



Overview and Scrutiny Committee Monday, 19th December, 2016

You are invited to attend the next meeting of **Overview and Scrutiny Committee**, which will be held at:

**Council Chamber, Civic Offices, High Street, Epping
on Monday, 19th December, 2016
at 7.30 pm .**

**Glen Chipp
Chief Executive**

**Democratic Services
Officer:**

S. Tautz Tel: (01992) 564243
Email: democraticservices@eppingforestdc.gov.uk

Members:

Councillors M Sartin (Chairman), L Girling (Vice-Chairman), N Avey, N Bedford, R Brookes, D Dorrell, S Kane, Y Knight, A Mitchell, S Murray, S Neville, A Patel, B Rolfe, G Shiell, D Stallan, B Surtees and D Wixley

PLEASE NOTE THAT THERE WILL BE A SHORT PRE-MEETING FOR ALL MEMBERS OF THE COMMITTEE STARTING AT 7pm IN COMMITTEE ROOM 1, SO THAT THEY CAN DISCUSS THEIR LINE OF QUESTIONING FOR THE PRESENTATION.

PLEASE NOTE THAT THE MAIN COMMITTEE MEETING IS OPEN TO ALL MEMBERS TO ATTEND

1. WEBCASTING INTRODUCTION

1. This meeting is to be webcast. Members are reminded of the need to activate their microphones before speaking.

2. The Chairman will read the following announcement:

“This meeting will be webcast live to the Internet and will be archived for later viewing. Copies of recordings may be made available on request.

By entering the chamber's lower seating area you consent to becoming part of the webcast.

If you wish to avoid being filmed you should move to the public gallery or speak to the webcasting officer"

2. APOLOGIES FOR ABSENCE

3. SUBSTITUTE MEMBERS

(Director of Governance). To report the appointment of any substitute members for the meeting.

4. MINUTES (Pages 7 - 12)

To confirm the minutes of the meeting of the Committee held on 25 October 2016.

5. DECLARATIONS OF INTEREST

(Director of Governance) To declare interests in any items on the agenda.

In considering whether to declare a personal or a prejudicial interest under the Code of Conduct, Overview and Scrutiny Committee members are asked pay particular attention to paragraph 11 of the Code in addition to the more familiar requirements.

This requires the declaration of a personal and prejudicial interest in any matter before an Overview and Scrutiny Committee which relates to a decision of or action by another Committee or Sub-Committee of the Council, a Joint Committee, or Joint Sub-Committee in which the Council is involved and of which the Councillor is also a member.

Paragraph 11 does not refer to Cabinet decisions or attendance at an overview and scrutiny meeting purely for the purpose of answering questions or providing information on such a matter.

6. TRANSPORT FOR LONDON - CENTRAL LINE SERVICES AND INFRASTRUCTURE (Pages 13 - 16)

To receive a short presentation from two officers from TfL and to answer any subsequent questions. The two officers attending are: Chris Taggart, the General Manager (Central Line) and Mark Hart the Stakeholder Engagement Manager (Bakerloo, Central and Victoria Lines).

A short background report is attached.

7. PUBLIC QUESTIONS & REQUESTS TO ADDRESS THE OVERVIEW AND SCRUTINY COMMITTEE

(Director of Governance) To receive questions submitted by members of the public and any requests to address the Committee.

(a) Public Questions

Members of the public may ask questions of the Chairman of Overview and Scrutiny Committee at ordinary meetings of the Committee, in accordance with the procedure set out in the Council's Constitution.

(b) Requests to address the Overview and Scrutiny Committee

Any member of the public or a representative of another organisation may address the Overview and Scrutiny Committee on any agenda item (except those dealt with in private session as exempt or confidential business), due to be considered at the meeting.

8. EXECUTIVE DECISIONS - CALL-IN

(Director of Governance) To consider any matter referred to the Committee for decision in relation to a call-in.

9. FORWARD PLAN OF KEY DECISIONS - REVIEW (Pages 17 - 32)

(Director of Governance) The Cabinet's forward plan of key decisions is reviewed by the Committee at each meeting, to provide an opportunity for the scrutiny of specific decisions to be taken over the period of the plan. Wherever possible, Portfolio Holders will attend the Committee to present forthcoming key decisions, to answer questions on the forward plan and to indicate where appropriate work could be carried out by overview and scrutiny on behalf of the Cabinet.

10. CORPORATE PLAN KEY ACTION PLAN 2016/17 - QUARTER 2 PROGRESS (Pages 33 - 50)

(Director of Governance) to consider the attached report.

11. OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMMES 2016/17 - REVIEW (Pages 51 - 66)

(Director of Governance) Progress towards the achievement of the work programmes for the Overview and Scrutiny Committee and each of the select committees, is reviewed by the Committee at each meeting.

(a) Current Work Programmes

The current overview and scrutiny work programmes are attached as an appendix to this report.

(b) Reserve Programme

A reserve list of scrutiny topics is developed as required, to ensure that the work flow of overview and scrutiny is continuous. When necessary, the Committee will allocate items from the list appropriately, once resources become available in the work programme, following the completion of any ongoing scrutiny activity.

Members can put forward suggestions for inclusion in the work programme or reserve list through the adopted PICK process. Existing review items will be dealt with first,

after which time will be allocated to the items contained in the reserve work plan.

12. SCRUTINY OF EXTERNAL ORGANISATIONS (Pages 67 - 94)

(Director of Governance) to note the current position with regards to the our scrutiny of the Princess Alexandra Hospital NHS Trust.

13. EXCLUSION OF PUBLIC AND PRESS

Exclusion: To consider whether, under Section 100(A)(4) of the Local Government Act 1972, the public and press should be excluded from the meeting for the items of business set out below on grounds that they will involve the likely disclosure of exempt information as defined in the following paragraph(s) of Part 1 of Schedule 12A of the Act (as amended) or are confidential under Section 100(A)(2):

Agenda Item No	Subject	Exempt Information Paragraph Number
Nil	Nil	Nil

The Local Government (Access to Information) (Variation) Order 2006, which came into effect on 1 March 2006, requires the Council to consider whether maintaining the exemption listed above outweighs the potential public interest in disclosing the information. Any member who considers that this test should be applied to any currently exempted matter on this agenda should contact the proper officer at least 24 hours prior to the meeting.

Background Papers: Article 17 - Access to Information, Procedure Rules of the Constitution define background papers as being documents relating to the subject matter of the report which in the Proper Officer's opinion:

- (a) disclose any facts or matters on which the report or an important part of the report is based; and
- (b) have been relied on to a material extent in preparing the report and does not include published works or those which disclose exempt or confidential information and in respect of executive reports, the advice of any political advisor.

The Council will make available for public inspection for four years after the date of the meeting one copy of each of the documents on the list of background papers.

EPHING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

Committee:	Overview and Scrutiny Committee	Date:	Tuesday, 25 October 2016
Place:	Council Chamber, Civic Offices, High Street, Epping	Time:	7.30 - 8.34 pm
Members Present:	Councillors M Sartin (Chairman) N Bedford, R Brookes, S Kane, Y Knight, A Mitchell, S Murray, S Neville, A Patel, G Shiell, D Stallan and D Wixley		
Other Councillors:	Councillors A Grigg, H Kane, J Lea, R Morgan, G Waller and C Whitbread		
Apologies:	Councillors L Girling, N Avey, D Dorrell and B Rolfe		
Officers Present:	S Tautz (Democratic Services Manager), A Hendry (Senior Democratic Services Officer), A Rose (Marketing & Digital Content Officer) and M Jenkins (Democratic Services Officer)		

23. WEBCASTING INTRODUCTION

The Chairman reminded everyone present that the meeting would be broadcast live to the Internet, and that the Council had adopted a protocol for the webcasting of its meetings.

24. SUBSTITUTE MEMBERS

There were no substitute members for the meeting.

25. MINUTES

RESOLVED:

That the minutes of the last Committee meeting held on 19 July 2016 be signed by the Chairman as a correct record.

26. DECLARATIONS OF INTEREST

There were no declarations of interest made pursuant to the Member's Code of Conduct.

27. PUBLIC QUESTIONS & REQUESTS TO ADDRESS THE OVERVIEW AND SCRUTINY COMMITTEE

It was noted that there were no public questions or requests to address the committee.

28. EXECUTIVE DECISIONS - CALL-IN

There were no call-in of decisions to be considered.

29. FORWARD PLAN OF KEY DECISIONS - REVIEW

The Committee considered the Cabinet's Key Decision List for September 2016 they noted that there was a legal requirement for local authorities to publish a notice in respect of each Key decision that it proposed to make, at least 28 days before that decision was made. The Committee were invited to identify any particular issues which were of concern.

Environment Portfolio

It was noted that the Waste and Recycling Policies were not now going to the 3 November Cabinet meeting.

Housing Portfolio

Councillor Murray wanted to know what the following proposed decisions meant and what were their implications. These were on Sheltered Housing Assets and on Sheltered Housing Service.

He also commented that there were only a few members of the Cabinet were in attendance at this meeting. It was explained that there were three members of the Cabinet on holiday this week and that it was a school half term.

Safer Greener Transport Portfolio

Councillor Waller noted that a decision to award a contract for the off street car parking in the district would be made in November. The various tenders have been opened and were presently being evaluated.

Councillor Knight asked about the on street and off street parking in Loughton and Debden; when would new signage be put in place. Councillor Waller said that the first phase was proceeding quickly but they could not be exact about future timings. Also the weather was a factor in the laying down of the yellow lines etc. and as we were coming into the winter months we would be dependent on having stretches of good weather. We were also dependent on Essex County Council to organise this work.

30. CORPORATE PLAN KEY ACTION PLAN 2016/17 - QUARTER 1 PROGRESS

The Committee received the report on the Council's Corporate Plan, setting out the council's priorities over a five year period from 2015/16 to 2019/20. These priorities or Corporate Aims were supported by Key Objectives. The Key Objectives were delivered by an annual action plan, with each year building upon the progress against the achievement of the Key Objectives for previous years.

The Chairman noted that these results were for quarter 1 and that although we were now past quarter 2, the committee should review these results even though they had already been seen by the various Select Committees.

Progress against the Key Action Plan was reviewed on a quarterly basis to ensure the timely identification and implementation of appropriate further initiatives or corrective action where necessary.

There were 50 actions in total for which progress updates for Quarter 1 were as follows:

- 32 (64%) of these actions had been 'Achieved' or are 'On Target'
- 7 (14%) of these actions were 'Under Control'
- 2 (4%) were 'Behind Schedule'
- 9 (18%) were 'Pending'

Key Objective (i)(a):

Item 5 – *review the future options for the HRA Financial Plan and to sell 'high value' empty Council properties* – Councillor Brookes asked if she could be told a little more about this objective. Councillor Whitbread replied that they were still awaiting further guidance from the Government on this.

Key Objective (i) (b):

Item 1 – *complete phase 1 of the Council House buildings* – Councillor Bedford asked how 'under control' was defined in relation to this objective. Councillor Whitbread said that phase 1 had its difficulties but it was now under control and they were making progress. It was also noted that the official definition of under control was "specific deliverables or actions have not been completed or achieved in accordance with in-year targets, but completion/achievement will be secured by a revised target date (specified) or by year-end."

Councillor Brookes asked about the St John's Road redevelopment scheme and when it might start. Councillor Grigg replied that the information was with the lawyers and solicitors and we were awaiting their final decision.

Item 7 – *progress the Epping Forest Shopping Park Scheme* – Councillor Brookes wanted to know if we would manage to be open by September 2017. Councillor Grigg said that the contract work was for 40 weeks and the highway works had started just before the contract to be completed by early July with the main contract scheduled to be completed by mid July. This would just leave the fitting out of the units to be done by the tenants. It was important to get it finished by the August completion date.

RESOLVED:

That the progress achieved at the end of Quarter 1 against the Key Objectives Key Action Plan for 2016/17 be noted.

31. OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMMES 2016/17 - REVIEW

(a) Overview and Scrutiny Committee

The committee considered their work programme and noted the progress to date.

Item 1 – *Transport for London* – this is further on in the agenda.

Item 3 – *ECC Local Highways Services* – it was noted that officers were still having difficulty in securing anyone from Highway Services to attend the February 2017 meeting.

Councillor Stallan suggested that we liaise with our seven County Councillors (five of whom are members of this council) to see if they could get things moving. Councillor Sartin agreed saying that Councillor Waller had also been trying to move things along.

Reserve Programme

Item 1 – Epping Forest College – it was noted that a new principal had been appointed and some members had already met with him. It was agreed that this item should be slipped to later in the programme.

Item 2 – Barts Health NHS Trust – it was agreed that it would be more appropriate to have them back early in the new municipal year.

Item 3 – Epping Forest 6th Form Consortium – this had not been timetabled in as yet. Members thought that by next May they would have been going for long enough to identify any problems and so should be programmed in for early in the new municipal year.

Item 4 – ECC Children’s Services – it was agreed that this should be left for now.

Item 5 – Princess Alexandra Hospital – they were described as inadequate at their last CQC inspection. It was agreed that it would be appropriate that they be asked to attend this committee to explain why and the reasons behind it. One of the major areas of concern was their Accident and Emergency Department which would affect the majority of our residents using the hospital. Members would like to know if they had an action plan for rectifying the issues identified in the CQC report.

The report had been issued some time ago so it would be appropriate to have them come to a meeting as soon as possible. Members would like a fairly senior officer to address them, possibly at a special meeting in January 2017. This was agreed by the committee.

ACTION: to arrange for a senior officer(s) from the Princess Alexandra Hospital to attend a special meeting of the Committee in January 2017.

Select Committees

Communities Select Committee

Councillor Knight informed the Committee that their 8 November meeting would have the Essex Police District Commander there to question. They will also receive the annual report of the Community Safety Partnership. This meeting will be webcast and open to the public.

32. SCRUTINY OF EXTERNAL ORGANISATIONS - CENTRAL LINE SERVICES & INFRASTRUCTURE

The Committee then considered the presentation and line of questioning to be taken at their next meeting when they would host officers from Transport for London (TfL). It was noted that coming to the meeting would be the General Manager of the Central Line and the TfL Stakeholder.

At their last meeting the Committee drew up a list of items that they would like to be covered by TfL, and they were now asked if they would like to review this and

perhaps narrow it down and it was difficult for officers from large organisations as TfL to cover everything. Members would also need to decide if they wished to have a presentation or just a simple Q&A session.

Of the items suggested, members would particularly like to know about:

- i. The possible reinstatement of Central Line services between Epping and Ongar, as proposed by the Mayor of London;
- ii. The extension of car parking facilities at local Central Line stations, particularly in view of the previous proposals for additional car parking capacity at Epping Station;
- iii. If the new night time services would be extended up to Epping, and if so would there be staff or security staff on duty;
- iv. Questions on infrastructure for the Central Line, in terms of increasing capacity, rectification of signalling breakdowns and investment in signalling infrastructure and the age of the rolling stock on the Central Line particularly in regard to the operation of automatic doors and unacceptably high temperatures in carriages. Maybe have a short presentation on infrastructure and what they hope to achieve or propose to do;
- v. How much consideration they would have for our Local Plan;
- vi. Ongoing concern about disabled access to platforms;
- vii. Changes to the timetable to the “Roding Valley loop” and their future plans for this section; and
- viii. With the increase in service on the Central Line service, when would they do their maintenance and what impact would it have.

Councillor Waller commented that the questions raised fell into two categories:

- 1) Operational issues; and
- 2) Strategic issues.

Should the meeting be divided into two parts to deal with this? He went on to note that he had recently attended meetings at Redbridge Council to discuss the Central Line and was told that they could not increase capacity by more than 10% in the coming years but the number of people using the Central Line would increase by more than 10% in future years. Members may want to pursue this with them.

Members commented that over the years they have been told that capacity on the Central Line was not an issue and then that there was no capacity on the Central Line. It was important that they got a definitive view on this.

Councillor Shiell said that the 10% figure should be highlighted in connection with our Local Plan.

It was agreed that:

- i. there should be some sort of presentation to preface their talk to present their major themes before they answered questions;
- ii. Questions should be made available to them in advance;
- iii. Members of the public should be made aware of this meeting and be able to pass on their questions to their ward representative to ask at the meeting;
- iv. The presentation to last between 12 to 15 minutes;
- v. Meeting to be publicised in the Council Bulletin;
- vi. Questions to be sent to TfL about 2 weeks before the meeting to enable them to prepare answers.

Councillor Knight asked if it would be worthwhile to ask a representative from British Transport Police to attend and ask them about the impact on them now that there

were less station staff and night time services. Members thought that this may take away from the main issues to be discussed. It was a big subject and maybe should go on the reserve list for future consideration. Councillor Neville suggested that they come next autumn once the night time tube service had bedded in. This was agreed by the Committee.

CHAIRMAN

Report to Overview & Scrutiny Committee



Date of meeting: 19 December 2016

SCRUTINY



Subject: Scrutiny of External Organisations - Central Line Services and Infrastructure

Officer contact for further information: S. Tautz (01992) 564180

Democratic Services Officer: A. Hendry (01992) 564246

Recommendations/Decisions Required:

That the Committee undertake appropriate external scrutiny of Transport for London, in respect of local Central Line Services and infrastructure.

1. (Director of Governance) As included in the current work programme for the Committee, representatives of Transport for London will be attending the meeting to respond to the concerns of members in respect of aspects of local Central Line services and infrastructure. The following officers of Transport for London will be in attendance:

Chris Taggart (General Manager (Central Line)); and
Mark Hart (Stakeholder Engagement Manager (Bakerloo, Central & Victoria Lines)).

2. The following overarching themes and specific issues of local Central Line services and infrastructure previously identified by the Committee, have been notified to Mr. Taggart and Mr. Hart as the emphasis for such external scrutiny, in order to ensure that maximum value is derived from this external scrutiny activity:

Operational Issues

- (a) the current levels of staffing at local Central Line stations, particularly with regard to ticket offices;
- (b) the extension of all-night services on the Central Line, currently operating as far as Loughton Station on Fridays and Saturdays, to Epping;
- (c) the impact of the suspension of local Central Line services at weekends, to facilitate maintenance programmes;
- (d) the frequency of Central Line services eastbound to Epping;
- (e) the split of Central Line services operating eastbound from Leytonstone Station and the perception that fewer services run through to Epping than to Hainault;
- (f) the frequency of Central Line services for Chigwell and Roding Valley Stations, via the 'Hainault Loop' from Leytonstone Station to Woodford;
- (g) the provision of public toilet facilities at local Central Line stations;
- (h) the provision of Wi-Fi access in underground sections of the Central Line and at local stations;
- (i) the extension of car park facilities at local Central Line stations, particularly in view of previous proposals of Transport for London for additional car parking capacity at Epping Station;
- (j) the management of car parks at local Central Line stations and of the public areas in the vicinity of the stations;

Strategic Issues

- (k) the provision of resources for the enhancement of the infrastructure of the Central Line, particularly in terms of increasing user capacity and the proposals contained in the Consultation Draft of the new Local Plan for the Epping Forest District;
 - (l) the ongoing concern of the Council with regard to platform access at local Central Line stations for people with disabilities;
 - (m) the position with regard to the rectification of signalling breakdowns that adversely affect Central Line services on a regular basis, particularly given the significant investment made by Transport for London in signalling infrastructure;
 - (n) the age of the rolling stock currently in use on the Central Line, particularly with regard to issues pertaining to the operation of automatic doors and unacceptably high temperatures in carriages;
 - (o) the introduction of new and air-conditioned rolling stock;
 - (p) the possible reinstatement of Central Line services between Epping and Ongar, as proposed by Boris Johnson, the former Mayor of London; and
 - (q) the current CCTV coverage of public areas in the vicinity of local Central Line stations and plans for the extension of such coverage.
3. In addressing some of the operational matters set out above, the Committee has also asked that Transport for London give consideration to making a short presentation on specific infrastructure and service improvement issues of particular relevance to Central Line services and stations within the Epping Forest District.
4. The identification of additional lines of questioning to be raised with Transport for London, were recently sought from members through the Council Bulletin.

Resource Implications:

The recommendations of this report seek to enable scrutiny activity to more effectively meet work programme requirements.

Legal and Governance Implications:

The Council's constitution sets out rules for the management of its overview and scrutiny responsibilities. Although external organisations are not generally required by legislation to attend before the Overview and Scrutiny Committee, it is hoped that most would be willing to engage constructively with the Council's scrutiny activity when invited to do so.

Safer, Cleaner, Greener Implications:

There are no implications arising from the recommendations of this report in respect of the Council's commitment to the Climate Local Agreement, the corporate Safer, Cleaner, Greener initiative, or any crime and disorder issues within the district.

Consultation Undertaken:

The scrutiny of a number of overarching themes and specific issues of local Central Line services and infrastructure were identified by the Committee at its meeting on 19 July 2016.

Background Papers:

None

Impact Assessments:

Risk Management

The Council's constitution sets out rules for the management of its overview and scrutiny responsibilities.

Equality:

There are no equality implications arising from the recommendations of this report.

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**Epping Forest
District Council**

THE KEY DECISION LIST

INCLUDING PROPOSED PRIVATE DECISIONS

(5 October 2016)

The Key Decision List including Proposed Private Decisions

There is a legal requirement for local authorities to publish a notice in respect of each Key Decision that it proposes to make, at least 28 days before that decision is made. There is also a similar requirement to advertise those decisions, whether they are Key Decisions or not, which it is proposed to be made in private with the public and press excluded from the meeting. This Key Decision List, including those decisions proposed to be made in private, constitute that notice. Copies of the Key Decision List are available for inspection at the Council's Civic Offices, as well as on the Council's website in the 'Your Council' section.

Any background paper listed can be obtained by contacting the relevant Officer in the first instance, or failing that the Democratic Services Officer listed below.

Key Decisions

The Council's Constitution defines key decisions as:

- (i) Any decision within budget and policy that involves expenditure/savings of £250,000 or more in the current municipal year;
- (ii) Any decision not within budget and policy that involves expenditure/savings of £100,000 or more in the current municipal year;
- (iii) Any decision that raises new issues of policy;
- (iv) Any decision that increases the Council's financial commitments in future years, over and above existing budgetary approval;
- (v) Any decision that involves the publication of draft or final schemes, which may require either directly, or in relation to objections to, the approval of a Government minister;
- (vi) Any decision that involves the passage of local legislation; and
- (vii) Any decision that affects two or more wards, and has a discernible effect on the quality or quantity of services provided to people living or working in that area.

Borrowing or lending decisions undertaken under delegated authority by the Director of Resources are not defined as a key decision.

The Council has also agreed the following additional requirements in relation to key decisions:

- (a) Key decisions cannot be made by officers;
- (b) Key decisions not within budget and policy can only be made by the Council;

- (c) Key decisions within budget and policy but involving expenditure/savings in excess of £1million can only be made by the Cabinet and/or Council;
- (d) Key decisions within budget and policy but involving expenditure/savings between £250,000 and £1million can be made by the relevant Portfolio Holder;
- (e) Portfolio Holders can only make key decisions affecting their wards if the decision is based upon a recommendation by a Service Director or as one of a range of options recommended by a Service Director.

Private Decisions

Any decisions that are proposed to be taken in private will be reported as such. The paragraph number quoted relates to Part 1 of Schedule 12A of the Local Government Act 1972, and their definitions are as follows:

- (1) Information relating to any individual.
- (2) Information which is likely to reveal the identity of an individual.
- (3) Information relating to the financial or business affairs of any particular person (including the authority holding that information).
- (4) Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
- (5) Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
- (6) Information which reveals that the authority proposes:
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
- (7) Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Corporate Aims & Key Objectives 2016/17

- (1) To ensure that the Council has appropriate resources, on an ongoing basis, to fund its statutory duties and appropriate discretionary services whilst continuing to keep Council Tax low:
- (a) To ensure that the Council's Medium Term Financial Strategy plans to meet the Council's financial and service requirements for any forward five year period, whilst minimising any reliance on Government funding;
 - (b) To continue to review and develop the Council's own assets and landholdings for appropriate uses, in order to maximise revenue streams and capital receipts, and to deliver the following key projects:
 - (i) The Epping Forest Shopping Park, Loughton;
 - (ii) The Council Housebuilding Programme;
 - (iii) The St John's Redevelopment Scheme, Epping; and
 - (iv) North Weald Airfield;
 - (c) To explore appropriate opportunities to make savings and increase income through the shared delivery of services with other organisations, where such arrangements would provide improved and/or more cost effective outcomes.
- (2) To ensure that the Council has a sound and approved Local Plan and commences its subsequent delivery:
- (a) To produce a sound Local Plan, following consultation with local residents and working with neighbouring councils, that meets the needs of our communities whilst minimising the impact on the District's Green Belt;
 - (b) To increase opportunities for sustainable economic development within the District, in order to increase local employment opportunities for residents; and
 - (c) To deliver the Council's new Leisure and Cultural Strategy, in order to maximise participation and value for money in the provision of leisure and cultural services to local residents and visitors.
- (3) To ensure that the Council adopts a modern approach to the delivery of its services and that they are efficient, effective and fit for purpose:
- (a) To have efficient arrangements in place to enable customers to easily contact the Council, in a variety of convenient ways, and in most cases have their service needs met effectively on first contact;
 - (b) To utilise modern technology to enable Council officers and members to work more effectively, in order to provide enhanced services to customers and make Council services and information easier to access; and

(c) To ensure that the Council understands the effects of an ageing population within the District and works with other agencies to make appropriate plans and arrangements to respond to these effects.

Cabinet Membership 2016/17

Chris Whitbread	Leader of the Council
Syd Stavrou	Deputy Leader and Housing
Richard Bassett	Governance & Development Management
Will Breare-Hall	Environment
Anne Grigg	Asset Management & Economic Development
Gary Waller	Safer, Greener & Transport
Helen Kane	Leisure & Community Services
John Philip	Planning Policy
Alan Lion	Technology & Support Services
Gagan Mohindra	Finance

Contact Officer

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Senior Democratic Services Officer

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WORK PROGRAMME - 5 OCTOBER 2016 TO 10 FEBRUARY 2017

PORTFOLIO - LEADER

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Transformation Programme 2016	To monitor the progress of the Programme and consider any business cases.	Yes	12 October 2016 3 November 2016	Cabinet Cabinet		Glen Chipp 01992 564758 David Bailey 01992 564105	
Key Action Plan 2016/17 Q1 Progress	To review the progress against the Key Action Plan 2016/17 at the end of Quarter 1.	Yes	12 October 2016	Cabinet		Colleen O'Boyle 01992 564475	Corporate Plan 2015/20
Funding of Transformation Programme	To consider the ongoing work of the Transformation Programme and its funding in the future.	Yes	12 October 2016	Cabinet	YES, paragraph (1).	Glen Chipp 01992 564758	Transformation Programme reports
Project and Programme Management	To consider options to improve the management of projects and programmes.	Yes	3 November 2016	Cabinet		David Bailey 01992 564105	Transformation Programme reports
Civic Offices Review	To review the current & alternative uses of the Civic Offices, and consider the potential for relocation.	Yes	1 December 2016	Cabinet	YES, paragraph (3)	Bob Palmer 01992 564279	Previous reports to Cabinet on Transformation
Customer Contact	To consider options to improve the main Reception at the Civic Offices.	Yes	1 December 2016	Cabinet		David Bailey 01992 564105	Transformation Programme Customer Contact Reports
Key Action Plan 2016/17 Q2 Progress	To review the progress against the Key Action Plan 2016/17 at the end of Quarter 2.	Yes	1 December 2016	Cabinet		Colleen O'Boyle 01992 564475	Corporate Plan 2015-20

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ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Draft Local Plan	To agree/launch the draft Local Plan for consultation.	Yes	6 October 2016	Cabinet		Kassandra Polyzoides 01992 564119	Local Plan Evidence Base Documents

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Budget 2017/18	The budget setting process for 2017/18, including: 1...Financial Issues Paper 2...Fees & Charges 3...Draft Budget 4...Executive Approval 5...Final Approval	Yes	14 July 2016 10 November 2016 19 January 2017 2 February 2017 21 February 2017	Finance and Performance Management Cabinet Committee Finance and Performance Management Cabinet Committee Finance and Performance Management Cabinet Committee Cabinet Council		Bob Palmer 01992 564279	
Local Council Tax Support Scheme 2017/18	Review of the Scheme for 2017/18: 1...Consider amendments 2...Finalise Scheme 3...Approve Scheme	Yes	21 July 2016 1 December 2016 15 December 2016	Cabinet Cabinet Council		Janet Twinn 01992 564215	
Council Tax Discounts	Review of discretionary discounts.	Yes	3 November 2016	Cabinet		Rob Pavey 01992 564211	

WORK PROGRAMME - 5 OCTOBER 2016 TO 10 FEBRUARY 2017

PORTFOLIO - ENVIRONMENT

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Contaminated Land	To agree a programme of inspection & budget allocation for the investigation of potential contaminated land sites within the District.	Yes	12 October 2016	Cabinet		Kim Durrani 01992 564055	Contaminated Land Strategy
Waste Management Contract	Supplementary revenue growth for the Waste Management contract.	Yes	1 December 2016	Cabinet		Kim Durrani 01992 564055	
Waste and Recycling Policies	Update to Waste & Recycling Policies	Yes	2 February 2017	Cabinet		Kim Durrani 01992 564055	None

WORK PROGRAMME - 5 OCTOBER 2016 TO 10 FEBRUARY 2017

PORTFOLIO - HOUSING

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Off Street Parking Programme 2016/17	To consider the future of the Programme and, if appropriate, approve the Programme for 2016/17.	Yes	12 October 2016	Cabinet		Paul Pledger 01992 564248	
Potential Additional Development Sites for the Council Housebuilding Programme	To consider potential additional sites for inclusion within the Council Housebuilding Programme.	Yes	1 November 2016	Council Housebuilding Cabinet Committee		Paul Pledger 01992 564248	
Phase 3 Council Housebuilding Programme	To accept tenders for the Works Contract for Phase 3.	Yes	1 November 2016	Council Housebuilding Cabinet Committee		Paul Pledger 01992 564248	
Materials Supply Chain - Housing Service	To appoint a new materials supplier.	Yes	4 November 2016	Housing Portfolio Holder		Paul Pledger 01992 564248	
Void Works Contract	To accept a tender for the Void Works contract.	Yes	4 November 2016	Housing Portfolio Holder		Haydn Thorpe 01992 564162	
Norway House Chalets	To consider a feasibility study for the redevelopment of the site at Norway House, North Weald, currently occupied by temporary chalets.	No	2 January 2017	Council Housebuilding Cabinet Committee		Paul Pledger 01992 564248	
HRA Financial Plan	To adopt an approach to ensure that the HRA does not fall into deficit	Yes	19 January 2017	Finance and Performance Management Cabinet Committee		Alan Hall 01992 564004	
Sheltered Housing Assets	To agree a Strategy for the future provision of individual housing schemes.	Yes	9 March 2017	Cabinet		Alan Hall 01992 564004	

Sheltered Housing Service	To agree the future approach to the Service.	Yes	9 March 2017	Cabinet		Roger Wilson 01992 564419	
Housing Strategy	To adopt a new Housing Strategy.	Yes	25 April 2017	Council		Alan Hall 01992 564004	

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
New Leisure Management Contract	To confirm the award of the new Leisure Management Contract, to start on 1 April 2017.	Yes	1 December 2016 20 December 2016	Cabinet Council		Jim Nolan 01992 564083	Leisure & Culture Strategy

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
On-Street Parking Management	Extension of the agreement with North Essex Parking Partnership for the provision of On-Street enforcement across the District for a further 4 years.	Yes	3 November 2016	Cabinet		Kim Durrani 01992 564055	
Off Street Car Parks	Award of contract for the management of Off Street Car Parks in the District.	Yes	3 November 2016	Cabinet		Kim Durrani 01992 564055	
Off-Street Car Park - Waltham Abbey	Management of a third party car park in Waltham Abbey.	No	3 November 2016	Cabinet		Kim Durrani 01992 564055	
Off Street Parking	Create 3 new Off-Street car parks in the District.	No	1 December 2016	Cabinet		Kim Durrani 01992 564055	

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
ICT Capital Requirement	To consider proposed capital schemes in the ICT Strategy for 2017/18.	Yes	12 October 2016	Cabinet		David Newton 01992 564580	
Facilities Management Capital and Revenue Requirements	To approve Capital & Revenue funding for projects necessary to maintain the building fabric and systems.	Yes	3 November 2016	Cabinet		David Newton 01992 564580	Facilities Management Planned Maintenance Programmes 2014/15 to 2017/18.

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Epping Forest Shopping Park	Update report on progress with the project.	Yes	27 October 2016	Asset Management and Economic Development Cabinet Committee	YES, paragraph (3)	Derek Macnab 01992 564050	Report by Colliers International Previous reports to the Cabinet
	Update report on progress with the project.		26 January 2017	Asset Management and Economic Development Cabinet Committee			
	Update report on progress with the project.		13 April 2017	Asset Management and Economic Development Cabinet Committee			

WORK PROGRAMME - 5 OCTOBER 2016 TO 10 FEBRUARY 2017

**PORTFOLIO - GOVERNANCE & DEVELOPMENT
MANAGEMENT**

ITEM	DESCRIPTION	KEY DECISION	DATE OF DECISION	DECISION MAKER	PRIVATE DECISION	REPRESENTATION ARRANGEMENTS	BACKGROUND PAPERS
Appointment of External Auditor	To opt into the 'Appointing Person' arrangement & use Public Sector Audit Appointments.	Yes	3 November 2016 20 December 2016	Cabinet Council		Bob Palmer 01992 564279	
Affordable Housing Viability Appraisals	To approve local Planning Guidance for applicants on the Council's requirements for the submission of viability appraisals relating to affordable housing	Yes	4 November 2016	Governance and Development Management Portfolio Holder		Alan Hall 01992 564004	None
Internal Audit Shared Service	To consider the Internal Audit Shared Service business case for approval.	Yes	1 December 2016	Cabinet		Colleen O'Boyle 01992 564475	
Information Service Level Agreement - ECC	Review of devolved District Council information services through the County Council Library service.	No	1 December 2016	Cabinet		Tom Carne 01992 564039	Consultation Summary

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Report to Overview and Scrutiny Committee

Date of meeting: 19 December 2016



Portfolio: Leader (Councillor C. Whitbread)

Subject: Key Objectives Key Action Plan 2016/17 – Quarter 2 performance

Responsible Officer: Barbara Copson (01992 564042)

Democratic Services Officer: A. Hendry (01992 564246)

Recommendations/Decisions Required:

- (1) That the Committee review Q2 progress in relation to the Corporate Plan Key Action Plan for 2016/17; and**
- (2) That the Committee identifies any actions arising from the Key Action Plan for 2016/17, that require in-depth scrutiny or further report on current progress.**

Executive Summary:

The Corporate Plan is the Council's key strategic planning document, setting out its priorities over the five-year period from 2015/16 to 2019/20. The priorities or Corporate Aims are supported by Key Objectives, which provide a clear statement of the Council's overall intentions for these five years.

The Key Objectives are delivered by an annual action plan, with each year building upon the progress against the achievement of the Key Objectives for previous years. The annual action plans contain a range of actions designed to achieve specific outcomes and are working documents and are therefore subject to change and development to ensure the actions remain relevant and appropriate, and to identify opportunities to secure further progress or improvement.

The Corporate Plan Key Action Plan for 2016/17 was agreed by the Cabinet in October 2015. Progress in relation to individual actions and deliverables is reviewed by the Cabinet and the Overview and Scrutiny Committee on a quarterly and outturn basis.

Reasons for Proposed Decision:

It is important that relevant performance management processes are in place to review progress against the key objectives, to ensure their continued achievability and relevance, and to identify proposals for appropriate corrective action in areas of slippage or under-performance. This report presents progress against the Key Action Plan for 2016/17 at the end of the second quarter (30 September 2016).

Other Options for Action:

No other options are appropriate in this respect. Failure to monitor and review performance against the key objectives, and to consider corrective action where necessary, could have negative implications for the Council's reputation, and might mean that opportunities for improvement were lost. The Council has previously agreed arrangements for the review of progress against the key objectives.

Report:

1. The Corporate Plan 2015-2020 is the Council's highest level strategic document. It sets the strategic direction for the authority for the five year lifetime of the Plan. It focuses on a number of key areas that the Council needs to focus on during that time and helps to prioritize resources to provide quality services and value for money. These key areas are known as the Corporate Aims and are supported by a set of Key Objectives which represent the Council's high-level initiatives and over-arching goals to achieve the Corporate Aims. The Key Objectives are in turn, delivered via an annual Key Action Plan.
2. The Key Action Plan 2016/17 is populated with actions or deliverables designed to secure progress against each of the Key Objectives during 2016/17. During the subsequent years in the lifetime of the Key Objectives, annual action plans will be developed which build on progress achieved during preceding years.
3. The annual action plans are working documents and are therefore subject to change and development to ensure that the actions remain relevant and appropriate, and to identify opportunities to secure further progress or improvement.
4. Progress against the Key Action Plan is reviewed on a quarterly basis to ensure the timely identification and implementation of appropriate further initiatives or corrective action where necessary. A schedule detailing Quarter 2 progress against the 49 individual actions of the 2016/17 Key Action Plan, is attached as Appendix 1 to this report. In reporting progress, the following 'status' indicators have been applied to the to individual actions:

Achieved (Green) - specific deliverables or actions have been completed or achieved in accordance with in-year targets;

On-Target (Green) - specific deliverables or actions will be completed or achieved in accordance with in-year targets;

Under Control (Amber) - specific deliverables or actions have not been completed or achieved in accordance with in-year targets, but completion/achievement will be secured by a revised target date (specified) or by year-end;

Behind Schedule (Red) - specific deliverables or actions have not been completed or achieved in accordance with in-year targets and completion/achievement may not be secured by year-end; and

Pending (Grey) - specific deliverables or actions cannot currently be fully completed or achieved, as they rely on the prior completion of other actions or are dependent on external factors outside the Council's control.

5. There are 49 actions **in total** for which progress updates for Q2 are as follows:
 - 29 (59%) of these actions have been 'Achieved' or are 'On Target'
 - 14 (29%) of these actions are 'Under Control'
 - 2 (4%) are 'Behind Schedule'
 - 4 (8%) are 'Pending'
6. The Overview and Scrutiny Committee is requested to review progress against the key objectives Key Action Plan for 2016/17 at Quarter 2. This report was also considered by the Cabinet at its meeting on 1 December 2016.

Resource Implications: None for this report.

Legal and Governance Implications: None for this report. Performance monitoring contributes to the delivery of value for money.

Safer, Cleaner, Greener Implications: None for this report.

Consultation Undertaken: The performance information set out in this report has been submitted by each responsible service director.

Background Papers: Relevant documentation is held by responsible service directors.

Impact Assessments:

Risk Management: None for this report.

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Aim (i) To ensure that the Council has appropriate resources, on an ongoing basis, to fund its statutory duties and appropriate discretionary services whilst continuing to keep Council Tax low.

Key Objective (i)(a) To ensure that the Council's Medium Term Financial Strategy plans to meet the Council's financial and service requirements for any forward five year period, whilst minimising any reliance on Government funding.

Action	Lead Directorates	Target Date	Status	Progress
1) Deliver identified savings	Management Board	31-Mar-17	On Target	Q1 (2016/17) - Printer Migration Project is being implemented. Transformation work-stream is reviewing further opportunities. Reports due in the autumn. Q2 (2016/17) - Transformation savings of £107,260 of which £70,960 are General Fund and £36,300 HRA.
2) Progress preparations for delivering savings for 2016/17	Management Board	31-Mar-17	On Target	Q1 (2016/17) - Not yet due - will be progressed as part of the 2017/18 budget process. Q2 (2016/17) - Not yet due - will be progressed as part of the 2017/18 budget process.
3) Develop additional business cases	Management Board	30-Sep-16	Under Control	Q1 (2016/17) Printer Migration Project is being implemented. Transformation work-stream is reviewing further opportunities. Reports due in the autumn. Q2 (2016/17) Savings identified for 2016/17 total £107,260, of which £70,960 are general fund and £36,300 are HRA. Savings identified for 2017/18 total £40,500, of which £34,800 are general fund and £5,700 are HRA. Further savings ideas to be considered by the Cabinet for 2017/18 are estimated to range from £480,900 to £533,200. Of this £451,300 to £502,800 are general fund and £29,600 to £30,400 are HRA.
4) Presentation of the Financial Issues Paper and	Resources	31-Jul-16	Achieved	(Q1 2016/17) - The Financial Issues Paper will be presented to the Finance & Performance Management Cabinet Committee on 14 July.

MTFS update					(Q2 2016/17) - The Financial Issues Paper was presented to the Finance & Performance Management Cabinet Committee on 14 July and the recommendations have now been agreed by Cabinet.
5) Review the future options for the HRA Financial Plan and to sell "high value" empty Council properties	Communities	30-Nov-16		Pending	Q1 (2016/17) - Awaiting Government Guidance and Regulations on the sale of "higher value" empty Council properties. The Review cannot be effectively undertaken until the level of the required levy to be paid to the Government is known. Q2 (2016/17) - As Q1. However, some preliminary work on the resources available to the HRA for the Housebuilding Programme and levels of investment on the Council's housing stock have commenced, which will feed in to the review.

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Key Objective (i)(b) To continue to review and develop the Council's own assets and landholdings for appropriate uses, in order to maximise revenue streams and capital receipts, and to deliver the following key projects:

- The Epping Forest Shopping Park, Loughton
- Council Housebuilding Programme
- St John's Redevelopment Scheme, Epping
- North Weald Airfield

Action	Lead Directorates	Target Date	Status	Progress	
1) Complete phase 1 of the Council House-buildings	Communities	30-Nov-16		Under Control	Q1 (2016/17) Following the termination of the contract with the contractor for Phase 1, due to poor performance, negotiations are being held with another contractor to complete the works. Q2 (2016/17) Following a comprehensive assessment of the outstanding works, PA Finlay has now been selected to complete the works through a Completion Contract. The contract is currently in the process of being signed. It is expected that works will commence on site W/C 31st October 2016.

2) Commence Phase 2 of the Council Housebuilding Programme	Communities	30-Apr-16		Achieved	(Q1 2016/17) - The contract has been signed, the contractor has taken possession of the site and is due to commence works shortly. (Q2 2016/17) - Works have commenced.
3) Relocate the Housing Repairs Service from the Epping Depot to alternative suitable alternative premises	Communities	30-Apr-16		Pending	(Q1 2016/17) - Planning permission has been received for the construction of a new Repairs and Maintenance Hub at Blenheim Way, North Weald, for which it will take around 18 months to procure and undertake the works. However, at the meeting of Cabinet in July 2016, it was agreed that no further work should be undertaken on the proposal until after the outcome of the Strategic Accommodation Review, due to be reported to Cabinet in October 2016. (Q2 2016/17) - The outcome of the Strategic Accommodation Review was not able to be reported to the October meeting of the Cabinet, and is unlikely to be reported until early 2017.
4) To facilitate, by the purchase of Essex County Council's interest and subsequent disposal to the preferred developer, the St John's Road redevelopment scheme.	Neighbourhoods	31-Oct-16		On Target	(Q1 2016/17) - The final terms of the purchase of the County Council's interest and subsequent disposal to Frontier Estates have been agreed and are to be considered by the respective Cabinet Committees in July 2016. The agreement will be in principle subject to further confirmation from the Secretary of State with regard to State Aid Regulations. (Q2 2016/17) - Following the receipt of the State Aid consent from the Secretary of State, the final drafting of the Legal Documentation for the District Council's purchase and subsequent sale to Frontier Estates at Essex County Council's interest in the site is nearing conclusion. Hope to practically complete by the end of October.
5) Work in partnership with Moat Housing to commence the development of the Council garage site	Communities	30-Jun-16		None	(Q1 2016/17) - A comprehensive Car Parking and Affordable Housing Plan for Vere Road, which includes consideration of the future of this site, is due to be considered by the Asset Management and Economic Development Cabinet Committee on 22nd August 2016. (Q2 2016/17) The Car Parking and Affordable Housing Plan was considered by the Cabinet Committee on 22nd August 2016. Cabinet subsequently approved the

					Plan, including the Cabinet Committee's recommendation that this site should not be developed for affordable housing, but to provide dedicated parking for the private residents of the Higgins development on the site of the former Sir Winston Churchill PH site. Therefore, this action is now closed
6) Evaluate the submissions received for North Weald Airfield marketing exercise	Neighbourhoods	30-Nov-16	Behind Schedule		(Q1 2016/17) - Submissions received in response to the expressions of interest have been assessed by the Asset Management Cabinet Committee. Specification for procurement of an operational partner under OEJU regulations has commenced. (Q2 2016/17) - As Q1.
7) Progress the Epping Forest Shopping Park Scheme	Neighbourhoods	31-Oct-16	On Target		(Q1 2016/17) - Tenders have been received for the construction of the main Shopping Park, which further to final evaluation, will be recommended for approval at the Council's July Cabinet. Delays have been experienced with reaching agreement with Essex County Council on the final specifications and working methodology for the Highways Works. Whilst marketing is proceeding well, the Shopping Park is now not likely to open until Summer 2017. (Q2 2016/17) - The main construction contractor McLaughlin and Harvey took possession of the site in mid-September. Good mobilisation and clearance works have been achieved. 41 week construction programme on target. Highways Contractor has commenced S278 works. Some delays in relation to the need to locate new attenuation tanks. Shopping Park still on target to open in August 2017.
8) Commence Phase 3 of the Council Housebuilding Programme to provide up to 35 new affordable rented homes in Epping	Communities	30-Jun-16	Under Control		(Q1 2016/17) - Tenders are due to be invited from contractors for a number of small construction contracts comprising Phase 3 in early August 2016. (Q2 2016/17) Tenders have been invited on a phased basis for the 7 separate contracts comprising Phase 3, with three tenders returned to date. The tenders will be reported to the Council Housebuilding Cabinet Committee for approval.
9) Secure planning Phase 4 of	Communities	31-May-16	Under		(Q1 2016/17) - A number of developments comprising Phase 4 have received

<p>the Council Housebuilding Programme to provide up to 50 new affordable rented homes in Loughton</p>				<p>Control</p>	<p>planning permission, but a number have also been refused. The Council Housebuilding Cabinet Committee will consider the proposed approach to the delivery of Phase 4 once all planning applications have been determined.</p> <p>(Q2 2016/17) - 10 planning applications have been approved; 2 applications were withdrawn following further discussions with planning officers; 2 applications were refused planning permission by the Area Plans Sub-Committee and 1 application (Vere Road, Loughton) was being held in abeyance pending the formulation of a Car Parking and Affordable Housing Plan, but is now being progressed following the adoption of a Plan.</p>
<p>10) Subject to the receipt of planning permission, secure the provision of the affordable rented homes at the Council-owned site at Pyrles Lane, Loughton</p>	<p>Communities</p>	<p>30-Jun-16</p>		<p>Under Control</p>	<p>(Q1 2016/17) - A report will be submitted to Cabinet shortly on the proposed marketing strategy for the sale of the Pyrles Lane nursery site, which will consider the Council Housebuilding Cabinet Committee's recommendation that the completed affordable homes be purchased by the Council.</p> <p>(Q2 2016/17) - The Director of Neighbourhoods intends to report on the Marketing Strategy to the November Cabinet meeting.</p>

Key Objective (i)(c) To explore appropriate opportunities to make savings and increase income through the shared delivery of services with other organisations, where such arrangements would provide improved and/or more cost effective outcomes.

Action	Lead Directorates	Target Date		Status	Progress
<p>1) Liaise with the Communities Directorate on Housing related / led projects is constructive and productive to retain Building Control project work in-house</p>	<p>Governance</p>	<p>30-Apr-16</p>		<p>Achieved</p>	<p>(Q1 2016/17) - We continue to enjoy a constructive and responsive relationship between directorates and building income continues to exceed budget.</p> <p>(Q2 2016/17) - As above.</p>

2) Include a clause as standard in new commercial leases, to require the use of the Building Control service	Neighbourhoods	30-Apr-16	Achieved	(Q1 2016/17) - Clause being prepared for inclusion in new commercial leases. (Q2 2016/2017) - Clause completed. Evidence of commissions being achieved.
3) Estates colleagues to include use of the in-house building control service in their standard negotiations	Governance	30-Apr-16	Under Control	(Q1 2016/17) - The directorates continue to liaise to embed the inclusion of the in house service in negotiations. (Q2 2016/17) – Progress has been made but we need to continue to embed this process.
4) Include as standard in the specification for new contracts to upgrade Council facilities, a requirement to use the in-house Building Control service.	Neighbourhoods Resources	30-Apr-16	On Target	(Q1 2016/17) - The contract for the construction of the new Leisure Centre at Waltham Abbey and any other refurbishments will reflect the requirement to use the in-house Building Control Service. (Q2 2016/17) - As (i)(c) previous.
5) For major development projects in which the Council has a sole or significant interest, ensure building regulations work is carried out by the in-house team	Neighbourhoods	30-Apr-16	Achieved	(Q1 2016/17) - Opportunities are being offered to undertake the work. (Q2 2016/17) - The in-house building control team are undertaking the work in relation to the Epping Forest Shopping Park and will be recommended for the potential new Leisure Centre in Waltham Abbey.
6) Identify and undertake measures to raise the profile and successes of the in-house building control team.	Governance	30-Apr-16	Under Control	(Q1 2016/17) - The Staples Road Junior School in Loughton was shortlisted for the Local Authority Building Control awards held in Cambridge and the team continues to promote partnership working resulting in healthy income levels. (Q2 2016/17) - We are continuing to train our own officers to ensure the quality of the service which we have to market.
7) Participate in the renegotiations of the contracts for the provision of on-line library services	Governance	31-Mar-17	Achieved	(Q1 2016/17) - As part of PLP the legal service continues to benefit from reduced online library services in a form of savings. (Q2 2016/17) – as above.

8) Explore the possible expansion of the insurance service provided to Uttlesford District Council.	Resources	30-Sep-16	Achieved	(Q1 2016/17) - The possibility of expanding the insurance service has been explored with both Uttlesford and other Essex districts but unfortunately all those contacted are not interested in changing their arrangements at this time. (Q2 2016/17) - As per Q1.
9) Implement an integrated HR/Payroll IT system jointly with at least one other authority.	Resources	31-Mar-17	On Target	(Q1 2016/17) - Implementation underway with Braintree & Colchester councils, with these sites going live first. The target for Epping to go live with the new system is December 2016. (Q2 2016/17) - The implementation is proceeding in line with the timetable and the system is still expected to go live in December 2016.
10) Evaluate possibility of shared service as part of Debt Working Party.	Resources	30-Sep-16	Under Control	(Q1 2016/17) - The Working Party continues to meet and reports back to Management Board on potential improvements and alterations to the processes of debt recovery. (Q2 2016/17) - As per Q1.
11) Provide HR/payroll services to at least one other authority	Resources	31-Mar-17	Pending	(Q1 2016/17) - The primary focus is currently the implementation of the new system - see item 9 above. (Q2 2016/17) - As per Q1 - the system needs to be in place before we can offer it to others.
12) Evaluate possibility of shared service as part of Scanning Working Party	Resources	30-Sep-16	Under Control	(Q1 2016/17) - The Working Party has been established with a project charter and meetings have taken place as part of the discovery phase. (Q2 2016/17) - The discovery phase is continuing and changes have already been made to make several processes more efficient.
13) Identify additional Council services that may benefit from a shared provision with	Management Board	31-Mar-17	On Target	(Q1 2016/17) - Good progress made with audit. Opportunities being discussed with West Essex Chief Executives.

other organisations				(Q2 2016/17) - Good progress made with audit. Opportunities being discussed with West Essex Chief Executives.
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Aim (ii) To ensure that the Council has a sound and approved Local Plan and commences its subsequent delivery

Key Objective (ii)(a) To produce a sound Local Plan, following consultation with local residents and working with neighbouring councils, that meets the needs of our communities whilst minimising the impact on the District's Green Belt.

Action	Lead Directorates	Target Date	Status	Progress
1) Update the Council's Housing Strategy, following production of the Preferred Options for the Local Plan.	Communities	31-Dec-16	On Target	(Q1 2016/17) - It has previously been agreed that work on updating the Council's Housing Strategy should not commence until the Draft Local Plan Preferred Approach has been published, which is currently expected to take place in October 2016, since the Housing Strategy is so dependent on the Local Plan proposals. (Q2 2016/17) - On the assumption that consultation on the Draft Local Plan will commence on 31st October 2016, the Director of Communities is currently setting up an officer Project Team to formulate a draft Housing Strategy.
2) To undertake Phase II of a comprehensive Green Belt Review as a key component of the local Plan evidence base.	Neighbourhoods	31-Jan-16	Achieved	(Q1 2016/17) - Phase II of the Green Belt Review has been completed and now forms part of the evidence base in undertaking individual site assessment work. (Q2 2016/17) - Draft Plan agreed for consultation to include Green Belt Assessment. (Note: this action was carried over from last year's plan and completed this year).
3) Agree a Draft Local Plan	Neighbourhoods	31-May-16	Under	(Q1 2016/17) - New Local Plan Development Scheme due to consideration at the

and undertake the appropriate sustainability appraisal.			Control	July Cabinet Committee. Sustainability appraisals underway. (Q2 2016/17) - Cabinet to consider draft Plan in October. Consultation period to run from the 31 October to the 12 December 2016. LDS timeframes still being achieved.
4) Undertake all necessary consultations and negotiations under the Duty to Co-operate with Neighbouring Authorities	Neighbourhoods	31-Mar-17	On Target	(Q1 2016/17) - The work of the Co-operation for Sustainable Development Board is ongoing fulfilling the requirements of the Duty to Co-operation. Currently chaired by EFDC but due to transfer to East Herts in June. Intention is for the four authorities within the Strategic Housing Market Area to consult simultaneously in the Autumn. (Q2 2016/2017) - Work of the Duty to Co-operate Board ongoing. Two of three Memorandum of Understandings nearing signature. Uttlesford and Harlow consultation timescales have slipped by 2-3 months.
5) Submit the Final Local Plan to the Planning Inspectorate for Examination.	Neighbourhoods	31-Mar-17	Behind Schedule	(Q1 2016/17) - Final Local Plan Document in accordance with the revised Local Development Scheme due to be submitted for Examination in Public in November/December 2017. (Q2 2016/2017) - As above.

Key Objective (ii)(b) To increase opportunities for sustainable economic development within the District, in order to increase local employment opportunities for residents.

Action	Lead Directorates	Target Date	Status	Progress
1) Continue with the Council's apprenticeship scheme for the district's young people, providing sustainable employment opportunities.	Resources	30-Sep-16	Under Control	(Q1 2016/17) - The cohort recruited in 2015 continues to make good progress with their apprenticeships. A full intake will occur again in 2017. For 2016 the focus is on the recruitment of a new graduate trainee. (Q2 2016/17) - Despite several attempts we were unable to recruit a new graduate trainee. The current apprentices continue to make good progress and

				preparations are underway to expand the programme to meet the requirements of the Apprenticeship Levy from April 2017.
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Key Objective (ii)(c) To deliver the Council's new Leisure and Cultural Strategy, in order to maximise participation and value for money in the provision of leisure and cultural services to local residents and visitors.

Action	Lead Directorates	Target Date	Status	Progress
1) Undertake a Master-planning exercise for the provision of a proposed new swimming pool, new health centre and an independent living scheme	Communities Neighbourhoods	31-May-16	Achieved	(Q1 2016/17) - The Master Plan has been produced, published and formally endorsed by the Cabinet. (Q2 2016/17) - An Outline Planning Application has been submitted and is due to be determined by the District Development Management Committee in November 2016. Proposals have been received from the 3 Final Tenderers from the Leisure Management Contract.
2) Undertake a public consultation exercise on the Draft Masterplan for Hillhouse, Waltham Abbey.	Communities Neighbourhoods	30-April-16	Achieved	(Q1 2016/17) - The master-planning exercise (see 1 above) included consultation with all key stakeholders and the holding of a Community Planning Weekend, to which all residents, local businesses and other interested parties were invited. Feedback received from this consultation process informed the final Master Plan. (Q2 2016/17) - The feedback informed both the Master Plan and the subsequent Outline Planning Application due to be considered in November 2016.
3) Jointly pursue the provision of a new Secondary School on the Ongar Campus site	Neighbourhoods	30-Apr-16	Achieved	(Q1 2016/17) - Completed. (Q2 2016/17) - As above.
4) As part of the competitive	Neighbourhoods	30-Sep-16	Achieved	(Q1 2016/17) - Completed.

dialogue procurement process for the new Leisure Management Contract, take forward the provision of a replacement swimming pool in Waltham Abbey					
5) Subject to the receipt of funding from Arts Council England, investigate the possible establishment of a Museum Heritage and Culture Development Trust	Communities	30-Jun-16		Under Control	<p>(Q1 2016/17) - The outcome of the bid for funding from Arts Council England is awaited.</p> <p>(Q2 2016/17) - The bid was successful and £270,000 funding has been awarded jointly to EFDC, Chelmsford CC and Broxbourne BC. The funding will be used to appoint a Commercial Manager for 18 months (to develop new income streams across Epping Forest, Broxbourne and Chelmsford Museums) and a Fundraising Manager to establish a Development Trust for Epping Forest District and Lowewood Museums, and a separate Trust for Chelmsford Museum. The Trusts will operate as Charities, based on companies limited by guarantee and will work in parallel to the Council's operation of the Museums, in order to raise funds and access funding pots which the Councils are unable to access.</p>

Aim (iii) To ensure that the Council adopts a modern approach to the delivery of its services and that they are efficient, effective and fit for purpose.

Key Objective (iii)(a) To have efficient arrangements in place to enable customers to easily contact the Council, in a variety of convenient ways, and in most cases have their service needs met effectively on first contact.

Action	Lead Directorates	Target Date	Status	Progress
1) Review the success of the increased opening hours and the increased delivery of Council services at the Council Office at the Limes Centre	Communities	31-Mar-17	On Target	<p>(Q1 2016/17) - The increased opening hours have been introduced, with the provision of increased Council services from the Council Office. A formal review of the success of this initiative is planned to be undertaken by the Communities Select Committee after 12 months' operation - in 2017</p> <p>(Q2 2016/17) - As Q1.</p>

<p>2) Implement and/or produce an Implementation Plan for, the agreed proposals for improving customer contact.</p>	<p>Management Board</p>	<p>31-Mar-17</p>		<p>On Target</p>	<p>(Q1 2016/17) - The customer contact project team continues to make good progress. A Head of Customer Service is due to be appointed shortly.</p> <p>(Q2 2016/17) - Head of Customer Services has been appointed and is due to start on 2 November. Implementation plan produced and implementation continues. A portfolio Holder decision on purchase of CMS software has been taken and now being actioned to allow prototyping work to be undertaken through to March 2017. A draft specification for the reception work has been agreed with Facilities which now moves to initial design stage. A further period of monitoring of visitor patterns was undertaken in September. A Channel shift/process mapping day will take place in early November. New ICT analyst position now filled and started working on our online forms to transition them to the new CMS.</p>
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Key Objective (iii)(b) To utilise modern technology to enable Council officers and members to work more effectively, in order to provide enhanced services to customers and make Council services and information easier to access.

Action	Lead Directorates	Target Date		Status	Progress
<p>1) Achieve significant progress in the scanning of paper and microfiche Development Control files</p>	<p>Governance</p>	<p>31-Mar-17</p>		<p>On Target</p>	<p>(Q1 2016/17) - The dedicated team continues to scan Planning files with a view to supporting flexible and remote working and reducing space requirements.</p> <p>(Q2 2016/17) – The team is up to speed and we continue to scan the files to support flexible working.</p>
<p>2) Scan Building Control paper and microfiche files to promote flexible working and reduce storage costs.</p>	<p>Governance</p>	<p>31-Mar-17</p>		<p>On Target</p>	<p>(Q1 2016/17) - The dedicated team continues to scan building control with a view to supporting flexible and remote working and reducing space requirements.</p>

				(Q2 2016/17) – as above.
3) Undertake document scanning projects in Legal Services and Development management to support the Transformation Programme.	Governance	31-Mar-17	On Target	<p>(Q1 2016/17) - We continue to scan legal documents and we are embarking on a program of creating electronic files for certain categories of legal work. Approximately 20% of the 2383 Council Deeds have been scanned and uploaded onto the Council’s mapping system. Additionally a spreadsheet has been developed to organise approximately 6000 miscellaneous documents in preparation for scanning.</p> <p>(Q2 2016/17) - We had a slight delay with the scanning as a result of a member of staff leaving and recruitment of a replacement. The new officer is in the progress of being trained.</p>
4) Continue the implementation of the Council's ICT Strategy, with the completion of the following key projects	Resources	31-Mar-17	On Target	<p>(Q1 2016/17) - Implementation continues and is on target. An update report was presented to the Resources Select Committee in April.</p> <p>(Q2 2016/17) - Good progress continues to be made and the capital bid for 2017/18 will be presented to Cabinet on 12 October.</p>
5) Free up computer suite 1 for re-use as office accommodation.	Resources	31-Mar-17	On Target	<p>(Q1 2016/17) - On hold pending the accommodation review and is awaiting works to fully decommission.</p> <p>(Q2 2016/17) - The computer suite is free for alternative uses but will not be allocated or refurbished until the accommodation review has been completed.</p>

Key Objective (iii)(c) To ensure that the Council understands the effects of an ageing population within the District and works with other agencies to make appropriate plans and arrangements to respond to these effects.

Action	Lead Directorate	Target Date	Status	Progress
1) Complete the multi-service study to identify and	Communities	30-Sep-16	Achieved	(Q1 2016/17) - The study has been completed and the Study Report has been drafted. In the first instance, the Draft Study Report will be considered by the

better understand the demographics of an ageing population in the District					<p>Council's Management Board, following which it will be submitted to the Overview and Scrutiny Committee for consideration and discussion.</p> <p>(Q2 2016/17) - The Study has been completed. The findings will be reported to a Briefing Session for all members immediately before the Council meeting on 1st November 2016.</p>
2) Commence the implementation of the action plan formulated as a result of the multi-service study	Communities	30-Sep-16		Under Control	<p>(Q1 2016/17) -This will be implemented following consideration of the Study Report by the Overview and Scrutiny Committee, as referred to in (1) above.</p> <p>(Q2 2016/17) - Now that the Study has been completed, the resultant Action Plan is currently being formulated.</p>
3) Review the delivery of housing support at the Council's sheltered housing schemes in the District.	Communities	31-Jan-17		Pending	<p>(Q1 2016/17) - Initial ideas have been formulated on how housing support could be delivered at the Council's sheltered housing schemes in the future. However, this project is being held in abeyance, pending consideration by the Communities Select Committee and the Cabinet on the options for the future delivery of the Council's Careline Service.</p> <p>(Q2 2016/17) - As Q1.</p>
4) Review the Council's sheltered housing stock assets, with a view to rationalisation and modernisation through a strategic approach.	Communities	30-Jun-16		Under Control	<p>(Q1 2016/17) - A number of proposals have been formulated by a project team led by the Director of Communities. It is intended that an initial report on the approach to the review will be submitted to the Communities Select Committee in November 2016 for consideration.</p> <p>(Q2 2016/17) - As Q2 - but the report may be held over to the January 2017 meeting of the Select Committee, due to officer workload and the number of reports already due to be considered at the November meeting.</p>

Overview and Scrutiny Work Programme 2016/17

Overview and Scrutiny Committee

Chairman – Councillor M. Sartin			
Item	Report Deadline / Priority	Progress / Comments	Programme of Future Meetings
(1) Transport for London – Central Line services and infrastructure (Scrutiny of external organisations)	19 December 2016 (to be confirmed)	To review issues related to the operation of the London Underground Central Line in the Epping Forest District. Appropriate lines of questioning and scope/focus of presentation (if required) to be developed by the Committee at its meeting on 25 October 2016.	07 June 2016; 19 July; 25 October; 19 December; 28 February 2017; and 18 April.
(2) Corporation of London (Epping Forest)	7 June 2016	(PICK submission) The Superintendent of Epping Forest and the Chairman of the Friends of Epping Forest made a presentation to the Committee on 7 June 2016, in relation to public consultation on the Epping Forest Management Plan for 2017-2027.	
(3) Essex County Council – Local Highways Services and infrastructure (Scrutiny of External Organisation)	28 February 2017 (to be confirmed)	To review issues related to the management of local highway services in the Epping Forest District. Appropriate lines of questioning and scope/focus of presentation (if required) to be developed by the Committee at its meeting on 19 December 2016.	
(4) Overview and Scrutiny Work Programme (2017/18)	18 April 2017	To agree the work programmes for the Overview and Scrutiny Committee and each of the four select committees for 2017/18.	

(5) Corporate Priorities and Key Decisions (2017/18)	First meeting of each municipal year (June 2017)	The Leader of the Council to present the Council's corporate priorities and the Executive's programme of Key Decisions for the year and indicate where work on the Cabinet's behalf could be undertaken by overview and scrutiny.	
(6) Directorate Business Plans (2017/18)	First meeting of each municipal year (June 2017)	All Portfolio Holders to present the priorities and service challenges from the business plan for their portfolio, at the first meeting in each municipal year	

Overview and Scrutiny Committee – Reserve Work Programme		
ITEM	Report Deadline / Priority	Progress / Comments
(1) Epping Forest College	Possibly April 2017	<p>To review the strategic direction of Epping Forest College, its vision for the future and its relationship with the community. In September 2014, the Committee asked that the Principal address members on an annual basis. The Deputy Principal addressed the Committee at its meeting in October 2015.</p> <p>At the October 2016 meeting of the O&S Committee agreed that it would be more appropriate to invite the new principal at a later date, when he had settled into his role.</p>
(2) Barts Health NHS Trust (Whipps Cross Hospital) (Scrutiny of External Organisations)	Early in the new municipal year – possibly July 2017	Scrutiny of service improvements at Whipps Cross Hospital following report of Care Quality Commission in 2015. The Managing Director of Whipps Cross attended the meeting of the Committee in February 2016 meeting, when it was agreed that a representatives of the Trust would update the Committee on progress during 2016/17.
(3) Epping Forest 6 th Form Consortium (Scrutiny of External Organisation)	Early in the new municipal year	(PICK submission) To review the progress of the new 6th Form consortium set up in the District in September 2015. Originally intended to seek presentation from appropriate head teachers after a year of operation.

(4) Essex County Council (Children's Services) (Scrutiny of External Organisations)	To Be Determined.	<p>Recommendation arising from Children's Services Task and Finish Panel requires the Committee to meet with Essex County Council in respect of Children's Services on an annual basis. The Director of Children's Commissioning attended the meeting in April 2016.</p> <p>The October 2016 meeting agreed that this should be left for now. To be considered at a later date.</p>
(5) Princess Alexandra Hospital Services for District Residents (Scrutiny of External Organisations)	Possibly on 30 January 2017 at a special meeting.	<p>Scrutiny of services provided to residents of the district by the Princess Alexandra Hospital NHS Trust. Awaiting the issue of an inspection report by the Care Quality Commission in 2016.</p> <p>The October 2016 meeting agreed that a special meeting be convened, in January 2017, to have senior officers in to update the committee.</p>

Select Committees

Communities Select Committee 2016/17 (Chairman – Councillor Y Knight)

Item	Report Deadline / Priority	Progress/Comments	Programme of Future Meetings
(1) Performance against Housing Service Standards and Review	June 2016	COMPLETED – June 2016 (Housing Portfolio)	27 June 2016; 06 September; 08 November; 21 November; 17 January 2017; and 14 March.
(2) 6-Month Progress Report on Housing Strategy Action Plan 2016	June 2016	COMPLETED – June 2016 (Housing Portfolio)	
(3) Communities Key Performance Indicators (KPIs) – 2015/16 Out-Turn	June 2016	COMPLETED – June 2016 (Housing Portfolio)	
(4) Progress with Key Actions for the Corporate Plan led by the Communities Directorate – 2015/16 Out-Turn	June 2016	COMPLETED – June 2016 (Housing Portfolio)	
(5) Summary of key housing provisions of the Housing and Planning Act 2016	June 2016	COMPLETED – June 2016 (Housing Portfolio)	
(6) Annual Diversity Report of Housing Applicants and Lettings	September 2016	COMPLETED – September 2016 (Housing Portfolio)	
(7) Annual Report on the HomeOptions Choice Based Lettings Scheme	September 2016	COMPLETED – September 2016 (Housing Portfolio)	
(8) Communities Key Performance Indicators (KPIs) – Quarter 1	September 2016	COMPLETED – September 2016 (Housing Portfolio)	

(9) Progress with Key Actions for the Corporate Plan led by the Communities Directorate – Quarter 1	September 2016	COMPLETED – September 2016 (All Portfolios)	
(10) Annual Feedback on the success of the Crucial Crew initiative and learning points for future programmes	September 2016	COMPLETED – September 2016 (Safer Greener Transport Portfolio)	
(11) Annual Report of the Community Safety Partnership	8 November 2016	(Safer Greener Transport Portfolio) COMPLETED	
(12) Annual feedback on the success of the Summer Holiday Activity Programme and learning points for the future	8 November 2016	(Leisure and Community Service Portfolio) COMPLETED	
(13) Six-Monthly Progress Report on Housing Business Plan Action Plan 2016/17	21 November 2016	(Housing Portfolio) - COMPLETED	
(14) Six-Month Review of the HRA Financial Plan 2016/17	21 November 2016	(Housing Portfolio) - COMPLETED	
(15) Communities Key Performance Indicators (KPIs) – Quarter 2	21 November 2016	(Housing Portfolio) - COMPLETED	
(16) Progress with Key Actions for the Corporate Plan led by the Communities Directorate – Quarter 2	21 November 2016	(All Portfolios) - COMPLETED	
(17) Annual feedback on the success of the Reality Roadshow initiative and learning points for the future	January 2017	(Leisure and Community Service Portfolio)	

(18) Housing Strategy Key Action Plan 2016 – 12 Month Progress Report	January 2017	(Housing Portfolio)	
(19) Housing Strategy Key Action Plan 2017	January 2017	(Housing Portfolio)	
(20) Briefing on the proposed Council rent increase for 2017/18	January 2017	(Housing Portfolio)	
(21) Housing Service improvements and service enhancements – 2017/18	January 2017	(Housing Portfolio)	
(22) Communities Key Performance Indicators (KPIs) – Quarter 3	March 2017	(Housing Portfolio)	
(23) Communities Key Performance Indicators (KPIs) – Targets for 2017/18	March 2017	(Housing Portfolio)	
(24) Progress with Key Actions for the Corporate Plan led by the Communities Directorate – Quarter 3	March 2017	(All Portfolios)	
(25) 12-monthly Progress report on Housing Business Plan Action Plan 2016/17	March 2017	(Housing Portfolios)	
(26) HRA Business Plan 2017/18	March 2017	(Housing Portfolio)	
(27) Annual Report from representatives of the Youth Council on completed and proposed activities	March 2017	(Housing Portfolio)	
(28) Presentation on Disabled Facilities Grants and current demand and expenditure	September 2016	COMPLETED – September 2016 (Housing Portfolio)	

(29) Approach to promotion and marketing of support and financial incentives for under-occupying tenants wanting to transfer	September 2016	COMPLETED – September 2016 (Housing Portfolio)	
(30) Attendance by Essex Police District Commander at next meeting – Discussion on issues to raise	September 2016	(Safer Greener Transport Portfolio) COMPLETED	
(31) Presentation by Epping Forest CAB on its use of EFDC funding for their two Debt Advisors	January 2017	(Housing Portfolio)	
(32) Consultation on the Council's HRA Financial Options Review – prior to consideration by the Finance and Performance Management Cabinet Committee	January 2017	(Housing Portfolio)	
(33) Review of the Council's Careline Service	21 November 2016	(Housing Portfolio) - COMPLETED	
(34) Presentation from Essex Police's District Commander on current policing and crime issues in the District	8 November 2016	(Safer Greener Transport Portfolio) COMPLETED	
(35) Review of CCTV Action Plan	January 2017	(Safer Greener Transport Portfolio)	
(36) Review of the future use of sheltered/grouped housing scheme sites	January 2017	(Housing Portfolio)	
(37) Housing Strategy 2017-2021	March 2017	(Housing Portfolio)	

(38) Approach to decommissioning CCTV Systems	8 November 2016	COMPLETED – (Safer Cleaner Transport)	
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**Governance Select Committee 2016/17
(Chairman – Councillor N Avey)**

Item	Report Deadline / Priority	Progress / Comments	Programme of Future Meetings
(1) Review of the Elections and EU Referendum May & June 2016	29 September 2016	Review of the processes for the EU Referendum, District Council and Parish Council elections COMPLETED	05 July 2016; 29 September; 29 November; 31 January 2017; 04 April
(2) Review of Public Consultations	5 July 2015	Annual Review COMPLETED	
(3) Key Performance Indicators 2015/16 – Q4 (Outturn) Performance	5 July 2016	Governance indicators only COMPLETED	
(4) Key Performance Indicators 2016/17 – Quarterly Performance Monitoring	Q1 – September 2016 Completed Q2 – November 2016 Completed Q3 – April 2017	Governance indicators only	
(5) Development Management Chair and Vice Chair's Meeting	TBA	To receive feedback from meetings of Chair and Vice Chair's of the Area Planning and District Development Management Committees	

Neighbourhoods Select Committee 2016/17 (Chairman – Councillor N Bedford)			
Item	Report Deadline / Priority	Progress / Comments	Programme of Future Meetings
(1) Enforcement activity	March 2017	Annual report Committee	28 June 2016; 13 September; 15 November; 24 January 2017; 21 March
(2) KPIs 2015/16 – Outturn Review	First meeting of each municipal year.	Outturn KPI performance report for 2015/16 went to the June 2016 meeting.	
(3) KPI's for 2016/17 – Quarterly Review	Quarterly	Review of quarterly performance: Q1 in September 2016; COMPLETED Q2 in November 2016; COMPLETED Q3 in March 2017	
(4) Corporate Plan Key Action Plan 2015/16 – Outturn Review	First meeting of each municipal year	Outturn Key Action Plan 2015/16 performance considered at the June 2016	
(5) Corporate Plan Key Action Plan 2016/17 – Quarterly Review	Quarterly	Review of Quarterly performance: Q1 September 2016; COMPLETED Q2 November 2016; COMPLETED Q3 March 2017	
(6) To receive updates from the Green Corporate Working Party	As appropriate (Last update received on the current position in November '16)	To monitor and keep under review the Council's progress towards the development and adoption of a corporate energy strategy/environmental policy and to receive progress reports from the Green Working Party.	
(7) To receive regular updates on the current position of the Local Plan	Update to go to each meeting.	Committee to keep a watch in brief on the position of the District's Local Plan – (last went to November '16 meeting)	

(6) Equality Objectives 2012-2016 – 6 monthly reporting	5 July 2016	COMPLETED	
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(8) Presentation on the problems and possible solutions for fly-tipping in the EFDC area.	13 Sept. 2016	To receive an update from EFDC officers on fly-tipping. COMPLETED	
(9) To receive an annual update on the Environmental Charter	June 2017	At their meeting on 28 June 2016 the Committee agreed to receive an annual update of the Council's Environmental Charter.	
(10) Review of Land Drainage arrangements.	13 Sept. 2016	Item from the O&S Co-ordinating Group. To receive a presentation from officers on land drainage arrangements and problems. COMPLETED	
(11) Review of arrangements for ensuring the behaviour of Licenced Taxi Drivers.	TBA	Item from the O&S Co-ordinating group.	
(12) Yearly Review of the Off-Street Parking Service	TBA	At their November 2016 meeting the Committee agreed to review on an annual basis the off-street parking service recently taken over by EFDC from NEPP.	

Resources Select Committee 2016/17 (Chairman – Councillor S Kane)			
Item	Report Deadline / Priority	Progress / Comments	Programme of Future Meetings
(1) Key Performance Indicators 2015/16 – Outturn Review	Outturn KPI Performance considered at the first meeting of each municipal year.	Outturn KPI performance report for 2015/16 went to July 2016 meeting	12 July 2016; 10 October; 06 December; 07 February 2017; and 28 March
(2) To review the specific quarterly KPI 2016/17	Quarterly	Review of quarterly performance: Q1 in October 2016 - COMPLETED; Q2 in December '16 - Completed; Q3 in February '17	
(3) Corporate Plan Key Action Plan 2015/16 – Outturn review	First meeting of each municipal year	Outturn Key Action Plan 2015/16 performance went to July 2016 meeting	
(4) Corporate Plan Key Action Plan 2016/17 – quarterly review	Quarterly	Review of quarterly performance: Q1 October 2016 - COMPLETED; Q2 December 2016 - Completed; Q3 February 2017	
(5) Detailed Portfolio Budgets	Portfolio budgets considered on an annual basis jointly with the Finance and Performance Management Cabinet Committee.	Annual Review of portfolio budgets to be considered at joint meeting with the F&PM Cabinet Committee in January of each year.	

(6) ICT Strategy – progress & Call handling	Progress against ICT Strategy Considered on an annual basis.	Progress report on call/response handling. Also to receive a report on options following introduction of new telephony system. <i>Last Update in October '16 on telephone monitoring statistics</i>	
(7) Fees and Charges 2017/18	Proposed fees and charges for 2017/18 – for October 2016 meeting.	Proposed fees and charges considered on an annual basis each October	
(8) Provisional Capital Outturn 2015/16	Provisional outturn for 2015/16 for July meeting.	Provisional Capital Outturn considered on an annual basis at first meeting in each municipal year.	
(9) Provisional Revenue Outturn 2015/16	Provisional Outturn for 2015/16 for July 2016 meeting.	Provisional Revenue Outturn considered on an annual basis at first meeting in each year.	
(10) Sickness Absence Outturn	July 2016	To review the Sickness Outturn report for 2015 -16 – went to the July 2016 meeting.	
(11) Sickness Absence	Half-yearly progress reports for 2016/17 to be considered at December and July meetings.	Detailed progress against achievement of sickness absence targets reviewed on a six-monthly basis <i>Last report received at December 2016 meeting.</i>	
(12) Medium Term Financial Strategy & Financial issues paper	October 2016	To receive the financial issues Paper and Medium term financial strategy including 4 year General Fund forecast.	

(13) Quarterly Financial Monitoring	Oct. 2016 - Completed; Dec. 2016 Completed; & Feb. 2017	To receive quarterly financial monitoring Reports	
(14) Review of Risk Management Arrangements	Dec 2016	Item from the O&S Co-ordinating Group. To review the trends in claims experience	
(15) Review of Section 106 monies and monitoring report	Dec 2016	Item from O&S Co-ordinating group. Section 106 agreements attempt to alleviate significant impacts on the local area and reach an agreement with the developer to mitigate the costs of additional infrastructure. The Community Infrastructure Levy (CIL) looks at the wider area infrastructure and tries to gain funding for its implementation. The two funding streams cannot fund the same infrastructure.	
(16) Cost of Member and corporate activities	TBA	Item from O&S Co-ordinating Group. To review requests for meetings/reports and examine the cost implications.	
(17) Shared Services Working	TBA	To review any shared services working being carried out by EFDC. HR currently working with Colchester and Braintree Councils on a shared HR payroll system. <i>Last update at December 2015 meeting.</i>	
(18) Housing Benefit Fraud & Compliance	February 2017	Received a report in February 2016 on the fraud team's work.	
(19) Invest to Save update	December 2016	Received report updating the Committee on the Council's Invest to Save scheme	

(20) General update on the General Fund CSB, DDF and ITS	December 2016	Received an updating report on the CSB, DDF and ITS schemes.	
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Report to Overview & Scrutiny Committee



Date of meeting: 19 December 2016

SCRUTINY



Subject: Scrutiny of External Organisations – Princess Alexandra Hospital NHS Trust

Officer contact for further information: S. Tautz (01992) 564180

Democratic Services Officer: A. Hendry (01992) 564246

Recommendations/Decisions Required:

That the Committee consider and agree appropriate lines of questioning and presentation, for external organisations due to attend future meetings for the purposes of the external scrutiny of local services.

1. (Director of Governance) The Committee has previously requested that Princess Alexandra Hospital NHS Trust be invited to attend a future meeting, to respond to the concerns of the Care Quality Commission (CQC) in respect of aspects of local inpatient, outpatient and other medical and emergency services. The Trust has confirmed that its Chairman and Chief Executive will attend an extraordinary meeting of the Committee to be held on 30 January 2017.
2. In accordance with the procedures for such external scrutiny agreed in October 2016, the Committee is therefore now asked to consider and agree appropriate lines of questioning for the Princess Alexandra Hospital NHS Trust. No overarching themes or specific issues of local hospital services have yet been identified by the Committee as the emphasis for such external scrutiny, although the recent report of the CQC (19 October 2016) on its 'inadequate' judgement of the quality of care at Princess Alexandra Hospital, is attached as Appendix 1 to this report.
3. The Committee is requested to consider and agree any appropriate lines of questioning to be raised with the Princess Alexandra Hospital NHS Trust, in order that prior notice of the scope of questions likely to be raised by members can be provided to the Trust to ensure that maximum value is derived from this external scrutiny activity.
4. Members are also asked to give direction on the preferred approach of the Committee to the format of such external scrutiny, particularly in terms of the scope of any formal presentation that may be required from the Trust. The Committee should ensure that it identifies clear objectives for any such presentation.
5. There may be public interest in the Council's scrutiny of local hospital services and infrastructure and the Committee may therefore wish to identify appropriate proactive publicity to raise awareness of the concerns of members, so as to make the process as meaningful and useful as possible.
6. It should be noted that the review and scrutiny of matters relating to the planning, provision and operation of health services across Essex is generally a function reserved to Essex County Council, through its Health Overview and Scrutiny Committee. However, the County Council has not normally been averse to Epping

Forest District Council undertaking appropriate health scrutiny where local concerns exist. As a matter of courtesy therefore, the Essex Health Overview and Scrutiny Committee has been advised of the intentions of the Overview and Scrutiny Committee in regard to this external scrutiny of the Princess Alexandra Hospital NHS Trust.

7. It is understood that a joint scrutiny approach to the concerns of the CQC in respect of Princess Alexandra Hospital, is being planned between the Essex and Hertfordshire Health Overview and Scrutiny Committees for early 2017. Essex County Council has indicated that an invitation will be extended to the relevant district council's for member participation in such scrutiny process.

Resource Implications:

The recommendations of this report seek to enable scrutiny activity to meet the work programme requirements of the Committee effectively.

Legal and Governance Implications:

The Council's constitution sets out rules for the management of its overview and scrutiny responsibilities. Although external organisations are not generally required by legislation to attend before the Overview and Scrutiny Committee, it is hoped that most would be willing to engage constructively with the Council's scrutiny activity when invited to do so.

Safer, Cleaner, Greener Implications:

There are no implications arising from the recommendations of this report in respect of the Council's commitment to the Climate Local Agreement, the corporate Safer, Cleaner, Greener initiative, or any crime and disorder issues within the district.

Consultation Undertaken:

This report seeks the identification of the overarching themes and specific issues to be subject of external scrutiny activity by the Committee. No further consultation is considered necessary.

Background Papers:

None

Impact Assessments:

Risk Management

The Council's constitution sets out rules for the management of its overview and scrutiny responsibilities.

Equality:

There are no equality implications arising from the recommendations of this report.

The Princess Alexandra Hospital NHS Trust

Quality Report

Princess Alexandra Hospital
Hamstel Road
Harlow
Essex
CM20 1QX
Tel: 01279 444455
Website: www.pah.nhs.uk

Date of inspection visit: 28 and 29 June 2016, 2 and 6 July 2016
Date of publication: 19/10/2016

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Inadequate 

Are services at this trust well-led?

Inadequate 

Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection on 28 and 29 June 2016 as part of our regular inspection programme. This inspection was carried out as a comprehensive follow up inspection to assess if improvements have been made in all core services since our last inspection in July 2015.

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 460 bedded District General Hospital providing a comprehensive range of safe and reliable acute and specialist services to a local population of 350,000 people. The trust has 5 sites; Princess Alexandra Hospital, St Margaret's Hospital, Herts and Essex Hospital, Cheshunt Community Hospital and Rectory Lane Clinic. At our inspection on 28 and 29 June 2016, we inspected The Princess Alexandra Hospital. On our unannounced inspection on 2 and 5 July 2016, we inspected The Princess Alexandra Hospital. We reviewed the service provided at the Rectory Lane Clinic and found that this location did not require registration. The trust informed us that they would be applying to remove this location.

During this inspection, we found that there had been deterioration in the quality of services provided since our previous inspection in 2015. There was a lack of management oversight and lack of understanding of the detail of issues which we observed. We found that the trust had significant capacity issues and was having to reassess bed capacity at least three times a day. This pressure on beds meant that patients were allocated the next available bed rather than being treated on a ward specifically for their condition. We found that staff shortages meant that wards were struggling to cope with the numbers of patients and that staff were moved from one ward to cover staff shortages on others. The trust sees on average around 350 patients a day in its emergency department (ED).

We have rated the Princess Alexandra Hospital location as inadequate overall due to significant concerns in safety, responsiveness and leadership, with an apparent disconnect between the trust board leadership level and the ward level. It was evident that the trust leaders were

not aware of many of the concerns we identified through this inspection. However, we found that the staff were very caring in all areas. We have rated the maternity and gynaecology service as outstanding overall.

Our key findings were as follows:

- Shortages of staff across disciplines coupled with increased capacity meant that services did not always protect patients from avoidable harm, impacted upon seven day provision of services and meant that patients were not always treated in wards that specialised in the care their condition.
- The disconnect between ward staff and the matron level had improved, however some cultural issues remained at this level which required further work.
- The relationship between staff and the site management team had improved, though this was still work in progress and the trust acknowledged further work was required here.
- Agency staff did not always receive appropriate orientation, or have their competency checks undertaken for IV care for patients on individual wards. This had improved by the time our unannounced inspection concluded.
- The storage, administration and safety of medication was not always monitored and effective.
- Information flows and how information was shared to trust staff were not robust. This meant that staff were not always communicated to in the most effective ways.
- The staff provided good care despite nursing shortages.
- There were poor cultural behaviours noted in some areas, with some wards not declaring how many staff or beds they had overnight to try and ease the workloads. This was a result of constant pressure on the service activities.
- The mortuary fridges had deteriorated since our last inspection and were no longer fit for purpose. These were replaced during our unannounced inspection to ensure they provided an appropriate environment for patients.
- Across surgery, there were notable delays in answering call bells on surgical wards including Kingsmoor and Saunders ward.

Summary of findings

- Gynaecology inpatient care had not improved, but declined, since our previous inspection. The inpatient gynaecology service, which was operated through surgery, was not responsive to the needs of women.

We saw several areas of outstanding practice including:

- The ward manager for the Dolphin children's ward had significantly improved the ward and performance of children's services since our last inspection
- The tissue viability nurse in theatres produced models of pressure ulcers to support the education and prevention of pressure ulcer development in theatres. This also helped to increase reporting.
- The improvement and dedication to resolve the backlog and issues within outpatients was outstanding.
- The advanced nurse practitioner groups within the emergency department were an outstanding team, who worked to develop themselves to improve care for their patients.
- The gynaecology early pregnancy unit and termination services was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- MSSA rates reported at the trust placed them in the top quartile of the country.
- The permanent staff who worked within women's services were passionate, dedicated and determined to deliver the best care possible for women and were outstanding individuals.
- The lead nurse for dementia was innovative in their strategy to improve the care for people living with dementia.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure that fit and proper persons processes are ratified, assessed and embedded across the trust board and throughout the employment processes for the trust.
- Ensure that the risk management processes, including board assurance processes, are reviewed urgently to enable improved management of risk from ward to board.
- Ensure that safeguarding children's processes are improved urgently and that learning from previous incidents is shared.
- Ensure that staff are provided with appraisals, that are valuable and benefit staff development.
- Improve mandatory training rates, particularly around (but not exclusive to) safeguarding children level 3, moving and handling, and hospital life support.
- Ensure that trust staff are knowledgeable and provide care and treatment that follows the requirements of the Mental Capacity Act 2005.

These are the areas the trust should improve on:

- Review the priority improvement programme to ensure that the mortuary is refurbished.
- Review the cleaning schedules for the public areas throughout the hospital, and review the disposal of rubbish arrangements from the portering area to reduce the impacts of waste build up.
- Review the processes of how ward to board escalation is embedded to ensure that all concerns are captured where possible.

As a result of the findings from this inspection I have recommended to NHS Improvement that the trust be placed into special measures. It is hoped that the trust will make significant improvements through receipt of support from the special measures regime prior to our next inspection.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to The Princess Alexandra Hospital NHS Trust

Sites and Locations:

The trust has four sites. The main site is The Princess Alexandra Hospital. There are also smaller sites where services are provided including St Margaret's Hospital, Herts and Essex Hospital and the Rectory Lane Clinic.

Population served:

The Princess Alexandra Hospital NHS Trust is located in Harlow, Essex and is a 460 bedded District General Hospital providing a comprehensive range of safe and reliable acute and specialist services to a local population of 350,000 people. Harlow is classed as an urban area, in which the largest age group is 16-44 (38.6%). The distribution of age groups is similar to the

England average. BAME residents make up 11.1% of the population, within which the largest group are those identifying as Asian / Asian British (4.6%) of total population.

Deprivation:

The Princess Alexandra Hospital is situated in Harlow, Essex. Harlow Local Authority is in the second most deprived quintile nationally. The health of people in Harlow is varied compared with the England average; about 20% of children live in poverty. Life expectancy is lower than the England average. 18.2% of children (year 6) and 27% of adults are classified as obese and the levels of teenage pregnancy are worse than the England average. The rate of smoking related deaths was worse than the average for England and rates of sexually transmitted infections and TB are worse than average.

Our inspection team

Our inspection team was led by:

Chair: Gill Hooper, former Director of Nursing.

Head of Hospital Inspections: Fiona Allinson. Head of Hospital inspections, Care Quality Commission

The team included 10 CQC inspectors and a variety of specialists including, a director, a director of nursing,

head of clinical services and quality, a pharmacist, two medical consultants, a consultant in emergency medicine, a consultant obstetrician, an intensive care consultant, a consultant midwife, a consultant critical care nurse, a junior doctor and seven nurses at a variety of levels across the core service specialities.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The announced inspection took place on 28 and 29 June 2016. The unannounced inspections took place on 2 and 5 July 2016.

Before visiting, we reviewed a range of information we held, and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG); the Trust Development Agency; NHS England; Health Education England (HEE); General Medical Council (GMC); Nursing and Midwifery Council (NMC); Royal College of Nursing; College of Emergency Medicine; Royal College of Anaesthetists; NHS Litigation Authority; Parliamentary and Health Service Ombudsman; Royal College of Radiologists and the local Healthwatch.

Summary of findings

We carried out an announced inspection visit on 28 and 29 June 2016. We spoke with a range of staff in the hospital, including nurses, junior doctors, consultants, administrative and clerical staff, radiologists, radiographers, pharmacy assistants, pharmacy technicians and pharmacists.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at The Princess Alexandra Hospital NHS Trust.

What people who use the trust's services say

The trust's friends and family test results of the percentage of patients who recommend the service showed that the trust has a better score than the national average. Results from the CQC in-patient survey indicate the trust is performing about the same as other trusts for most of the indicators. However, for the length of delays leaving hospital, the trust is one of the worst performing trusts.

The Cancer Patient Experience Survey 2014 indicates that trust scored in the bottom 20% for 10 questions, and in the top 20% for four questions out of 34.

The trust's Patient-Led Assessments of the Care Environment scores have decreased from 2014 to 2015 and are now all below the national average.

Facts and data about this trust

1. Size and throughput

This organisation has four locations.

There are 501 beds in the trust. With 388 for emergency and elective adult inpatients. .

The main commissioning CCG at this trust is West Essex CCG and East and North Herts CCG.

The trust serves a population of approximately 350,000 people from Harlow, Essex and East Hertfordshire.

The trust employs 2817 staff (WTE).

The trust revenue is £196.1million and cost was £233.8million, leaving a 2015/16 deficit of £37.7million.

There were approximately 115,000 A&E attendances at this trust between 2015/16 and 72,120 inpatient admissions. There were 210,017 outpatient attendances between April 2015 and March 2016.

• Safety

There were two never events reported between March 2015 and March 2016. Both were reported in surgery.

There have been zero counts of MRSA, 20 of C.Diff and 3 of MSSA reported between March 2015 and March 2016. MSSA rates reported at the trust placed them in the top quartile of the country.

• Effective

There were two mortality outliers in this trust in Skin and subcutaneous tissue infections and Therapeutic endoscopic procedures on upper GI tract.

• Caring

In the CQC Inpatient Survey 2015 the trust performed "about the same" as other trusts for all but one question.

• Responsive

Between 2015/16, this trust received 292 complaints.

Public funding was the most common reason for delayed transfer of care (38.2% for the trust where the England average is 4.5%).

Bed occupancy for the trust has been consistently higher than the England average since January to March 2015/16.

Summary of findings

- **Well led**

Since January 2014 sickness levels have decreased and have remained below the national average.


In the GMC National Training Scheme Survey (2015), all answers except two were “within expectation”. The two areas of concern were linked to handovers and feedback.

The NHS Staff Survey 2015, showed that the trust had 14 negative findings and 10 positive findings. Negative

findings included staff recommending the trust as a place to work, feeling valued by the organisation, support from managers, experiencing stress at work, experiencing bullying or harassment at work. Positive indicators included staff reporting incidents and unsafe clinical practice, reduced rates of violence towards staff, and reduced rates of discrimination towards staff.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Services at the trust were inadequate in respect of providing safe services.</p> <ul style="list-style-type: none">• Nursing vacancies led to nurses being moved throughout the hospital to support patients. This meant that they may not be familiar with the ward or to the specific needs of patients. Local induction was taking place but not consistently on all wards.• The competency of agency nurses on duty were not routinely checked and was a significant concern as agency nurses were administering IV care without the trust knowing if they are competent. The trust did take action on these concerns and new procedures were implemented by the time our unannounced inspection took place, though further work to embed this was required.• Learning from incidents was inconsistent, particularly within the surgical healthcare group. There were improvements noted in outpatients, where appointments were now being managed with an effective clinical prioritisation process. This reduced the likelihood that patients would be at risk of harm through missed or delayed appointments.• The safety of patients being stored in the mortuary fridges was a potential concern, which was raised to the trust. The condition of the fridges had deteriorated since our inspection in 2015 and required immediate action by the trust. The trust were in the process of repairing and replacing the fridges and decommissioned some fridges by the time we completed our unannounced inspection. There were also refurbishment plans that had been brought forward to ensure that the patients cared for in the mortuary are cared for in a suitable environment.• Care for patients in the emergency department was challenged at times. We observed several occasions where one nurse cared for three highly clinically dependent patients in the resuscitation area, which was not acceptable. There was also no clinical oversight over the ambulance arrival area. This area was not managed in accordance with best practice recommendations from the Royal College of Emergency Medicine. The trust took immediate action to resolve these	<p>Inadequate </p>

Summary of findings

issues by arranging for additional nurse support for the resuscitation area, and medical and nursing support for the ambulance triage area. Staff reported that these improvements made the department safer.

- Throughout the hospital we identified concerns with regards to the checking of resuscitation trolleys, as well as the security of medicines with rooms and cupboards being left open.

Duty of Candour

- The trust had a duty of candour policy dated April 2015. The trust stated that it was “committed to an open and fair culture and the overall approach expected within the organisation is one of help and support rather than blame and recrimination.” All staff were expected to follow this approach.
- Staff were aware of duty of candour, which ensured that patients and/or their relatives were informed of incidents which had affected their care and treatment and were given an apology.
- We were provided with several examples of where duty of candour had been applied. These were also recorded in the incident investigation record if the event was more serious.
- Under duty of candour, the trust makes contact with patients and families. This trust routinely met with patients and their families to discuss these investigations, which was positive. Patients’ and their families’ feedback to the trust was positive on this approach.
- The final investigation reports were reviewed at a scrutiny panel and the patient was kept updated with steps taken to prevent a reoccurrence and received an apology.
- Duty of candour details were displayed on posters on the wards. These posters outlined the requirements and actions the trust would take to communicate with patients and families following incidents. The inspection team throughout the clinical areas saw examples of ‘being open’ discussions and duty of candour discussions being recorded in the patients’ records along with an incident number. This was positive practice.

Safeguarding

- Staff were able to describe situations in which they would raise a safeguarding concern and how they would escalate any concerns. They told us the trust’s safeguarding team managed the referral to the local authority and staff received feedback from them following referrals.

Summary of findings

- Two social work teams were based at the hospital and this facilitated liaison and multi-disciplinary working. Information was available for staff to refer to on the intranet if they required it at any time.
- The processes for the safeguarding of children were not robust. Whilst the processes were in place for the escalation and reporting of safeguarding concerns, five safeguarding serious incidents (SI's) had occurred in the period March 2015 to June 2016. This indicates that the concerns around safeguarding children process noted at our last inspection had not been addressed effectively.
- Safeguarding attendance training rates were varied across the trust. Generally most staff had received training. However, low rates of training were reported in surgery, where 94% of staff had received safeguarding adult training, and 58% of nursing staff had been trained to safeguarding children level 2 and 3.
- Across the trust 60% medical staff were reported as having received training in safeguarding level 3.

Incidents

- Staff were aware of what should be reported as incidents. The feedback from incidents and learning, however, was inconsistent across the healthcare groups. In surgery we saw that significant numbers of incidents were still pending investigation and reporting. "Safety huddles" were used to discuss incidents and complaints on medical wards.
- The trust reported lower than expected numbers of serious incidents compared to the number of incidents reported. We were not fully assured that all serious incidents were being recognised by staff and declared to the trust for investigation.
- Some staff were able to cite incidents where practice had changed as a result of learning from incidents. This included where practice had changed following recent never events.

Staffing

- There were high levels of vacancies across the trust. Each healthcare group struggled with staffing vacancies. However, staff worked well together in local teams to ensure that patients were safely cared for.
- Staff were moved across wards where gaps were identified in staffing numbers to meet patient need. Daily meetings were held to manage staffing verses patient need. Agency and bank staff were used to support the numbers of staff needed to care for patients.

Summary of findings

- The trust was undertaking a review of how to recruit and retain staff. This included the provision of training for some staff to enhance their role.
- We found that the undertaking of local induction for nursing and medical staff throughout the trust was not consistently completed.
- We were concerned about the checking of agency staff competency when they were on duty. We identified that agency staff were administering medicines and providing IV care and administration of medicines, which is a high risk task. Agency nurses were undertaking this work without providing evidence of competencies, which was not in line with trust policy.
- We were informed that the matrons were aware of this practice but chose not to enforce the policy in order to get agency staff on duty. The trust executive team were not aware this practice was occurring. The trust executive team reissued the policy with immediate effect and we saw evidence that this was implemented during our unannounced inspection. However, there were concerns overnight that there were not sufficient numbers of competent staff on duty to administer IVs. This placed patients at risk of delayed care. Whilst we were assured the trust were taking the issue seriously, further work was needed to embed this procedure to ensure that staff and patients were safe.

Environment and Equipment

- The environment was one of the top risks for the trust. The estate was aged and in need of repairs costing tens of millions, which was not possible due to the large financial deficit in the trust. This meant that the trust was having to balance many high priority risks for completion, which was challenging.
- However, during this inspection we noted that the condition of the fridges in the mortuary had deteriorated since our last inspection. The service was meant to have a refurbishment prior to our inspection this year. However, the trust was required to move £3million in capital funding over to their revenue which meant that the work was not undertaken. This potentially compromised the safety of patients in the mortuary.
- The public toilets in areas such as outpatients and maternity had reduced cleaning schedules in place. We were informed that this was due to the need to focus on ward areas. However, some of these toilets were noted to be unclean on several occasions throughout the inspection.

Summary of findings

- There was a concern that there was a notable build up of rubbish near the porters area. This was attracting rodents. The build up was the result of a reduced removal programme due to a lack of working equipment. We raised this to the trust for their attention.

Mandatory training

- The mandatory training rates across the trust were lower than expected, with 73% of nurses and 68% of doctors receiving training against an overall trust target of 95%. Hospital Life Support (60% nursing, 76% medical). Dementia (80% nursing, 50% medical). Equality and Diversity (79% nursing, 63% medical). Fire safety (66% nursing, 55% medical). Infection Control (64% nursing, 57% medical). Moving and Handling (63% nursing, 18% medical). Safeguarding adults (85% nursing, 100% medical). Safeguarding Children Level 2 (58% nursing, 61% medical). Safeguarding children level 3 (58% nursing, 60% medical).

Are services at this trust effective?

We rated the effectiveness of services as requires improvement.

- The trust's services participated in all the national audits relevant to their specialty and national peer reviews. However, performance was below the England average in some areas, including medicine, services for children and young people and end of life care, and robust action plans were not in place to ensure improvement.
- There was an excellent patient pathway for patients following hip and knee joint surgery and fractured neck of femur which ensured that all patients were transferred to Harold ward under the consultant ortho-geriatrician.
- Stroke services were raised as a concern at the last inspection and concerns were noted prior to this inspection; however, the trust had ceased providing acute stroke care on site and instead linked with a hospital trust in east London for acute stroke care.
- The provision and plans for end of life care had improved since our last inspection, the care for end of life was recognised throughout the trust. The prescribing of anticipatory medicines was noted to be an area of very good practice in the trust. However, we found that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were completed well in some services, but poorly in others. Poor reasons used for DNACPR included 'frailty' and 'mobility', which was not acceptable or in line with best practice and GMC requirements.

Requires improvement



Summary of findings

- Multidisciplinary communication between the teams, alongside the care from clinical nurse specialists worked well in some areas of medicine but was not as robust in surgery. The completion of mental capacity assessments and deprivation of liberty safeguards had improved in medicine, but not in surgery services.

However:

- Outcomes for women who use the maternity, early pregnancy service and TOP service were outstanding.

Evidence based care and treatment

- Staff were aware of National Institute for Health and Care Excellence (NICE) guidance relevant to their specialty and we saw they had access to the guidance via the trust's intranet.
- Local protocols were in place in line with NICE guidance. In particular we found there were well written protocols and pathways for use in many services which were followed by staff.
- Integrated care pathways were also used to ensure adherence to national guidance.
- The local policies and guidance on the children's areas in urgent and emergency services was not up to date.

Patient outcomes

- Many of the national audit outcomes were the same as the inspection last year. There were few updates on national audit outcomes due to the frequency that they were completed. The trust did participate in all required national audits.
- The Sentinel Stroke National Audit Programme (SSNAP) and the Myocardial Ischaemia National Project (MINAP), published in 2014, were below the national average.
- Outcomes for women who use maternity services were consistently better than expected when compared with other similar sized services.
- There was a new end of life care plan in the trust, which was still being embedded. We observed it used well throughout the trust. The prescribing of anticipatory medicines was seen as a significant improvement in the service with positive outcomes for patients.
- End of life care was discussed at trustwide level three times per day at the operational matrons meeting, which was positive. The matrons were aware of how many patients were in the hospital and on an end of life care plan at any time. They were also notified of preferred place of death and were enabled to support and escalate this where needed.

Summary of findings

- We observed that staff across all disciplines in medicine worked effectively together, both internally and in the community. Further work was needed across surgery to improve multidisciplinary (MDT) working.
- There were detailed multidisciplinary (MDT) team meetings which ensured effective care and treatment plans and handover of patient care.
- Care and treatment plans were documented and communicated to relevant health care professionals, such as GPs and health visitors, to ensure continuity of care. However, there were notable delays in getting patients support they needed outside of the hospital in the community.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Consent to care and treatment was obtained in line with national legislation and guidance.
- Staff understood the Gillick competence. This meant that staff were able to assess whether a child under the age of 16 was competent to consent to their own treatment without the permission or knowledge of their parents.
- Training on consent, the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS) and learning disability was part of mandatory training for all staff.
- The Mental Capacity Act 2005 was not always implemented effectively across the trust. We saw some examples of DNACPR decisions that mental capacity was not always assessed routinely. We observed examples of reasons given for DNACPR as 'frailty' and 'mobility', which were not appropriate.
- Deprivation of Liberty Safeguards (DoLS) were monitored at a trustwide level and discussed routinely as part of the operational matrons meeting. The teams recorded in the records the need for DoLS and we observed that appropriate applications for use were submitted. However, in surgery there were delays in requesting DoLS due to staffing levels. There were five patients on Kingsmoor ward who were identified as in need of assessment who had not been assessed during our inspection.

Are services at this trust caring?

We rated caring of services as good.

- Staff across the trust provided care that was compassionate, involved patients in decision making and provided good emotional support to patients and those close to them.

Good



Summary of findings

- We found that care in the maternity unit was outstanding. We observed several times throughout the inspection that the staff were dedicated, compassionate, caring and they consistently went beyond the call of duty to deliver the best experience possible for the women.

However:

- There was no dedicated gynaecology inpatient ward, the care for women admitted for a gynaecological reason or termination was not consistent and did not ensure that the emotional needs of women were met. Throughout the trust, the patients we spoke with provided positive feedback about the care they received.

Compassionate care

- Throughout the inspection we observed really good interactions between staff, patients, women, children and families.
- Data reviewed from the Friends and Family Test showed for the period August 2015 to May 2016 that the majority of patients scored the trust's services positively. The trust scored between 93% and 97% on average, which was higher than the national average of 95%. There was one month during this time, in November 2015, where the trust scored 88% but this was the only anomaly.
- In the Cancer Patient Survey, the trust scored in the bottom 20% for 10 questions, and in the top 20% for four questions out of 34.

Understanding and involvement of patients and those close to them

- Most patients we talked with said they felt staff communicated with them well and kept them up to date with what was happening.
- Generally across the hospital, patients and their families felt that they were involved in their care and understood what was expected in relation to their care. There were some exceptions, for example, in the emergency department we received reports that people were not always clear on why there were delays for beds. Also in surgery, people were not clear why they had multiple bed moves during their inpatient stay.

Emotional support

- The chaplaincy service provided spiritual and emotional support to patients and their families.

Summary of findings

- The services within maternity and gynaecology had dedicated staff who could provide emotional and counselling support to women who went through terminations, miscarriages or loss of a baby before or after birth. However, without a dedicated ward or ring fenced beds to provide this care through the women's healthcare group, the care was provided across a variety of surgical and medical wards. This meant that the inpatient care for women with gynaecological conditions was not consistent or provided in a way that met their emotional needs.
- Throughout the wards, patients we spoke with reported that their emotional needs were being met.

Are services at this trust responsive?

The trust was rated as inadequate for being responsive to the needs of patients because:

- Long waits in the emergency department and capacity issues in the wards meant that patients were not always seen in a timely manner, with many patients in the emergency department breaching four hour and 12 hour targets.
- Ambulance handover delays were also much worse than expected for the emergency department.
- The trust had a history of cancelled operations that were not rebooked within 28 days being worse than the England average, showing a lack of support for people to have their care re-arranged in as quick a time as possible.
- The trust had continued to have a higher than expected number of cancelled surgeries across the surgery service, which were predominantly linked to capacity issues.
- Care for women admitted for gynaecological reasons was not always responsive to meet their needs due to the trust not having any dedicated beds for gynaecology patients. However, patients had access to specialist nurses to assist with their care.
- Consultant ward rounds did not always occur in a timely way across medicine and surgery, which resulted in delays to plans for the services and bed management.
- We observed that ward rounds often did not start until after 10am, which mean that plans for discharges, transport, and care packages could not be implemented quickly or before 6pm as required by external agencies. This meant that capacity and flow was affected as a result.
- There had been positive improvements in the waiting lists for the outpatient services. The waiting lists and backlogs had been cleared in the majority, with others being significantly reduced. This demonstrated enormous levels of effort by staff to meet the needs of patients.

Inadequate



Summary of findings

Service planning and delivery to meet the needs of local people

- There was evidence of service planning to meet the needs of local people and the trust was working with stakeholders to identify solutions across the health community.
- We saw a number of initiatives across the trust services to increase capacity or reduce admissions through working with key stakeholders in these areas. However, we noted that this could often be challenged due to capacity and staffing issues in the community.

Meeting people's individual needs

- When patients with learning disabilities were admitted to hospital, the Learning Disabilities team were informed with the details and location of the admission so that additional support could be given to these patients. Support arrangements for these patients were discussed at the matrons meeting, which took place at least twice daily.
- Information was available to patients to inform them about the trust's general services and to support them in their treatment. Translation services were available to those that required it.
- Services for women with gynaecological concerns were not always responsive to their needs. Women admitted with a gynaecological condition as an emergency or as an elective patient were admitted into a surgical or medical ward as there were no gynaecology beds. Staff were not updated on competencies and support needs of women with specific conditions. Women were not always placed in the right place. Whilst the gynaecology doctors were working to try and meet the needs of women, this was not always possible when they were admitted to specialty wards that were not gynaecology.
- When women were admitted for a termination, their journey started on one ward, but we were informed by a member of the executive team that they may regularly have to be held in theatre as their bed would be given away to a patient waiting in the emergency department. The woman may then be placed on a medical or surgical ward where staff would not be trained or aware of what would be required to meet their individual needs.
- There were mixed sex accommodation breaches noted on the HDU area of critical care. Patients of mixed sex were accommodated in the same area when identified as ward ready, which meant that the requirements of single sex accommodation was breached.

Summary of findings

- Data was requested on the target time for rapid discharge and the rapid discharge process. Therefore we could not be assured that patients were being discharged in a timely manner. The trust did not routinely audit patients' preferred place of care (PPC) or preferred place of death (PPD).

Access and flow

- Access to outpatient appointments had significantly improved in the trust, with waiting times notably down since our previous inspection.
- The trust saw a high number of patients within their emergency and urgent care services and this led to significant capacity issues within the trust. This meant that patients were not always placed in the specialty most appropriate to their diagnosis.
- The four hour ED performance figures steadily declined from 81% in November 2015 to 73% in May 2016. Performance for February was 74%, March was 76%, April was 75%, and May was 73%. Whilst we note that few trusts were achieving the standard, the service was below the national average of 88% during this period.
- During winter 2014/15, the trust was in the 25% of trusts in England with the most ambulances delayed over 30 minutes. There were 563 black breaches between August 2015 and March 2016, and a further 520 breaches between 1 April and 17 July 2016.
- Access and bed placement for elective surgeries was a concern. We spoke with the chief executive officer about this, who informed us that it was common that patients would be held in PACU and go back to a different bed due to capacity issues in the hospital. This was to avoid breaches in the ED. However, this meant that the planned elective lists were not being organised in a way that was responsive to the needs of patients. For example, women who had had a termination could be placed on a gastroenterology or orthopaedic ward to recover, which was not acceptable for a planned list and was not responsive to patients' needs.
- A large proportion of bed moves in medicine and surgery occurred out of hours. For example, in medicine 10% of patients had one ward move and 8% had two or more ward moves during their admission between March 2015 and February 2016.
- There were high numbers of out of hours discharges taking place across the trust. For example, in medicine there were 1443 discharges between 10pm and 8am between June 2015 and March 2016.

Summary of findings

- In surgery, theatre utilisation was impacting on service delivery and 42 theatre sessions had been cancelled in May 2016.
- Between June 2015 and May 2016, the critical care unit reported 213 discharges delayed by over 24 hours (32.6% of all admissions). There were an additional 250 discharges delayed for between four and 24 hours (38.3% of all admissions). The ICNARC report for April 2015 to March 2016 showed that the service was a significant statistical outlier on delayed admissions and discharges.
- The trust was not meeting the cancer referral to treatment times (RTT) due to ongoing capacity issues. There were recovery plans in place to help improve their cancer trajectories.

Learning from complaints and concerns

- Staff told us if a complaint or concern was reported to them they would try to rectify the issue if they could and would escalate to the nurse in charge or Matron if they couldn't deal with the issue themselves.
- Complaints were identified on monthly ward 'Exception Reports', which identified quality issues and concerns and were discussed at the Patient Safety and Quality Group.
- Staff had a "you said we did" board so that patients could see the outcomes of this survey.
- Across the core services approaches to learning from complaints was inconsistent. Whilst we saw good learning from complaints in medicine, maternity and children's services, complaints were not being looked at for themes, trends or learning in end of life care. Implementation of learning in ED and in surgery was also inconsistent.

Are services at this trust well-led?

Well-led at trust level has been rated as inadequate.

- The vision for the trust was not clearly articulated by the senior team and staff. The executive team all provided us with different visions, different top risks and different strategies for the future, which did not assure us that the team were working cohesively.
- Fit and proper persons, which is a legal requirement for trusts to undertake, was not fully embedded in the trust. Whilst we found that some board members had been checked, others had not. The trust policy had also not been ratified despite the regulation coming into effect from November 2014.
- There was a governance structure in place but the identification, discussion and challenge around risk needed

Inadequate



Summary of findings

further development. For example, there were three risk registers used in the trust. One was a general risk register, one was a Board Assurance Framework and another was an emerging risk register. The trust also had three top risks which they discussed at board, not linked to the risk register. When asked why there was such an array of risk registers, we were informed that the risk register process was not fit for purpose. It was not clear how risk recognition and documentation within risk registers travelled up and down the organisation. The trust did not have a structured method of assessing and responding to risk, which was evident with significant issues we found not being known to the executive team.

- The senior management team did not always receive feedback about challenges staff faced in the clinical areas. For example, staff were not keen to continue to raise concerns as they did not feel things would change. An example of this was regarding staffing of the resuscitation area in the emergency department. Staff did not feel safe working in there with one staff member; however the executive team were not aware of this. Another example would be the concern regarding agency competency. The matrons were aware of the trust not adhering to the policy, however continued to operate against it without the knowledge of the executive team, which was disappointing.
- The culture within the trust was said to be that of a family team. However, we found that there was a disconnect between the executive team and the front line staff. Some of this was linked to the matron level management, which still required improvement. It is important to note that when we raised serious safety concerns during the visit, the trust took appropriate action to address these.

Vision and strategy

- There was recognition that the health economy within Essex was challenged and recently it had been announced that the trust would not be part of the Essex success regime, and would be part of the STP footprint for Hertfordshire.
- The trust had visions and values in place. Staff awareness of these was good in some areas, such as maternity, however poor in others, such as the emergency department.
- There was a general acknowledgement that the trust was not sustainable in its present form at board level. The trust were working with partners and stakeholders to try and establish what the future for this service would be.

Governance, risk management and quality measurement

Summary of findings

- Monthly performance and quality meetings were held between the executive team and also locally within the health groups. These reviewed quality, workforce, operational performance and finance as well as performance measures under the CQUIN programme.
- The trust had a Board Assurance Framework, a risk register, emerging risks register and another register which was used to monitor risk. These documents were confusing and did not all contain consistent information. When we asked the chief executive officer about this they told us that the risk register process and Board Assurance Framework, “was not fit for purpose”.
- The risk registers, where completed locally, did not all link or identify with the issues reported on the trust Board Assurance Framework or emerging risks register.
- The board and the chair undertook “board walkabouts” on a monthly basis to assess the quality of services in the clinical areas.
- The trust acknowledged that the relationships with external partners were not as good as they could be, but that they had improved since the last inspection. They felt that the challenges were now more associated with the system rather than the relationships. All stakeholder partners in the area were struggling to deliver due to capacity, funding and demand.
- The trust monitored serious incidents through a daily serious incident group. This was described as a meeting to review the known facts, resolve immediate issues and take actions including a robust investigation. However, the trust reported fewer serious incidents than other trusts in the country, which did not correlate with the patient throughput in the service. We were concerned that serious incidents were not always being identified or declared.
- Mortality and morbidity meetings took place across all healthcare groups. There were inconsistencies in the quality of meeting minutes, which meant that we were not assured that meetings covered the required areas of a mortality review.
- The trust had a mortality outlier, which had been outstanding since our last inspection. Concerns were noted within CQC and stakeholders about the poor quality of responses provided by the trust to these concerns. We spoke with executive members including the Chief Medical Officer and Chief Executive about this, who informed us that the trust had made a mistake in how they responded but were now addressing these issues.
- On reviewing the data linked to the mortality outlier, we were assured that the trust had taken appropriate action to identify and address the concerns regarding care identified.

Summary of findings

- We attended a quality meeting during this inspection. This meeting covered subjects including pressure ulcers, falls and incidents across the trust. The meeting was well attended and had a structured agenda. The minutes of the meeting were shared with the senior staff across the trust for information and dissemination to their staff.
- The trust has invested in nurse staffing as this is one of the highest risks for the trust. This work has been undertaken between the finance department and the chief nurse and director of workforce. The trust were undertaking a number of initiatives in order to retain staff, such as looking into support with housing costs in the area with the local council. Staff gave mixed feedback on developmental opportunities, particularly in ED where some staff groups were funding their own development as they felt that they were not given fair opportunity.

Leadership of the trust

- The senior team were made up of long term existing members of staff and some relatively new members of the team appointed within the last year. The non-executives had a strong background in health care or in related areas of experience relevant to the trust. However during interviews with the senior management team we were given opposing information in relation to services and performance. Therefore we could not be assured that the executive team were working cohesively. Following our inspection we were assured action had been taken to address areas highlighted as significant concern. However, at our unannounced inspection we found that the actions which the senior management team had required to be taken were not in place. The senior management team was not aware that these actions had not been taken.
- Staff felt well supported by their local manager but reported that they did not see the executive team, apart from the chief nurse, in ward areas. The chair was noted to regularly walk around the wards of the trust.
- Staff spoke highly of the medical and nursing director; they felt that as leaders they were approachable and that they would listen to concerns.
- At our last inspection a number of concerns were raised to us about the pressurisation and management style of the matron level nurses. We noted that there had been some improvement in the approach of the site managers, and there was ongoing work to improve this area. However, concerns were still raised at this inspection that staff felt that they were not all valued or

Summary of findings

respected by the matrons or senior nursing staff. We raised this issue with the senior leadership team, who had recognised this as an issue and were still working on improving the culture with this staff group.

- We were concerned that the leadership team of the trust did not have a real grip on the issues that were being raised by staff as these concerns were not reaching the executive level in all cases. For example, the concerns about staffing of the resuscitation area of ED had reportedly been raised on numerous occasions yet the executive team were not aware of this. Once aware, they took action to improve the safety of staffing in this area. We were concerned that not all concerns were making their way from ward to board.

Culture within the trust

- The ward staff felt that the Chief Nurse was approachable and supportive. However, they felt pressurised by the senior nursing staff at matron level specifically in site management and the surgery service.
- The NHS Staff Survey (2015) showed that the trust had 14 negative findings and 10 positive findings. Negative findings included staff recommending the trust as a place to work, feeling valued by the organisation, support from managers, experiencing stress at work, experiencing bullying or harassment at work. Positive indicators included staff reporting incidents and unsafe clinical practice, reduced rates of violence towards staff, and reduced rates of discrimination towards staff.
- We found the morale within surgery and in the emergency department to be low. This was linked to support and pressures placed on the services to deliver their work.
- The executive team reported that relationships with external partners and stakeholders had improved since the last inspection. There were still some tensions with stakeholder partners and the executive team, which the team informed us they were working on.

Fit and Proper Persons

- The trust had a draft process in place for assessing that its senior leaders were fit and proper people to run the trust. However, fit and proper persons, which is a legal requirement for trusts to undertake, was not fully embedded in the trust. Whilst we found that some board members had been checked,

Summary of findings

others had not. The trust policy had also not been ratified despite the regulation coming into effect from November 2014. The trust assured us that they would implement immediate checks on all executive team members.

- The Trust Development Agency appoints non-executive members and undertakes the fit and proper persons check. Our checks on the non-executive staff files demonstrated that appropriate checks were undertaken.

Public engagement

- As part of this inspection we met with members of the patient panel. The patient panel provided, amongst other things, advice on patient information. Two representatives of the patient panel attended the Quality and Safety Committee. Patient panel members walked the wards and clinical areas and spoke with patients in order to feedback to the trust senior leaders. They also reviewed complaints responses to ensure that they are easily understandable and addressed the complaint.
- The trust had a wealth of volunteers who supported the hospital by undertaking tea rounds, being meal time buddies and assisting patients and their relatives around the hospital. These volunteers were committed to their hospital, in some cases for long periods of time.

Staff engagement

- The CEO had introduced an 'Open Conversation' where staff could speak freely regarding their concerns directly with him.
- There was an anonymous system for staff to raise concerns within the hospital. Staff were aware of this process.
- The daisy award was a process where staff were recognised for good work within the trust. This was a scheme where staff could nominate each other and pass the award badge between departments for good work. However, the name of this process had the potential to cause confusion as it was named the same as the 'Daisy Project', which is a programme for recognising and acting on domestic violence.
- Senior nursing staff and nurses reported that safety huddles occurred across the hospital to discuss new information or policies.

Innovation, improvement and sustainability

Summary of findings

- The trust had worked in partnership with the Daisy Project to ensure that the women of Harlow had a safe place to disclose domestic abuse within a health care setting. The trust trained staff in maternity and the accident and emergency unit and had recently expanded the training to cover all members of staff.
- The emergency department had been working in partnership with local GP partners. The GP at the front door of the department worked to refer patients to more appropriate pathways when suitable.
- The tissue viability specialist in theatres was proactive and had been innovative with training aids and methods to train staff. They had developed models to visually represent the varying degrees of tissue damage as this often had greater impact on staff.
- The consultants within the unit utilised a consultants' dashboard, which allowed the medical team to monitor patients and outcomes on a daily basis. This was innovative and good practice.
- The set up and establishment of the standalone outpatient gynaecology ambulatory service was innovative and completely responsive to the needs of women who self-referred.

Overview of ratings

Our ratings for The Princess Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Maternity and gynaecology	Good	Good	Outstanding	Good	Outstanding	Outstanding
Services for children and young people	Inadequate	Good	Good	Good	Requires improvement	Requires improvement
End of life care	Requires improvement	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Our ratings for The Princess Alexandra Hospital NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate

Outstanding practice and areas for improvement

Outstanding practice

- The ward manager for the Dolphin children's ward had significantly improved the ward and performance of children's services since our last inspection
- The tissue viability nurse in theatres produced models of pressure ulcers to support the education and prevention of pressure ulcer development in theatres. This also helped to increase reporting.
- The improvement and dedication to resolve the backlog and issues within outpatients was outstanding.
- The advanced nurse practitioner groups within the emergency department were an outstanding team, who worked to develop themselves to improve care for their patients.
- The gynaecology early pregnancy unit and termination services was outstanding and provided a very responsive service which met the needs of women.
- The outcomes for women in the maternity service were outstanding and comparable with units in the top quartile of all England trusts.
- MSSA rates reported at the trust placed them in the top quartile of the country.
- The permanent staff who worked within women's services were passionate, dedicated and determined to deliver the best care possible for women and were outstanding individuals.
- The lead nurse for dementia was innovative in their strategy to improve the care for people living with dementia.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

- Ensure that fit and proper persons processes are ratified, assessed and embedded across the trust board and throughout the employment processes for the trust.
- Ensure that the risk management processes, including board assurance processes, are reviewed urgently to enable improved management of risk from ward to board.
- Ensure that safeguarding children's processes are improved urgently and that learning from previous incidents is shared.
- Ensure that staff are provided with appraisals, that are valuable and benefit staff development.
- Improve mandatory training rates, particularly around (but not exclusive to) safeguarding children level 3, moving and handling, and hospital life support.
- Ensure that trust staff are knowledgeable and provide care and treatment that follows the requirements of the Mental Capacity Act 2005.