* training sessions by the Independent Safeguarding Service CIC, in May.

#### Work experience placements

In 2025-26 the Authority hosted 10 work experience placements.

Host team	No. of placements
CMPT/Rangers/Estate Ranger/PPCV	5
Development Management	2
Rangers	1
Woodlands	1
Strategy & Performance	1

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Staff supervising work experience students do so on an ad hoc basis and therefore do not have a DBS check. Parent or guardian consent was obtained for all placements on that basis. A list the common hazards associated with work at the National Park Authority was provided in each case. The Authority's generic risk assessment for young persons & students applies to these placements and where any more significant risks are identified, a specific risk assessment would be completed.

### Safeguarding concerns and casework

There have been no concerns raised during the reporting period.

### Safer Recruitment

PDNPA continues to implement safer-recruitment principles for staff and volunteers. During 2025/26 we conducted enhanced DBS checks for 7 staff and 23 volunteers which were either new hires or renewals in line with our policy.

## **6. Safeguarding culture and engagement**

Awareness has been strengthened helping ensure that safeguarding remains understood as a shared responsibility. Engagement at staff briefings, promotion of key messages, and visible safeguarding information across the organisation all contribute to a culture where people feel informed, confident and encouraged to speak up about concerns. Highlights from the year include:

- Implementation of a systematic approach to assessment of our safeguarding arrangements using the NSPCC's safetycheck standards, a checklist relevant and proportionate to the Authority's activities. The checklist is used by the SWG to identify what actions are required to either maintain, update or improve the measures.
- Reinforcement of our safeguarding culture through delivery of a safeguarding staff briefing during Safeguarding Awareness Week.
- Completion of an audit of all posts requiring a DBS check to ensure legal compliance.
- Production of new guidance to help and support staff: Responding to an individual making an allegation, Reporting allegations or suspicions and a Checklist for reporting suspected abuse.
- Raised awareness and improved knowledge and confidence through training.

## **7. Areas for development and priorities for 2026/27**

Our safeguarding priorities for 2026/27 are outlined in the Safeguarding Action Plan 2026/27 and focus on strengthening core governance, improving visibility, and enhancing consistency across the organisation. They include ensuring the Safeguarding Working Group and DSO/DDSO arrangements remain fit for purpose following recent structural changes and improving how safeguarding information is communicated through clearer signposting, updated posters, and a dedicated careers landing page. We will also strengthen safe recruitment and training by ensuring induction and role-specific safeguarding training are consistently completed, and by working to improve monitoring and compliance. These key priorities will help ensure our safeguarding approach remains strong, proactive and aligned to the needs of the organisation.

## **8. Conclusion**

Safeguarding remains a priority for the Peak District National Park Authority. Over the past year, significant progress has been made in strengthening culture and training provision and enhancing guidance. PDNPA continues to foster a culture where all staff

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and volunteers understand their responsibility to protect and support vulnerable individuals who live in, work in, or visit the National Park.

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## Safeguarding Checklist and Action Plan 2025-26

1. Policy standard criteria	In place	Not in place	Action required/comment	Timescale
1.1 The organisation has a Safeguarding Policy	X			
1.2 The policy is written in a clear and easily understood format	X			
1.3 The policy is publicised, promoted and distributed to relevant audiences	X		Publicised on our website, Better Impact and our intranet, the HUB.	
1.4 The policy is approved and endorsed by the relevant Authority Committee	X		Current policy ratified on 25 January 2025. Next review to align with other People related reporting to Resources Committee in April 2026.	24 April 2026
1.5 The policy is reviewed annually or whenever there is a major change in the Authority or in relevant legislation or a specific incident	X		To be reviewed from January annually to align with other People related reporting to Resources Committee.	Completed Jan – Mar 2026

2. Procedures and systems	In place	Not in place	Action required/comment	Timescale
2.1 There are clear procedures in respect of safeguarding which provide guidance on what action to take if there are any concerns about a child or vulnerable adult's safety	X		3 guides posted on the HUB and DBS checked posts signposted to them: <ul style="list-style-type: none"> <li>• Responding to an individual making an allegation</li> <li>• Reporting allegations or suspicions</li> <li>• Checklist for reporting suspected abuse</li> </ul> These are highlighted to new starters during induction and there is annual reminder for those in DBS posts.	Completed Nov 2025
2.2 Safeguarding procedures and guidance are available to all (including children, young people, vulnerable adults and their parents/carers) and are actively promoted on joining the		X	Better signposting to parent/carers to the policy on website. Explore poster and small flash card.	Carry forward to 2026/27

organisation			<b>These actions were paused pending the outcome of the organisation structure changes and review of the SWG.</b>	
2.3 At a countrywide level, procedures are consistent with Working Together to Safeguard Children (2024). At a local level there is a need to be aware of the Derby and Derbyshire Safeguarding Children Partnership	X		New DSO has made contact with DDSCP, confirming PDNPA leads and registered for updates.	Completed Aug 2025
2.4 There is a designated person/s with a clearly defined role and responsibilities in relation to safeguarding, which are appropriate to the level at which they operate.	X			
2.5 There is a process for recording incidents, concerns and referrals and storing these securely in compliance with relevant legislation	X		Access to the secure Safeguarding folder has been provided for new DSO and DDSOs	Completed Jun 2025

3. Prevention	In place	Not in place	Action required/comment	Timescale
3.1 There are rigorous procedures for recruiting staff and volunteers who have contact with children/vulnerable adults and for assessing their suitability to work with them	X		4 staff completed Safer Recruitment training	Completed May 2025
3.2 All those who have significant contact with children are subject to safeguarding (Disclosure and Barring Service – DBS) checks, as required by legislation and guidance and these are properly recorded.	X		An audit of posts/roles which require a DBS check was carried out.	Completed Apr 2025
3.3 There are well publicised ways in which staff and volunteers can raise concerns, confidentially if necessary, about unacceptable behaviour by other staff or volunteers. These include external contacts.	X	X	Existing posters have been updated with new contact details pending production of a new poster and a presentation on safeguarding was included in the 2025 Staff Briefing  Design and distribution of new posters across our properties.	Completed May 2025  c/f to 2026/27
3.4 An assessment of risk to children of any activities and the environment in which they take place is made prior to commencement, and actions taken to minimise any risk.	X		A reminder about considering safeguarding issues during risk assessment was included as an agenda item for the Health, Safety & Wellbeing Committee	Completed 29 April 2025

4. Conduct and behaviour/equality and inclusion	In place	Not in place	Action required/comment	Timescale
4.1 There is Safeguarding Guidance which clearly sets out the standard of conduct to which all staff and volunteers comply.	X		Reviewed and updated.	Completed Jan - Mar 2026
4.2 The Safeguarding Guidance on conduct make it clear that discriminatory, offensive and violent behaviour are unacceptable.	X			
4.3 The consequences of breaching the standard are clear and linked to the disciplinary and grievance procedures.		X	Ensure disciplinary and grievance policies when reviewed are linked. <b>These policies will be reviewed during 2026/27 as part of a rolling programme.</b>	c/f to 2026/27

5. Communication	In place	Not in place	Action required/comment	Timescale
5.1 Information about the organisation's commitment to safeguard children and vulnerable adults is openly displayed and available to all.	X		Career landing page to set out commitment to safeguarding. <b>Capacity limitations have prevented development this year. DBS requirements are already clearly communicated within job adverts and recruitment documentation, with changes to the careers page identified as an improvement action.</b>	c/f to 2026/27
5.2 Everyone in the organisation knows who the designated person/s are and how to contact them.	X		Promoted at the Staff Briefing during Safeguarding Awareness Week. Contacts on posters have been updated. The Business Continuity Plan has been updated.	Completed May 2025
5.3 Contact details for the local children's service authorities, police and the NSPCC Child Protection Helpline are readily available.	X		To be added to new poster. Information is already available in guidance on the HUB.	c/f to 2026/27
5.4 Steps are taken to respond to users' views on policies and procedures and how they are working.	X		Comments from evaluation sheets are fed back to the SWG and request for feedback was included at the staff briefing.	Completed May 2025 and ongoing

6. Education and training	In place	Not in place	Action required/comment	Timescale
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6.1 There is an induction/training process for all staff, volunteers and Members that includes familiarisation with the Safeguarding Policy and procedures.	X		Staff induction processes reviewed Awareness raised at Staff Briefing in May which coincided with National Safeguarding week. 231 staff and 10 members completed our Safeguarding for all – Children’s edition	Completed May 2025
			Inclusion in Member induction process still to be reviewed.	c/f to 2026/27
6.2 Staff and volunteers with special responsibilities in relation to safeguarding have training to enable them to develop the necessary skills and knowledge and have regular opportunities to update their knowledge and understanding	X		1 member of staff and 19 volunteers completed Safeguarding for All – Adult’s edition 14 volunteers completed Safeguarding for All – Children’s edition	Completed 2025/26
			Provision of classroom training was postponed during organisation change.	c/f to 2026/27
6.3 Training and guidance on safe recruitment practice is provided for those responsible for recruiting and selecting staff and volunteers.	X		ELMS Safer recruitment module done by HR/Vol Manager Supervision available from DSO and DDSO	Completed 2025/26

7. Access to advice and support	In place	Not in place	Action required/comment	Timescale
7.1 Children and young people are provided with information on where to go for help and advice in relation to abuse, harassment and bullying, or significant difficulties at home		X	Consider two versions of posters created, one version in easy read for children and vulnerable adults. This action was paused pending review of the membership of the SWG.	c/f to 2026/27
7.2 Designated safeguarding staff have access to specialist advice, training support and information.	X			
7.3 Contacts are established at a national and/or local level with key statutory child protection agencies.	X		New DSO and DDSO links made	Completed Aug 2025
7.4 There are arrangements for providing regular supervision and				

support to staff and volunteers, and particularly during and following an incident of allegation of abuse or a complaint.	X			
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8. Implementation, monitoring and evaluation	In place	Not in place	Action required	Timescale
8.1 There is a plan showing what steps will be taken to safeguard children and vulnerable adults, who is responsible for what actions and when these will be completed.	X			
8.2 The resources essential for implementing the plan are made available.	X			
8.3 The policy and guidance are reviewed annually, and revised in light of changing needs, changes in legislation or guidance, organisational experience.	X		Policy updated and revisions to Resources Committee 24 April 2026	Completed Jan – Mar 2026
8.4 All incidents, allegations of abuse and complaints are recorded and monitored	X		3 specific guides available on how to respond to an allegation or suspicions available on the HUB	Completed Nov 2025
8.5 Arrangements are in place to monitor compliance with regard to safeguarding in recruitment and selection processes.		X	Determined the original action to review and include this monitoring for compliance in our Recruitment Manager guidance isn't the correct place for this to sit and an amended action is to be carried into 2026/27.	c/f to 2026/27
8.6 Plans are in place to evaluate the effectiveness of the safeguarding measures.	X		The SWG use the Safeguarding Checklist to monitor and audit the effectiveness of our safeguarding measures annually and produce appropriate actions for improvement as required.	Completed Mar 2026

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## Safeguarding Actions 2026-27

Action required	Links to NSPCC checklist	Comment	Timescale
<b>Policy standard criteria</b>			
Complete annual review of policy and guidance.	1.1, 1.2 & 1.5 1.3		Jan-Mar 2027
Ensure publication of updated policy on the website, Better Impact and our intranet, the HUB.			Post April Resources Committee
The policy is approved and endorsed by the relevant Authority Committee	1.4		Apr 2027
<b>Procedures and systems</b>			
Review and explores ways to improve signposting to parent/carers to the policy on website.	2.1		Sep 2026
Review DSO/DDSO arrangements and membership of Safeguarding Working Group following changes to the organisation structure.	2.4		Jun 2026
<b>Prevention</b>			
Complete audit of posts/roles requiring DBS checks.	3.2	Next audit due 2028/29	2028/29
Design and distribution of new posters across our properties.	3.3		Sep 2026
<b>Conduct and behaviour/equality and inclusion</b>			
Ensure disciplinary and grievance policies are linked.	4.3		Mar 27
<b>Communication</b>			

Explore improvements to career landing page to include information on commitment to safeguarding.	5.1		Mar 2027
Ensure relevant contact details both internally and externally are readily available and included on new posters	5.2, 5.3		Sep 2026
Agree process for feeding comments from evaluation sheets into the SWG following organisation changes.	5.4		Sep 2026
<b>Education and training</b>			
Assess and implement mechanism for ensuring induction training is completed for staff and members.	6.1		Dec 2026
Establish need for classroom training for staff or volunteers working with children or vulnerable adults eg. <i>Safeguarding in Practice</i>	6.2		Mar 2027
Identify any new staff responsible for recruiting and selecting staff and volunteers and ensure training and guidance on safe recruitment practice is provided.	6.3	New staff only (refreshed every 3 years)	Refreshers due 2028/29
<b>Access to advice and support</b>			
Consider two versions of posters created, one version in easy read for children and vulnerable adults.	7.1		Sep 2026
<b>Implementation, monitoring and evaluation</b>			
Review and implement new processes for monitoring compliance with regard to safeguarding in recruitment and selection processes with HR Team.	8.5		Mar 2027

V1 2026/27

## **ACCESS CAPITAL FUNDING (SAS)**

### **1. Purpose**

1.1 The report provides an update on Defra Access Capital funding and the Access for All programme. For 2026/27, the funding available to the Peak District is approximately £255,899 and indications are that it will continue at this level over the following two years. The funding is for capital infrastructure improvements for inclusive access.

1.2 Members are asked to delegate acceptance of this funding to the Head of Assets & Enterprise in consultation with the Chief Finance Officer.

### **2. Context**

2.1 The Defra Access for All Programme commenced in November 2022. Grant funding of £287,000 over 3 years was approved at the September 2022 Authority meeting (Min 81/22). In April 2025, approval was given by the Programme and Resources Committee (Min 15/24) to accept and spend an additional year of funding of up to £350,000 up to March 2026. The funding was allocated as follows

- Year 1: 2022/23 - £131,164.81
- Year 3: 2024/25 - £155,847.91
- Year 4: 2025/26 - £255,899.00

2.2 The full amount of funding allocated has been spent in each of the years. No funding was received in Year 2. Details of the delivery in 2022/23 was reported to Programme and Resources Committee in April 2023 as part of the Welcoming Place Aim Overview (Min 18/23). The delivery for 2024/25 was reported to Programme and Resources Committee in April 2025 and forms part of the update to the Welcoming Place report to that meeting (Min 17/24). In March 2026, an update was provided to the Authority meeting as part of the Welcoming Place report.

### **3. Proposals**

3.1 The funding is for capital expenditure only. This could cover equipment, facilities, routes, signage, interpretation, filming, mapping, and design. It could also include external professional fees and for the capitalisation of staff time where directly attributable to the creation or acquisition of an asset. No revenue funding has been made available for the appointment of project officers or for administration and other general overhead costs.

3.2 Expenditure would be allocated in accordance with the principles set out by Defra and the objectives of the Authority and to meet the Authority's standing orders. Expenditure in excess of £5k (excluding VAT) would be subject to the receipt of quotes or full tenders in accordance with the Authority's standing orders. However, an exemption to procurement standing orders would be required where works to provide for accessibility improvements are undertaken by a Highway Authority on their assets (rather than by external contractors following a tender process) as such works are part of a common undertaking. Where this is an option, this would be undertaken in accordance with a Service Level Agreement.

3.3 The Peak District Local Access Forum and disability groups will continue to be involved in the infrastructure improvements, accompanied by close working with Highway Authorities, land owners and managers, and communities. Joint working with the other National Parks for the combined ambition to develop and promote the accessibility offer in Protected Landscapes also continues.

3.4 The acceptance of the Access Capital funding would be by way of an uplift to the Defra core grant agreement and would be subject to the terms of the core grant agreement and the requirements of the framework for this funding. Previously, there have been additional funds

identified, as a result of underspend by other Protected Landscapes. For this eventuality, delegation of the acceptance of funding up to £350,000 for each of the 3 years is sought.

3.5 The Chair of this committee has been consulted on and confirms approval to apply, accept, and spend this funding.

#### **4. Recommendations:**

**4.1 That acceptance of the Access Capital funding of up to £350,000 for each of the years 2026/27, 2027/28, and 2028/29 (total £1,050,000) is approved. Approval of the terms of funding be delegated to the Head of Assets and Enterprise in consultation with the Chief Finance Officer.**

**4.2 That approval be granted to incur expenditure relating to the Access Capital programme of up to £350,000 in each of the years 2026/27, 2027/28, and 2028/29, pursuant to Part 3, C3.(c), subject to compliance with the Contract Procedure Rules and Standing Orders.**

**4.3 That approval be granted to exempt Standing Orders Part 2 (Contract Procedure Rules), pursuant to paragraph 13.1.1 of Standing Order CP13 in respect of the provision by Highway Authorities of works, services, and supplies as a common undertaking.**

**4.4 That authority be delegated to the Authority Solicitor to enter into and determine the terms and conditions of all legal documentation required relating to this Programme in the best interests of the Authority.**

**4.5 That this Project be monitored by the Resources Committee or such other group as may be appointed with the same remit.**

#### **5. Corporate Implications**

a) Legal –

i) Pursuant to section 65(5) of the Environment Act 1995, the Authority has power to do anything which is calculated to facilitate, or is conducive or incidental to the accomplishment of its statutory purposes. This project falls within the Authority's statutory purposes. This power is subject to any express statutory or public law constraints which should be considered holistically and as the Programme progresses.

b) Financial - Funding would relate to capital expenditure only. Works would need to have been completed or items purchased and delivered by end of March in each of the three years, if the allocation is to be met. Any monies not spent by this time would be subject to a clawback provision.

c) National Park Management Plan and Authority Plan - the funding would meet the Management Plan's outcome of a Welcoming Place where all are inspired to enjoy, care for and connect to its special qualities by improving access so that everyone can experience its special qualities, including those with limited mobility, and to build up the confidence of those who do not feel able to visit.

d) Risk Management - There are three risks:

(i) Programme Design & Spend – There is no flexibility on year spend. The funding would need to be spent within the financial year or returned to Defra.

(ii) Delivery – the funding is for capital expenditure only. The continuing ability to handle significant project expenditure relating to infrastructure improvements remains important in

order to meet grant and contractual conditions and in relation to the statutory functions of the Authority for Access and Rights of Way and Planning.

(iii) Reputation - There is a reputational risk of not delivering access improvements, resulting from any delays to the approval/receipt of the funding.

e) Net Zero - The work on active travel and a plan for walking, wheeling, cycling, and horse-riding provides a mechanism for the Authority to engage with visitors to the National Park regarding issues associated with climate change and for engagement with actions to protect its assets. The funding will not directly contribute to carbon net zero targets. The Authority recognises that for some people options are more limited but would not seek to promote unsustainable transport decisions

f) Equality, Diversity, & Inclusion - The requirements of the Equality Act 2010 have been met in the consideration of actions and the Authority will continue to have regard to its duties under the Act to address inequalities in its visitor and audience profile.

**6. Background papers (not previously published)**

None

**7. Appendices**

Appendix 1 – Defra Access for All - 2025/26

**Report Author, Job Title and Publication Date**

Sue Smith, Access & Rights of Way Officer

**Responsible Officer, Job Title**

Robert Roddy, Head of Assets & Enterprise

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## **APPENDIX 1 - ACCESS FOR ALL FUNDING 2025/26**

### **1. Allocation**

1.1 Defra's Access for All programme provides capital funding for the removal of barriers to access 'to make Protected Landscapes more accessible for people of all ages and abilities and from all socio-economic backgrounds, to make them what Glover called, "places for everyone"'. In 2025/26, the Authority received £255,899.

### **2. Areas of Spend**

2.1 The funding is used to build, inform, and support through:

- Creating and enhancing Miles without Stiles routes
- Developing facilities at key locations and improving online information
- Increasing the number of people participating.

2.2 In Year 4, the full amount of the funding was again spent. The Foundation contributed £4k of funding for maintenance work at Surprise View and Conksbury Miles without Stiles routes to complement the capital works delivered under this programme. Peak Park Conservation Volunteers and Ranger volunteers have supported this work.

2.3 Expenditure in Year 4 includes:

- Surfacing, gates, viewing areas, and route information
- A changing place, outdoor classroom, resting places, and information/guides
- Fast charging e-bikes, inclusive cycles, and volunteering equipment

### **3. More Miles**

3.1 The development of new Miles without Stiles routes at key visitor locations has included a focus on access to nature for all. At Macclesfield Forest, Derwent Dam, and Brunts Barn, route improvements are complemented by viewing platforms, tree identification signage, and access for pond dipping. New gates have opened up access at Derbyshire Bridge, and to the dale at Tideswell Dale, where the Miles without Stiles route has been extended northwards.

3.2 Miles without Stiles interactive mapping has been developed, allowing people to find suitable routes close to where they live, work, or visit and for aerial mapping and directions to complement the route information. Details [www.peakdistrict.gov.uk/mws](http://www.peakdistrict.gov.uk/mws).

### **4. More Places**

4.1 At Trentabank, a new Changing Place and disabled parking improvements have enhanced accessibility. Accessible places to enjoy nature have been provided at Minninglow and Torside. At Brunts Barn, an outdoor classroom and accessible woodland is being designed by volunteers for volunteers.

4.2 The template developed for Accessible Castleton has been applied to Bakewell to link in with the work being taken forward for active travel on the Monsal Trail, and includes a map showing facilities, distances, and points of interest. Site access improvements have taken place at Parsley Hay and Derwent cycle hire.

### **5. More Mobility**

5.1 Fast charging e-bikes have been provided to accompany the trampers and for short-term hires. Inclusive cycles for use across the Authority's cycle hire sites, including at Millers Dale later this year, include trikes, e-trikes, wheelchair bikes, a tandem trike, and a mountain e-trike.

5.2 Equipment for supporting volunteering by all has included a cargo-bike, e-bikes, and a portable ramp and toilet.

## 6. Summary

In Year 4 of the funding, approximately £59.8k has been spent on routes, £75.8k on facilities, £107.5k on equipment, and £12.7k on information. The funding has delivered access for all comprising:

- 1.85 km of accessible paths
- 22 accessible gates and gaps
- 20 accessible routes with new or improved wayfinding
- 6 proposed Miles without Stiles routes
- 1 Changing Place
- 23 resting places
- 8 inclusive cycles
- 3 wheelchairs
- 25 e-bikes

### Completed Projects – Year 4

#### More Miles

Item	Details	Comments
Brunts Barn, Grindleford	Vegetation clearance, step removal, surfacing, pond dipping platform, bridge.	Proposed Miles without Stiles route in the wildlife area. Links to ambassador training and volunteer hub. Volunteer involvement for design & delivery. Potential for Phase 2 for a disabled toilet, to extend the route, and provide for interpretation.
Conksbury	Widening and surfacing access.	New disabled access to <a href="#">Miles without Stiles route</a> .
Derbyshire Bridge	2 in 1 gate.	Cattle grid bypass on road adjacent to the car park.
Derwent	Surfacing, gates, regrading of ramp, handrail, seating, viewing area, interpretation.	Proposed Miles without Stiles & tramper route. Links to <a href="#">Miles without Stiles route</a> and cycle hire and to complement the new inclusive cycle equipment Potential for Phase 2 to provide a circular route.
Lady Cannings, Ringinglow	Gate access	Removal of obstruction on a proposed active travel route.
Macclesfield Forest	Gates, barrier removal, surfacing, seating, viewing area.	Proposed Miles without Stiles route to complement a new Changing Place. Potential for Phase 2 to extend the proposed route and provide interpretation.
Minninglow	Widening and separation of trail through the car park, path and seating in picnic area, removal of kerb and relocation of gates.	Improvements at car park for access and to a proposed Miles without Stiles route.
Standing Stone	Gates & surfacing	Access improvements in car park and for

Item	Details	Comments
		access to proposed Miles without Stiles route.
Tideswell Dale	Surfacing, gates & seating	Extends the <a href="#">Miles without Stiles route</a> northwards. Wider step-free gates provide an alternative to the roadside pavement.
Torside to Woodhead	Access point and seating	Links to <a href="#">Miles without Stiles route</a> from parking area and extending in the other direction to viewpoint and trail.
Trail map	Monsal Trail	Map and information which shows location, facilities, and distances between car parks and cycle hire locations on the Monsal Trail
Interactive mapping	For Miles without Stiles routes	Map and information to show route location and access and link to route details.

### More Places

Item	Details	Comments
Accessible Bakewell	Template for accessibility	Accessibility audit and collation of information. Links with study on active travel to/from the town.
Brunts Barn	Pond dipping platform, bird boxes, interpretation, seating	Nature place & ambassador training & volunteering hub. Volunteer involvement for design & delivery.
Derwent Cycle Hire	Crossing and surfacing.	Crossing and link for trampers from cycle hire. Potential for Phase 2 to create an access ramp.
Monsal Trail	Seating	Resting places along the trail.
Parsley Hay	Access points and seating.	Improvements at cycle hire/ accessibility hub.
Surprise View Car Park	Bus-stop surfacing	Improvements to complement the proposed Miles without Stiles route.
Trentabank	Changing Place and widening of disabled parking.	Improvements linking to proposed Miles without Stiles route.
Torside Car Park	Vegetation clearance, surfacing, seating	Nature place linking to <a href="#">Miles without Stiles route</a> and Trans Pennine Trail and active travel network. Associated Landscape Enhancement Initiative funding.

### More Mobility

Item	Details	Comments
Inclusive cycles	Trikes, E-trikes, wheelchair bike, tandem e-trike, mountain e-trike	Parsley Hay, Millers Dale, & Derwent
E-bikes	Fast charging	Derwent & Millers Dale; Ranger volunteers
Cargo bike		Trails volunteers
Wheelchairs	All terrain	Brunts Barn, Trentabank, & Millers Dale
Bike stands &	x4	All centres for working on accessible

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<b>Item</b>	<b>Details</b>	<b>Comments</b>
batteries		equipment.
Volunteer equipment	Portable ramp & toilet	PPCV and events.

**THE FOLLOWING ITEMS ARE EXEMPT, CONFIDENTIAL ITEMS.**

**PLEASE GO TO THE PART B AGENDA ITEMS.**

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