

Supplementary Committee Agenda



Overview and Scrutiny Committee Tuesday, 1st April, 2014

Place: Council Chamber, Civic Offices, High Street, Epping

Time: 7.30 pm

Committee Secretary: Simon Hill, Senior Democratic Services Officer, The Office of the Chief Executive
email:democraticservices@eppingforestdc.gov.uk Tel: 01992 564249

6. PRESENTATION FROM BARTS HEALTH (NHS TRUST) (Pages 3 - 50)

To receive a presentation on stakeholder update on Whipps Cross Hospital and on the wider issues of Barts Health (NHS Trust) – Background papers attached.

8. PETITIONS SCHEME - FURTHER REVIEW (Pages 51 - 62)

(Chairman of the Constitution and Member Services Scrutiny Panel – Councillor J Philip) this report was considered by the Constitution and Member Services Scrutiny Panel on 18 March. A revised report is attached.

9. QUESTIONS AT COUNCIL - REVIEW (Pages 63 - 88)

(Chairman of the Constitution and Member Services Scrutiny Panel – Councillor J Philip) this report was considered by the Constitution and Member Services Scrutiny Panel on 18 March. A revised report is attached.

11.a East Hearts Draft District Plan - Preferred Options Consultation (Pages 89 - 92)

(Director of Planning Services) To consider a draft response to a consultation by East Herts Council.

This page is intentionally left blank

Responding to our CQC inspection

Report to Epping Forest District Council Overview and Scrutiny Committee

24 March 2014

1. Background

In 2013, the Care Quality Commission (CQC) announced a new inspection regime for healthcare services, to be led by a newly appointed Chief Inspector of Hospitals, Professor Sir Mike Richards. This was part of the CQC's response to the [Francis report](#) into failings at Mid Staffordshire Hospitals NHS Foundation Trust, which made recommendations for the NHS, local authorities and regulators around ensuring that standards across the NHS are improved and maintained.

The [new inspection regime](#) involves larger teams of inspectors spending more time at individual hospitals and speaking to staff, patients and the general public to gather a more rounded and in-depth view of services and standards. Each inspection centres on five key themes, looking at whether services and hospitals are:

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

Barts Health was chosen as one of the first group of hospital trusts to be inspected under the new regime. A number of factors were behind this decision. Earlier in 2013, the CQC allocated a risk rating for each NHS organisation in England. A risk rating of 2 (high) was given to Barts Health, based on issues with cancer patient experience, accident and emergency waiting times, staff survey results, never events and outcomes of previous inspections. The Trust has always had consistently low mortality rates.

2. How we prepared for the inspection

We focused on finding and fixing issues related to key aspects of service quality and safety and the environment, including cleaning, environmental and equipment standards, assurance of well-organised and documented staff appraisals and regular team meetings, and a culture of open communications.

Peer reviews were carried out by Barts Health staff (in particular from our nursing, infection control and facilities teams) who were supported by external stakeholders (including patient experience and CCG representatives) in services and areas across all our hospitals. All staff received information about the CQC inspection and how they would be involved. We also produced a welcome pack for the inspection teams, containing background information about the Trust, our vision, values and objectives and key issues connected to our performance, structure and governance.

3. Summary of the CQC reports and findings

The CQC published eight reports into the inspection findings on 14 January 2014 – one overall report for Barts Health and seven site-specific reports covering our six hospitals and the Barking Birthing Centre. The reports recognised our challenges, the progress we have already made and areas of good practice. The reports underlined the care, commitment and compassion of our staff, and crucially, they highlighted where we needed to improve.

The CQC acknowledged the progress we had made in improving standards by removing the three warning notices issued at Whipps Cross last year. Other previously requested improvements had also been made, including the swift replacement of broken equipment.

Specifically, the CQC noted the following positive findings at Whipps Cross:

- Staff are compassionate, caring and committed
- The hospital is clean, and staff adhere to good infection control practice
- Improvements have been made in both accident and emergency and maternity services since the last inspections (in May and June 2013), enabling the lifting of the warning notices, and there is good practice in both these departments
- The intensive care unit is safe and meets patients' needs
- The intensive care unit is a good example of how improvements can be made through learning from incidents
- Palliative care is compassionate and held in high regard by patients, their friends and family and Trust staff
- Education and activities provided for children while in hospital is an example of good practice

A Barts Health quality summit was held with the CQC on 10 January, involving senior Trust representatives and key external stakeholders including:

- Local Clinical Commissioning Groups (CCGs)
- The North and East London Commissioning Support Unit
- The NHS Trust Development Authority
- NHS England
- Local Healthwatches
- Representatives from local authorities

Following this event, it was jointly agreed that Barts Health would hold four local site summits during week commencing 3 February (see section 5).

As part of our response, the Trust has developed six action plans which detail how we will address the issues raised during and after the inspection. There is a single high level plan covering Trust wide actions and five site-specific plans covering actions at five of our six individual hospitals – all except Mile End, where the CQC found no actions to be necessary.

4. Our action plans

Our plans have now been agreed by the CQC, the Trust Development Authority and our Board, and are provided in full as an appendix to this report. They are also available on our website within the [papers for the meeting of the Trust Board on 5 March 2014](#), starting at page 87 of the PDF file of the papers. The Trust-wide and Whipps Cross site plans are summarised in this section.

Trust-wide actions and responses	
Key theme or issue identified by the CQC	How Barts Health is responding
Ensure staffing levels meet people's needs on all medical and surgical wards	<ul style="list-style-type: none"> • Developing monthly review of actual staffing levels for each shift • External review of staffing levels • Introducing an electronic rostering system • Improving recruitment processes • Drive to achieve 95% permanent recruitment level by September 2014
Ensure risk registers are managed effectively	<ul style="list-style-type: none"> • Reviewing registers for individual services • Delivering training workshops for service line managers in risk management • Trust's Risk Management Committee reviewing terms of reference and escalation processes
Improving staff morale, staff engagement and visible leadership	<ul style="list-style-type: none"> • Embedding "First Friday" programme for all directors and senior leaders to spend time with front line colleagues • Directors attending hospital sites at weekends and out of hours • Programme of action planning in all areas using 2013 staff survey results • Extending the monthly "pulse" staff survey to 4,000 staff every month • Introducing the online Speak In Confidence service, allowing staff to anonymously raise concerns with a named director
Ensuring equipment is readily available when needed	<ul style="list-style-type: none"> • CAG leadership teams engaged with medical devices group • Stronger links between risk register and equipment replacement programme
Ensuring learnings from incidents and never events are shared with all staff	<ul style="list-style-type: none"> • Establishing a clinical standards committee to oversee reporting of incidents and co-ordination of learning • Using Trust-wide communications channels to remind all staff of the importance of reporting and following up on incidents and giving them the confidence to speak up on safety
24/7 consultant cover	<ul style="list-style-type: none"> • Audit completed of compliance against the London Emergency Care Standards • Individual services reviewing the audit and the Keogh review to identify solutions • Outputs being used to support consultant job planning

Whipps Cross specific actions and responses	
Key theme or issue identified by the CQC	How Barts Health is responding
Addressing delays in discharging patients	<ul style="list-style-type: none"> • Working with commissioners and external multi-disciplinary partners to develop new patient pathways • Comprehensive system-wide winter plans in place, involving all local partners • Seven day working, minimising delays in theatres, diagnostics and patient assessments • Improving weekend discharge rates
Improving the patient environment, particularly in the Margaret Centre	<ul style="list-style-type: none"> • Refurbishment work now completed in the Margaret Centre, providing additional bathrooms and improving walls and floors • Risk assessment and business case being completed for improvements in outpatients
Addressing equipment shortages	<ul style="list-style-type: none"> • Business case developed to buy replacement and additional bladder scanners • Checking availability of float mattresses to ensure sufficient numbers available • Wards being provided with information on ordering mattresses and escalating delays

5. Feedback from the local site summits

Four site summits were held in February, involving a wide variety of Trust staff and external stakeholders. At each summit Seaton Giles from the CQC gave a high level summary of the inspection process and Peter Morris, Barts Health Chief Executive, summarised the overall findings for the Trust. Peter described the assessment as “tough but fair”. He noted that the lead for the inspection from NHS England, Dr Andy Mitchell, had identified specific areas of service excellence that were outstanding and that the commitment and passion of our staff to serve local people was evident. Each site was then presented with their specific findings and staff were asked to consider in groups the key concerns that emerged from the reports and what needs to be done across the Trust and on the site to address them.

Topics for discussion were centred around three main themes, which are detailed in the table overleaf. For each theme and topic, summit attendees were asked to consider:

- What needs to be done consistently, both Trust-wide and at the specific site
- What can individuals do as Barts Health staff and partners to help us make the necessary improvements

Theme	Topic
Staff engagement and morale	<ul style="list-style-type: none"> • Visible executive leadership • Culture – bullying and harassment; raising concerns • Embedding CAG structures and developing relationships between CAG teams and stakeholders

	<ul style="list-style-type: none"> • Strengthening site based leadership
Patient flow and discharge	<ul style="list-style-type: none"> • Preventing hospital attendances and admissions • Facilitating early/complex discharges
Patient engagement and experience	<ul style="list-style-type: none"> • Improving complaints handling • Hearing the patient's voice • Patient panels and working in partnership

The key themes which emerged from the four site summits were:

- Visible leadership
- Relationships and partnership working between teams based on each hospital site and our Clinical Academic Group (CAG) teams
- Partnership working with Clinical Commissioning Groups (CCGs) and how this can be more effective, particularly in relation to creating integrated care pathways
- Empowering staff at all levels
- Accountability, responsibility and trust, including clarity of individual roles and tiers within CAGs

For the Whipps Cross summit, feedback included:

- Staff engagement
 - Acceptance of responsibility, power to act/accountability, bottom up and top down delegation – as appropriate to role and service
 - Step by step plan needed to improve organisational culture and morale
 - Ensure leaders who visit departments on “First Fridays” engage sufficiently with staff and do not just “measure and go”
 - Include the issue of raising concerns at inductions for new staff
 - Address challenges of communications across multiple sites, including use of teleconferencing
 - How to introduce the “Big 3” into everyone’s day – including specific impact with a patient, family or visitor and engagement with a member of staff to make them feel valued
 - Need to work to retain staff as well as recruit new staff
 - Impact of workforce consultation process on staff morale
 - Need to make “every day a CQC day”
 - Relationships between site leadership and Clinical Academic Group teams
- Patient Flow/Engagement
 - Open visiting and proactive rounds at visiting time to talk to families
 - Flow co-ordinators are helpful; build on the role to manage integrated care
 - Meet and greet patients, involve clinicians early in complaints
 - Improve communication between clinicians and GPs

Recommendations we are taking forward from the site summits include:

- Enhance visibility of all senior managers at various levels on a weekly basis, ensuring conversations are shared as appropriate
- Enabling the CAG leadership teams to lead on the CQC “conversation”, ensuring compliance to the standards is met and service improvement continues with support from corporate services where necessary
- To link the CQC actions and discussions to our response to the Francis report and our work to improve the organisational culture
- Re-establishing senior nurse network meetings

6. Conclusion

Barts Health has openly welcomed the CQC's introduction of the Chief Inspector of Hospital inspection regime and the Trust's inclusion in the first wave of inspections. An inspection on this scale has given us our best opportunity to date for a fair and balanced reflection of the quality and safety of our hospitals and services. We have also welcomed the opportunity presented by the inspection and the following quality summits to involve local partners closely in assessing, developing and improving our services, in particular strengthening arrangements for joint working to address the more complex aspects of providing joined up care for local people.

The inspection reports and subsequent action plans provide a clear framework for us to address the issues raised and ensure we make and sustain the necessary improvements. We will continue to welcome scrutiny of the plans and involvement from our external partners and colleagues.

Report to the Trust Board: 5 March 2014	TB 27/14
--	-----------------

Title	CQC inspection
Sponsoring Director	Chief Nurse
Author(s)	Director of Corporate Affairs and Trust Secretary
Purpose	To receive the final action plans in response to the November 2013 CQC inspection of Barts Health.
Previously considered by	Trust Management Board, 4 March 2014

Executive summary

The CQC published the reports of their November 2013 inspection of Barts Health on 14 January 2014, following the Trust's Quality Summit on 10 January 2014. The CQC identified 15 compliance actions together with a number of areas for improvement. Draft action plans to address the compliance actions were submitted to the CQC on 7 February 2014. The final versions were submitted on 28 February 2014 and are attached. These take account of feedback from the Trust Board, the NTDA and staff and stakeholders who attended the four site-based follow-up summits which took place between 4 and 10 February 2014. Regular updates on implementation of the action plans will be provided to the Trust Board and the Quality Assurance Committee. The Board is also reminded that the CQC are scheduled to return to The Royal London Hospital in the near future to follow-up on the actions implemented following a previous inspection earlier in 2013.

Related Trust objectives

1. We will maintain a relentless focus on delivering high quality, safe and compassionate care for our patients and achieving our 2013/14 quality priorities to ensure a consistently good patient experience.
2. We will meet all national minimum performance standards and regulatory requirements, delivering consistent and standardised clinical practice.

Risk and Assurance	Reports will be provided to the Board and QAC on the implementation of the action plans.
Related Assurance Framework entries	n/a

Legal implications/regulatory requirements	The action plans address the 15 compliance actions identified by the CQC inspection.
---	--

Action required by the Board

The Trust Board is asked to receive the final versions of the action plans which were submitted to the CQC on 28 February 2014.

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
BH01	The Trust must ensure action is taken on identified risks recorded on the risk register	All	All	Risk register to be reviewed at CAG, Corporate and service line performance reviews	Deep Dive Risk Reports to RMC by each CAG/division	Low	Trust Risk Manager	Chief Nurse	Started and on-going	Open
				Approve new risks >12	CAG/Corporate Risk Metric reports to each RMC					
				Approve risk mitigation plans and monitor (evidence on RR)	Out of review date/mitigation date challenge				30.06.14	
				Service Line Managers /equivalents risk workshops to be delivered					01.04.14	
				RMC to review risk ToR to determine how to ensure risk mitigation is on time					Started and on-going	Closed
				RMC to escalate poor risk mitigation to TMB						
BH02	The Trust must ensure there is sufficient staff with an appropriate skill mix on all wards to enable them to deliver care and	All	All	Development of monthly reporting of actual staffing levels on a shift by shift basis.	Ward accreditation and KPIs	Medium	Deputy Chief Nurse	Chief Nurse	30.06.14	Open
				Small external review of staffing discussing our	Safer Staffing Report to April	Medium	Deputy	Chief Nurse	April 2014 & onwards 6	

Barts Health CQC Master Action Plan											
Overall Quality Report : High Level Improvement Actions											
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close	
Page 11	treatment safely and to an appropriate standard			approach, evidence base and risk assessments. Peer review of key areas e.g. OPS, Cancer, Caplin.	Trust Board		Chief Nurse		monthly		
				Implementation of Allocate e-rostering system to improve rostering and reduce reliance on bank and agency staff. Allocate includes a process for daily acuity and dependency recording	Reports from Allocate Steering Board						Roll out starts May 2014 for 18 months
				Recruitment programme to fill 95% of establishment to reduce reliance on bank and agency staff underway	Roll out programme agreed						April 2014
				Roll out Band 7 leadership programme based on Older Peoples Improvement Programme	CAG performance reviews						To start February 2014

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
BH03	The Executive Board must urgently re-engage with staff: they must listen to staff, respond to their concerns and adopt a zero tolerance to bullying	ALL	ALL	Conclude the Trust Management Board review of Culture and Leadership and share the recommendations widely in the organisation – early actions being implement include: <ul style="list-style-type: none"> • Programme for embedding First Friday activities for all directors • Director-led programme of feedback and action planning on 2013 NHS Staff Survey Findings • Introduction of “Speak in Confidence” – with direct, anonymous two-way line to a Director • Programme of front line and weekend working for Directors • Communications campaign to raise 	Governance of delivery through monthly Performance review with reporting Trust Management Board Increase monthly sample size of Pulse Survey to 4,000 (achieved). Publish monthly results as part of Staff Briefing process to supplement current integrated performance reports. Publish staff comments. Track impact through monthly Pulse Survey engagement scores and workforce key performance indicators within Integrated Performance	High	Associate Director of Organisational Development	HR Director	March 2014	Open
								Chief nurse	March 2014	
								HR Director	Started	
									March 2014	
						High	Associate		Started and on-going	

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
Page 13				awareness of the current policy and mechanisms in place to support tackling bullying and harassment	Framework		Director Organisational Development		Started and on-going	Open
				<ul style="list-style-type: none"> Commission independent review of high reports of bullying and harassment in 2013 Staff Survey findings 					March 2014	
				<ul style="list-style-type: none"> Develop Staff Partnership Fora in each CAG, in addition to organisation-wide forum 					March 2014	
				<ul style="list-style-type: none"> Add feedback training into Statutory and Mandatory training programme for managers 					April 2014	
				<ul style="list-style-type: none"> Increase the monthly sample size for the Pulse Survey to 4,000 and explore a mechanism for 		High	Associate Director of Organisational	Director of HR	March 2014	Open

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 14				including the option for staff to use this route to specifically raise concerns <ul style="list-style-type: none"> Design a leadership engagement programme that will reach all staff in the Trust over 2 year period (i.e. Through to 2016) 			Development			
				Site specific <ul style="list-style-type: none"> Director-led programme of feedback and action planning on 2013 NHS Staff Survey Findings Programme of front line and weekend working for Directors Communications campaign to raise awareness of the current policy and mechanisms in place to support tackling bullying and harassment 	Site specific publication of monthly Pulse Survey results, including commentary from staff			Director of HR	March 2014	

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
				<ul style="list-style-type: none"> independent review of high reports of bullying and harassment in Staff Survey findings 						
BH04	Provision must be made for adolescents to be treated in an appropriate environment and not within the general paediatric wards.	RLH	Childrens Services	Refer to RLH plan item RL01	Refer to RLH plan item RL01	Low	W&C CAG Group Director	Director of Delivery	30.06.14	Open
BH05	Equipment must be readily available when needed.	RLH WX	ECAM SURG	<p>Greater engagement from CAGs with Medical Devices Group</p> <p>Greater link between risk register and capital replacement programme</p> <p>No asset registers in the CAG – link risk and asset register to forward investment</p>	<p>Governance for Capital investment committee reviewed.</p> <p>Business cases for equipment which are rejected to go to TMB for review.</p>	medium	CSS Group Director	Director of Delivery	30.06.14	Open

Barts Health CQC Master Action Plan

Overall Quality Report : High Level Improvement Actions

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
				planning for equipment – especially Newham and Whipps Where equipment identified as not available refer to site specific action plans						
BH06	Ensure patients receive nutritious food in sufficient quantities to meet their needs	SBH	CVS CANCER	Refer to SBH plan item SB01	Refer to SBH plan item SB01	medium	Director of Estates and facilities	Chief Nurse	30.04.14	Open
BH07	Some parts of the hospital environment do not meet patients' care needs. The hospital environment in the Margaret Centre (at Whipps Cross) and outpatients compromises patients' privacy and dignity	WX	ECAM OPS	Refer to Whipps Cross plan WX06	Refer to Whipps Cross plan WX06	medium	CSS Group Director Cancer CAG DoN	Director of Delivery	31.05.14	Open
BH08	Patients are not aware of the	WX	ALL	The Chief Nurse will host 2 stakeholder	Stakeholder and user feedback	Medium.	Deputy Chief	Chief Nurse	31/0314	Open

Barts Health CQC Master Action Plan

Overall Quality Report : High Level Improvement Actions

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 17	complaints process and the hospital does not always learn effectively from complaints			engagement workshops to seek user and community views and consult on the current and future complaints and PALS services.	PALs audits monthly		Nurse		Weekly and on-going	
				Continue to audit contacts, response and accessibility of the PALS telephone hub service	NHS inpatient survey indicators					
				To continue with provision of complaint resolution and complaints handling training and its inclusion in staff development and leadership programmes.	Audit and accessibility results				30/09/14	
				Review BH information leaflet and poster on 'How To'; seek help with a problem, make a comment or complaint across all sites. This following the stakeholder workshop.					31/03/ 14	

Barts Health CQC Master Action Plan

Overall Quality Report : High Level Improvement Actions

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 18				Relaunch All CAG Tier 1's are accountable for accessible and responsive complaint handling and local resolution in each service line. Each CAG to continue monthly thematic learning reviews of complaints by service or subject and report on action each quarter.	CAG PR and Quarterly complaints reporting at the Quality Assurance Committee				Started and on-going	

The following are compliance actions for other sites not list as Barts Health “must do”

	NH01 – Trust must ensure medicines and fluids are stored correctly	NH	All	Refer to Newham plan	Refer to Newham plan	low		Chief Nurse	April 2014	Open
	NH02 – Trust must ensure staff follow national guidance for children undergoing surgery and that they do this sufficiently to maintain their expertise	NH	W&CH Service	Refer to Newham plan	Refer to Newham plan	medium		Medical Director	December 2014	Closed

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
	NH03 - To promote a safety culture, the hospital must improve the visibility of management and embed the CAG structures and processes	NH	All	Refer to Newham plan	Refer to Newham plan	high		Director of Delivery	June 2014	Open
Page 19	LC01 - Action must be taken to improve staff's ability to respond in a timely manner to patient's needs at night to ensure their safety and welfare	LC	ECAM	Refer to London Chest plan	Refer to London Chest plan	medium		Chief Nurse	April 2014	Open
	RL04 - Ensure there are sufficient medical staff available	RL	Surgery	Refer to Royal London plan	Refer to Royal London plan	medium		Medical Director	April 2014	Open
	WX04 - Strengthen governance arrangements. Currently these are not always effective. Staff do not feel empowered to make changes and the governance structures hinder them at times	WX	All	Refer to Whipps Cross plan	Refer to Whipps Cross plan	high		Director of Delivery	Sept 2014	Open
	WX05 - Address	WX	All	Refer to Whipps	Refer to Whipps	medium		Director of		Open

Barts Health CQC Master Action Plan

Overall Quality Report : High Level Improvement Actions

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
	delays to providing care. Patient's discharge is sometimes delayed. This impacts on other areas of the hospital and its effective functioning			Cross plan	Cross plan			Delivery		

The following are improvement actions for Barts Health

Page 20	BH09	Improve the visibility of senior leaders in the Trust	all	all	Refer to BH03 – engaging with staff	Refer to BH03	low	CAG Group Directors and Corporate Directors	HR Director	March 2014	Open
	BH10	Address the concerns about implementation of the review of nursing posts and the effects of this on the skill mix of nursing staff	all	all	Refer to BH02 - staffing	Refer to BH02	low	CAG DoNs	Chief Nurse	June 2014	Open
	BH11	Improve the dissemination of lessons learned from serious	all	all	Share the learning bulletin from PST to be produced monthly. Communications plan	Staff knowledge during CAG senior staff walkabouts and internal peer	low	Deputy Chief Nurse	Chief Nurse	30.09.14	Open

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 21	incident investigations across all the CAGs			<p>for PST to be developed including use of weekly staff bulletin, monthly staff briefings and bi weekly manager briefing to disseminate key safety/learning messages</p> <p>CAGs to develop own mechanisms to cascade safety and learning messages</p> <p>Clinical Standards Committee established – mapping reporting of all groups/committees to give assurance of co-ordinated learning</p>	reviews		CAG DoNS			
	BH12	Improve access for all staff to suitable IT to enable them to report incident quickly	all	all	<p>Two reports into network/server performance & design & PC performance have been commissioned and are complete.</p> <p>A number of issues are identified which are at</p>	<p>Network capacity is improved</p> <p>Additional 700 PCs are in use</p> <p>Details of further IT</p>	low	Deputy Director of Informatics	Director of Informatics	December 2013

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 22				<p>the root of user difficulties outlined in the CQC report. These fall into 3 categories</p> <p>1 - Network performance 2 - Application performance 3 - PC performance</p> <p>Actions planned 1 Trust Board approved plans to improve network capacity in a number of areas earlier last year and these changes are now being implemented</p>	improvement finalised and shared with staff		Deputy Director Informatics	Director of Informatics	December 2013	Closed
				<p>2. The Trust currently utilises 11,100 computers & has 14,000 (approx) staff. A roll out of 700 additional computers has commenced, includes both fixed desktop computers, laptops & workstations on wheels.</p>	<p>Revised training in use at induction</p> <p>Monitor impact through First Fridays and peer reviews</p>			31/12/14.	Open	

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
Page 23				3. Plan in place for intensive piece of work in next few months to further improve performance in IT This project is being built and will be announced in start of financial year					01/06/14	Open
				We plan to enhance the staff induction process to include specific training on how to log an incident using the Trust intranet/Datix web page.					30/04/14 and on-going	
BH13	Consultant cover on site should be 24hours a day, seven days a week to provide senior medical care and support for patients and staff	all	all	The Trust has just completed an update audit for its adherence to the London Emergency Care Standards and these have been fed back to CAGs. These are the most stringent standards available nationally and do not mandate the level of cover identified in this	Continue to review against the London Standards at least annually. A set of Barts Health Standards have also been drawn up and will be used more frequently to ensure regular and senior support.	Low – defined access standards for advice and return to work for scheduled & unscheduled attendance have been defined for high risk areas (e.g. A&E RLH, ICU RLH, trauma	CAG Group Directors	Medical Director	30/4/2017 for 7 day standards as per BK's national plan.	Open

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
Page 24				improvement action. Professor Sir Bruce Keogh recommends a 3 year journey to meet 7 day working across the English NHS and in this year to identify the cost likely to be associated with that step. The CAGS are currently working through the audit to define the solution for each of the relevant services to meet the London standards. In some cases this will require further changes to policies and working practices and in some cases reconfiguration of services between sites. The outputs will inform job planning changes from April 1 st 2014.		RLH, neonatology and obstetrics all sights. The trust is not an outlier for weekend mortality rates – this will continue to be monitored. Mortality rate (SHMI) is continuing to come down.				
	BH14	Provide accessible information for patients who speak English as a second	all	all	Develop guidance/policy for staff on how and when to make key patient		low	Deputy Chief Nurse	Chief Nurse	30.6.14

Barts Health CQC Master Action Plan

Overall Quality Report : High Level Improvement Actions

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 25	language			information available in other languages			Director of Communications		30.09.14	
				Communications to review essential/Trust wide information to ensure it is accessible in other languages where appropriate and in line with guidance /policy					30.12.14	
BH15	There should be pain protocols in place for children and children should be seen by the pain team	all	all	Refer to Women and Childrens' Health CAG local CQC action plan	Refer to Women and Childrens' Health CAG local CQC action plan	low	CAG DoN Childrens Services	Chief Nurse	31.03.14	Open
BH16	The reasons for waits and likely length of waits in outpatients should	all	all	An audit of 1004 clinics has been undertaken. There is positive evidence of	Detailed report on the areas with the largest waits shared with CAGs	low	Director of Service Develop	Director of Delivery	31.01.14	Closed

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 26	be better communicated to patients			improvement/ satisfaction as well as further improvement needed e.g. <i>Findings:</i> <i>No waits – 34%</i> <i>Wait<30min – 50%</i> <i>Wait >30min 16%</i>	The Outpatient Transformation team plan to work with teams on service level improvements by end of March 2014. CAG General Managers to develop individual improvement plans by 10 May 2014.	Improvement plans completed. Monitored at service line performance reviews.	ment		10.05.14	Open
				Outpatient staff to ensure patients are informed of waits when they arise					Monthly audits are being defined to monitor improvement	CSS CAG DoN N&T

Barts Health CQC Master Action Plan										
Overall Quality Report : High Level Improvement Actions										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
BH17	Where site specific issues have been identified in the CQC reports the Trust will seek assurance that the other sites have maintained an appropriate standards	all	all	Issues relate to <ul style="list-style-type: none"> • Records • Medicines storage • Equipment • Food • Environment 	Quarterly internal peer reviews On-going monthly ward/department audit against CQC Outcomes	low	Deputy Chief Nurse	Chief Nurse	31.03.15	Open

Newham Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
NH01	<p>Trust must ensure medicines and fluids are stored securely</p> <p>Outcome 9 Medicines</p>	NUH	All	<p>Re-refresh the trust-wide risk assessment for medicines security and ensure the action plan is updated.</p> <p>Seek resource to install either self-closing brackets on clean utility rooms OR swipe access</p> <p>Raise awareness through the Medicines Safety Team or a trust patient safety notice about the risks associated with poor security of medicines Introduce a zero tolerance approach to the leaving open or wedging open of clean utility rooms.</p> <p>Encourage datix incident reporting of such incidents</p> <p>Develop a medicines management action plan</p>	Ward CQC audit programme outcome 9	Low	<p>CSS CAG Director of Therapies and Governance</p> <p>CAG Directors of Nursing</p> <p>Hospital Director</p>	Chief Nurse	30/04/2014	Open

Newham Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
NH02	<p>The Trust must ensure staff follow national guidance for children undergoing surgery and that they do this sufficiently to maintain their expertise sufficiently</p> <p>Outcome 4 Care and welfare</p>	NUH	W&CH/Surgery Childrens Service	<p>Action has been taken to ensure that children and young people under the care of the orthopaedic teams are reviewed on the ward round by the attending paediatrician. This ensures that treatment is consistent with best practice guidelines.</p> <p>To address the risk of infrequent surgical practice for children under 10 resulting in lack of surgical expertise, new house rules /standards have been implemented for children aged 16 and under admitted to NUH under the surgical teams. (standard rules available on request)</p> <p>The Group Directors of the Surgery and the Women's and Children's Health CAG to discuss and report proposals for the future</p>	<p>Action plan to be monitored by the Children's Service Board and W&CH CAG Board</p> <p>Audit compliance with national guidelines</p>	Medium	CAG Group Directors Surgery & W&CH	Medical Director	<p>Completed December 2013</p> <p>30 April 2014</p> <p>December 2013</p> <p>December 2014</p>	open

Newham Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/close
				of children's surgery on the Newham site.						
NH03	<p>To promote a safety culture, the hospital must improve the visibility of management and embed clinical academic group structures and processes</p> <p>Outcome 16 Quality of service provision</p>	NUH	All	<p>Refer to BH Master Action Plan item staff engagement BH03</p> <p>Site based Hospital Director and Hospital Lead Nurse and medical equivalent working in alignment with CAG leads and external stakeholders</p> <p>Hospital Management Group – agenda to include Q&S hospital Risk register</p> <p>CAG team on site W&C</p> <p>Other CAGs to identify senior site leads for each site including Newham</p> <p>Re launch First Friday</p> <p>Continue with Themed 3rd Friday</p>	Refer to BH Master Action Plan item staff engagement BH03	High	Hospital Director	Director of Delivery	30.06.14	Open

Newham Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/close
				<p>Corporate Nursing team rolling rota of clinical days (proposed)</p> <p>Executive visibility at all sites at weekends</p> <p>Quarterly internal Peer reviews based on Keogh methodology</p>						
NH04 Page 31	Increase the Friends and Family survey response rate	Newham	All	<p>Senior nursing staff provided with the response numbers required per month to achieve the target of 20%</p> <p>Weekly reporting in place to enable areas which are non-compliant to be supported</p>	FFT response rates	low	Deputy Chief Nurse	Chief Nurse	Year end of each year	Open
NH05	Improve safety for patients by reducing reliance on bank and agency staff and improve critical care consultant cover on evenings and weekends	Newham	All	<p>Bank and Agency use</p> <p>Recruit to 95% campaign started Oct 2013.</p> <p>Consultant cover – refer to BH13</p>	95% achievement in each CAG monitored through performance reviews	low	CAG DoNs	HR Director Medical Director	31.03.14	Open Open

Newham Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/close
NH06	Address the lack on high dependency unit facilities and the issue of patients being cared for in the CCU which are potentially compromising patients' safety	Newham	Surgery	Service line monitoring. Critical care board to be re-established Review HDU provision with cardiovascular CAG and present to PR and TMB.	Monitor number of patients requiring HDU care who are cared for in CCU at Newham	low	Surgery Group Director	Director of Delivery	30.04.14	Open
NH07	To mitigate the risk of potential safeguarding issues, the hospital should consider providing a separate waiting area for children waiting to be seen in the Urgent Care Centre	Newham	ECAM	This will be raised with the 3rd party provider again using the CQC report to support previous conversations.		low	ECAM CAG DoN	Chief Nurse	30.04.14	Open
NH08 Relates to	Formal review of the guidelines currently in use at Barking Birth	Barking Birth Centre	Womens and Childrens CAG	The guidelines are the same across all sites - lead midwife to archive the out of date	Monitor through leadership visits and Clinical Fridays		DoM W&C CAG	Chief Nurse	30.04.14	Open

Newham Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
Barking Birth Centre	Centre			guidelines and ensure all staff aware of how to access the updated guidelines that are pertinent to practice at the Birth Centre.						

Royal London Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
RL01	<p>Ensure that adolescents are treated appropriately and not within general paediatric wards</p> <p>Outcome 4 Care and welfare</p>	RLH	Childrens	<p>Scoping exercise to be undertaken for care of young people across the Trust and develop business case</p> <p>Adolescent working group to be established</p> <p>Ward Managers all making one key change for adolescents in January</p> <p>Children's Patient Panel member to review our wards and departments</p> <p>Ward managers ensuring choice is offered on admission and documented</p>	<p>Business case complete and presented to TB</p> <p>Actions from AWG</p> <p>Audit of choice offered to adolescents</p>	Low	CAG Group Director	Director of Delivery	30.06.14	Open
RL02	<p>Ensure that equipment is readily available when requested</p> <p>Outcome 11</p>	RLH	Surgery	Theatre department did not have paediatric bronchoscopy equipment – issue is recorded in risk register- Four in use.	Equipment back in use	No impact on service	Director of Nursing & Governance Surgery	Director of Delivery	20/02/14	Closed

Royal London Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
Page 35	Equipment			<p>One away for repair estimated 8 weeks to repair.</p> <p>Specialist equipment for neuro surgery not always available theatre eg spinal sets 2 additional neurosurgeons so increase in activity. The increase means have to fast-track more sets, which is more cost-effective than the investment required to purchase additional sets. Monitored through theatre programme weekly. We are reviewing scheduling which will provide more accurate information for procuring kit.</p>	<p>Datix IR form to be completed when trays not available, or problems with equipment in the trays.</p> <p>To be reviewed monthly at the Anaesthetics Governance, operational and PRs.</p>	Low risk				
	RL03	Ensure there are sufficient staff with an appropriate skill mix on all wards to enable them to deliver care and	RLH	All	Refer to Barts Health Master Action Plan item on staffing BH02	Refer to Barts Health Master Action Plan item on staffing BH02	Medium	CAG DoNs	Chief Nurse	30.6.14

Royal London Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
	<p>treatment safely and to an appropriate standard</p> <p>Outcome 13 Staffing</p>									
RL04	<p>Ensure there are sufficient medical staff available</p> <p>Outcome 13 Staffing</p>	RLH	Surgery	<p>The medical rotas are all WTD compliant and this has resulted in the use of B&A to fill the gaps to achieve this.</p> <p>There is an active drive for recruitment to remove locum posts and fill substantively.</p> <p>Rota of concern is for general surgery at nights and weekends at RLH which relies on the same numbers of juniors as at WX and NUH and yet with a significantly heavier on call. There is an additional consultant for vascular/trauma but not extra juniors. This is reflected in the</p>	<p>Datix completed when shifts not filled.</p> <p>Escalated to senior team.</p> <p>Monitored through service line PRs and CAG PRs.</p>	Medium	Group Director Surgery	Medical Director	01/04/14	Open

Royal London Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/close
Page 37				<p>colorectal strategy to reduce on call services from 3 to 2 sites. There have not been any safety events directly related to this that CAG is aware of.</p> <p>A review of medical staffing in surgery is to be undertaken and presented at CAG performance review and Trust Management Board</p>						
RL05	Ensure that action is taken on identified risks recorded on the risk register	RLH	All	Refer to Barts Health Master Action Plan Item on Risk Register BH01	Refer to Barts Health Master Action Plan Item on Risk Register BH01	low	Trust Risk Manager	Chief Nurse	30.06.14	Open
RL06	<p>Actively listen to staff and respond to their concerns</p> <p>Adopt a zero tolerance to bullying by middle managers</p>	RLH	All	Refer to Barts Health Master Action Plan Item on Staff Engagement BH03	Refer to Barts Health Master Action Plan Item on Staff Engagement BH03	high	Associate Director of OD	HR Director	30.04.14	Open

Royal London Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
	Outcome 16 Quality of service provision									
RL07	<p>Outcome 21 Records</p> <p>There is “no must do” related to records in the RLH CQC site report</p> <p>issues identified</p> <ul style="list-style-type: none"> • Incomplete care records • no nursing care plan, • fluid and food intake charts incomplete. • Weight not completed, • SSKIN bundle no training/ unsure what to document, • WHO checklist not always completed • Incomplete or unreadable 	RLH	All	<p>We will seek further guidance from the CQC regarding compliance notice for RLH Outcome 21</p> <p>Review of records to be part of internal peer review process.</p> <p>Internal peer review audit tool updated for use on 27.02.14</p> <p>DoNs to review peer review results and develop action plans to address the findings of the internal peer review and on-going CQC ward audit outcome 21 findings</p>	<p>Action plan in place and monitored at CAG DoNs Forum</p> <p>Results of on – going ward CQC audits for outcome 21</p>	low	<p>Deputy Chief Nurse</p> <p>CAG DoNS</p>	<p>Chief Nurse</p>	<p>March 2014</p> <p>February 2014</p> <p>April 2014</p> <p>Sep 2014</p>	Open

Royal London Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
	observations charts for neonates, • End of Life - resuscitation decisions not always appropriately documented,									

St Bartholomew's Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
SB01	<p>The Trust must ensure patients receive nutritious food in sufficient quantities to meet their needs</p> <p>Outcome 5 Meeting Nutritional Needs</p>	SBH	Cancer/C VS	<p>New ordering system was being piloted. Ward staff unclear on how best to manage the new system.</p> <p>Meeting with Carillion, catering and Trust Nutrition team instruction given was to ensure that all meal orders equate to ward bed count.</p> <p>Further training for Carillion housekeeping staff who provide & serve meals to ensure that portion sizes are adhered.</p> <p>Ward staff encouraged to raise issues. The Trust with CHL and Carillion continue to monitor.</p> <p>Further feedback from patients in January to assess changes</p> <p>Trust Nutritional team to review the nutrition</p>	<p>Patient feedback</p> <p>Friends and Family Test results</p> <p>Staff feedback</p> <p>CQC ward audit programme outcome 5 on-going results</p> <p>Internal Peer review</p> <p>Trust Nutrition and Hydration Steering</p>	Medium	<p>Director of Estates and Facilities</p> <p>CAG DON</p>	Chief Nurse	31.03.14	Open

St Bartholomew's Hospital Specific Action Plan										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/close
				value of food provided to patients at SBH	Committee		Head of Nutrition and Dietetics		30.04.14	Open
SB02	<p>Ensure there are sufficient staff with an appropriate skill mix on all wards to enable them to deliver care and treatment safely in a timely manner</p> <p>Outcome 13 Staffing</p>	SBH	Cancer/CVS	<p>Refer to Barts Health Master Action Plan item on staffing BH02</p> <p>Further review undertaken following CQC visit.</p> <p>Paper submitted to Cancer CAG board in December 13. Discussion and review with Chief Nurse/Medical director and CAG director.</p>	<p>Workforce KPIs</p> <p>Vacancy rates</p> <p>Wards 5A and 5B to be on risk register and closely monitored re nurse KPIs over the next 3-6 months following completion of recruitment to establishment.</p>	medium	Cancer/ CVS CAG DoN	Chief Nurse	30/06/14	Open

Whipps Cross Hospital Specific Action Plan										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
WX 01	Ensure staffing levels meet people's needs on all medical and surgical wards. Outcome 4 Care and welfare	WX	ALL	Refer to Barts Health Master Action Plan item on staffing BH02	Refer to Barts Health Master Action Plan item on staffing BH02	medium	Deputy Chief Nurse	Chief Nurse	30.6.2014	Open
Page 42	Ensure that the hospital's risk register is managed more effectively Outcome 4 Care and welfare	WX	All	Refer to Barts Health Master Action Plan item on Risk Register BH01	Refer to Barts Health Master Action Plan item on Risk Register BH01	low	Trust Risk Manager	Chief Nurse	30.06.14	Open
WX 03	Improve staff morale is low across all grades Make changes to the culture of the organisation. There is a lack of open culture. Staff feel bullied and unable to raise safety	WX	All	Refer to Barts Health Master Action Plan item on staff engagement BH03	Refer to Barts Health Master Action Plan item on staff engagement BH03	High	Hospital Director/ CAG Group Directors	Director of Delivery	30.4.2014	Open

Whipps Cross Hospital Specific Action Plan										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
	issues without fear. Outcome 4 Care and welfare					high	Hospital Director/ CAG Group Directors	Director of Delivery		
WX 04	Strengthen governance arrangements. Currently these are not always effective. Staff do not feel empowered to make changes and the governance structures hinder them at times Outcome 4 Care and welfare	WX	ALL	Refer to Barts Health Master Action Plan item on staff engagement BH03 Site based Hospital Director and Hospital Lead Nurse and medical equivalent working in alignment with CAG leads and external stakeholders Hospital Management Group – agenda to include Q&S hospital Risk register CAG team on site ECAM Other CAGs to identify senior site leads for each site including Whipps Cross Re launch First Friday.	Refer to Barts Health Master Action Plan item on staff engagement BH03 Improved Staff engagement score for Whipps Cross site Improved results of Pulse survey for Whipps Cross Site	high	Hospital Director	Director of Delivery	30.09.14	Open

Whipps Cross Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
Page 44 WX 05				<p>Continue with Themed 3rd Friday</p> <p>Corporate Nursing team rolling rota of clinical days (proposed)</p> <p>Executive visibility at all sites at weekends</p> <p>Quarterly internal Peer reviews based on Keogh methodology</p>						
	<p>Address delays to providing care. Patient's discharge is sometimes delayed. This impacts on other areas of the hospital and its effective functioning</p> <p>Outcome 4 Care and welfare</p>	WX	ALL	<p>External engagement of commissioners and Multi-disciplinary team in developing new patient pathways</p> <p>Winter planning and Barts Health way implementation including:-</p> <p>Maintaining patient flow through ED, with support from Admission Avoidance Teams and all CAGs to maintain</p>	<p>Setting up of fully functional ambulatory care and hot clinics in collaboration with GP partners.</p> <p>Measured by numbers of patients referred and treated.</p> <p>Refining processes for non-elective admissions. Measured by</p>	Medium	ECAM Group Director	Director of Delivery	31.10.14	Open

Whipps Cross Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 45				<p>performance.</p> <p>Length of stay; We will ensure requests for diagnostic tests are made as soon as possible.</p> <p>Seven day working: no delay for care in theatre, diagnostics or patient assessment</p> <p>Continuing to work closely with community colleagues to provide Care Outside Hospital and alternatives to hospital</p> <p>Discharging patients as swiftly and safely as possible by fully utilising the discharge lounge to free up beds earlier in the day</p> <p>Improving discharges over the weekend, supported by additional services available on site</p>	<p>performance against 4 hour standard in ED. 24 hour standard for turnaround of standard diagnostic tests. Measured by audit.</p> <p>Working with clinical teams on 7 day models for non-elective patients. Measured by audit of delays in care</p> <p>Integrated care work, and admission avoidance</p>	Medium	ECAM Group Director	Director of Delivery	31.10.14	Open

Whipps Cross Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
WX 06	<p>Make changes to the hospital environment. Some parts of the hospital do not meet patients' care needs. The hospital environment in the Margaret Centre and outpatient's compromises patients' privacy, dignity and safety</p> <p>Outcome10 Premises</p>	WX	Cancer OPs	<p>Outpatients:- Environment review to be carried out by CSS team. Risk assessment to be completed. Business case for required changes to the OP environment to be developed and presented at CAG PR and TMB</p> <p>Margaret Centre Plan to refurbish Margaret Centre in February. This will provide additional disabled bathroom and improve floors and walls. Further options appraisal led by medical director to review possibility of a charity managing the hospice on behalf of Barts Health.</p>	<p>Risk assessment complete</p> <p>Business case completed and presented to TB</p> <p>Refurbishment completed on time</p>	Medium	<p>CSS Group Director and CAG DoN T&G</p> <p>Cancer CAG DoN</p>	Director of Delivery	<p>31.03.14</p> <p>30.05.14</p> <p>31.03.14</p>	<p>Open</p> <p>Open</p> <p>Open</p>

Whipps Cross Hospital Specific Action Plan										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
				Medical Wards Refurbishment programme in progress			Directors hard and soft FM	Director of Estates & Facilities	31.07.14	Open
				Senior staff to review nursing practice in medical wards	Observations of care First Friday Peer review		ECAM CAG DoN	Chief Nurse	31.03.14	Open
Page 47	Ensure that equipment on the medical and surgical wards and in ICU is always available, appropriately maintained and checked in accordance with the Trust's policies and guidelines Outcome 11 Equipment	WX	ECAM/ SURG	Refer to Barts Health Master Action Plan item on equipment BH05 Inventory check of bladder scanners Business case is developed for new stock, additional 2 at WX 1 at MEH, 1 and NUH and 1 at RLH. This equates to circa £43,000. Whilst procurement process is happening undertake train the trainer and request loan	Refer to Barts Health Master Action Plan item on equipment BH05	medium	CAG DoNs	Director of Delivery	30.04.14	Open

Whipps Cross Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
Page 48				<p>equipment.</p> <p>Mattresses - Contract allows for adhoc hire in addition to a float number of mattress on site. Review and check the current float number of mattresses on site and ensure sufficient for everyday working.</p> <p>Ensure wards are provided with local information/ procedure for ordering and who to escalate delays to.</p>			Directors of soft and hard FM		30.04.14	Open
			Surgery	<p>Only one ventilator trolley (WX ICU). This refers to transport ventilators Funding Approved from CIC November 2013. With procurement, order being place 16.1.14</p> <p>Oxygen and suction equipment on surgical wards</p> <p>All beds within Surgery</p>	New ventilator trolley in use	medium	Surgery CAG DoN	Director of Delivery	14.03.14	Open

Whipps Cross Hospital Specific Action Plan										
Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users <i>(risks until action is completed)</i>	Owner	Executive Lead(s) <i>(designation)</i>	Completion date	Open/ close
				at WXH have wall points for oxygen and suction at the bedside						
WX 08	<p>Ensure that patients know how to make a complaint. Changes are needed to ensure the hospital effectively learns from complaints.</p> <p>Outcome 17 Complaints</p>	WX	All	<p>Refer to Barts Health Master Action Plan item on complaints BH08</p>	<p>Refer to Barts Health Master Action Plan item on equipment BH05</p>	medium	Deputy Chief Nurse	Chief Nurse	30.09.14	Open

London Chest Hospital Specific Action Plan

Ref No	Key theme or issue	Site(s)	CAG/ Service line	Planned action (description)	Measures and monitoring method	Impact for service users (risks until action is completed)	Owner	Executive Lead(s) (designation)	Completion date	Open/ close
LC01	<p>Action must be taken to improve staff's ability to respond in a timely manner to patient's needs at night to ensure their safety and welfare</p> <p>Outcome 4 Care and welfare of patients</p>	LCH	ECAM	<p>Refer to Barts Health Master Action Plan item on staffing BH02</p> <p>Night shift staffing is ratio 1:7 with higher skill mix band 6 on the wards.</p> <p>We will review vacancy rates and highlight Caplin as an area for the external staffing/peer review to re-assess as part of that work plan</p> <p>Implement Allocate e-rostering with Acuity and Dependency tool</p>	<p>Patient survey/comment cards</p> <p>Friends and Family Test results</p> <p>Vacancy rates to no greater than 5%</p> <p>Fill rates for Bank and Agency staff</p> <p>Observation of care</p> <p>Safer Staffing reports to Trust Board</p>	Medium	ECAM CAG Director of Nursing	Chief Nurse	30.06.14	Open
									Starts May 2014 over 18 months	

Report to Overview and Scrutiny Committee



Date of meeting: 1 April 2014

SCRUTINY

Subject: Petitions Scheme - Review

Officer contact for further information: Simon Hill



Epping Forest District Council

Committee Secretary: Mark Jenkins

Recommendations/Decisions Required:

- (1) To report to the Council with the recommendation to approve the redrafted Council petitions scheme attached at Appendix 1 to this report
- (2) That, consequential on the approval of recommendation (1) above to note the proposed revised website information on petitions as attached at Appendix 2 to this report.

Report:

1. (Chairman of the Constitution Panel – Councillor J Philip) Our Panel last considered the petitions scheme in September 2012. At that time members were advised that in December 2010 the Council had approved a new Petitions Scheme which had been required by Government. The Local Democracy, Economic Development and Construction Act 2009 (2009 Act), and subsequent statutory guidance had placed a requirement on the Council to have a scheme which included the introduction of an ePetitions facility through the Council's website by 15 December that year.
2. In the autumn of that year, following the general election earlier that year, the Government withdrew the statutory guidance and gave authorities more scope to define their own scheme. At that time the 2009 Act remained in force. During December 2010 the Government gave notice that provisions of the Localism Act would remove any duty to provide such a system. The Localism Act gained Royal Assent in November 2011. Section 46 of the Localism Act completely repealed the earlier acts provisions including having a petitions scheme.
3. The review in 2012 made a number of minor amendments to the scheme but at that time it was acknowledged that the scheme was poorly written but had been based upon statutory guidance at the time and needed redrafting. This review brings to members a suggested redrafted scheme.
4. In reviewing the document we believe that some sections may require some further attention.

Thresholds

5. In section (7) of the re-drafted scheme officers have tried to provide clarity on how petitions are dealt with related to the amount of support they receive. No petitions have ever met the threshold for debate at either Overview and Scrutiny or Full Council. Whilst we believe that the threshold level are appropriate, the original provisions that envisaged allowing petitioners to seek officers to report at an Overview and Scrutiny have never been requested. Experience has shown that petitioners are interested in issues, not their management and this threshold has never been reached in any event.

6. We are therefore of the view that dealing with petitions over 1200 should require a Portfolio Holder to prepare a report to the full Cabinet for a decision. Such decisions would be open to call-in should Overview and Scrutiny wish to give them consideration. We are also suggesting that it should be open to the Portfolio Holder to decide to treat a smaller petition in this way should he/she so choose.

Dissatisfied Petitioners

7. A section of the current scheme provides an opportunity for a petition organiser to seek a review by the Overview and Scrutiny Committee on the process and the adequacy of the response. This is no longer a statutory requirement and it is felt by members of the Panel that any concerns raised by petitioners regarding the councils handling of their petition would be more appropriately directed to the established complaints process.

Other changes

8. We have suggested that the receipt of petitions are notified to ward members to ensure that local councillors are aware of received petitions. We have also asked officers to ensure that all petitions are subject to commentary in portfolio holder reports to Council as envisaged by the recent Overview and Scrutiny Review. We have also made minor changes to clarify timescales for response to petitions.

Website Guide

9. Attached at Appendix 2 is the proposed wording of the website guide for submitting petitions which seeks to differentiate information that is aimed at petitioners as a guide to submitting their petition.

10. Members are asked to endorse the scheme and associated website wording and recommend the matter to full Council.

Resource implications:

Budget provision: £6,000 currently held in DDF

Personnel: from existing personnel

Land: none

Relevant statutory powers: now none

Background papers: petition scheme attached

Environmental/Human Rights Act/Crime and Disorder Act Implications: From the scheme itself none

Key Decision reference: (if required) not a key decision.

Appendix 1

Petition Scheme – Epping Forest District Council

Proposed new Standing Order

1. Definition

1.1 For the purpose of this procedure a petition is a request to the Council made either (i) in writing; or (ii) through the Council's e-petitions system on its website.

2. Scope of Scheme

2.1 The Council will accept paper based petitions, e-petitions (but only those submitted on through its own petitions system) or a mix of paper and e-petitions. The proper officer for petitions is the Assistant Director of Governance and Performance Management.

3. Acknowledgement

3.1 All petitions sent or presented to the council shall receive an acknowledgement from the council within seven days of receipt. This acknowledgement will set out what the Council plan to do with the petition. The Council shall treat something as a petition if it is identified as being a petition, or if it seems to the Council that it is intended to be a petition.

4. Exceptions to Petitions

4.1 The following petitions do not fall within the scope of this petitions scheme:

(a) Emailed petitions, as email systems are not secure. Petitioners must use either paper or the Council's EPetitions system. The Council will not monitor third party petitions systems.

(b) Petitions which are considered to be vexatious, abusive, anonymous or otherwise inappropriate will not be accepted. In the period immediately before an election or referendum the Council may need to deal with a petition differently – if this is the case the Council will explain the reasons with the petitioner and discuss the revised timescale which will apply.

(c) Petitions relating to a planning decision; (as the Planning application process deals with objections to applications), including those about a development plan document or the community infrastructure levy.

(d) Petitions relating to a licensing decision; (as the Licensing scheme deals with objections to applications)

(e) Petitions relating to an individual or entity in respect of which that individual or entity has a right of recourse to a review or right of appeal.

(f) Any matter for which the Standards Committee has powers for determining complaints received under the Local Assessment process.

(g) Any complaint made against an employee of the District Council.

(h) Any matter which is substantially the same as a petition submitted in the previous 12 months.

(i) Where the subject matter is subject to ongoing legal proceedings.

(j) Petitions made during formal Council consultations related to the subject matter of the consultations (these will be formally referred to that process as appropriate)

4.2 Where a petition submitted relates to one of the categories set out above the Council will write to the lead petitioner and explain why the matter is not covered by the authority's Petitions Scheme. In appropriate circumstances, the Council may advise how the public views can be considered via alternative means.

5. Submission guidelines/Signatory Requirements

5.1 Petitions submitted to the council must include:

(a) A clear and concise statement covering the subject of the petition. It should state what action the petitioners wish the council to take.

(b) The name and address and signature of any person supporting the petition.

(c) Contact details, including an address (and a valid email address if submitted electronically), for the petition organiser

5.2 If the petitioner contacts the Council to start an e-Petition, then the Council and the Lead Petitioner will agree the period over which signatures will be collected and to agree the final wording of the petition. The petition will then be available to sign 'electronically' for the agreed period on the Council's website. On the expiration of that time, the Council will respond in accordance with Section 7 below.

5.3 Anyone who lives, works or studies in Epping Forest District is entitled to sign to support a petition. The supporters Name, Address, a valid email address and/or postcode are required to sign an e-Petition on the Council's website. For paper petitions signatories must provide their name, address and signature

5.4 E-petitions will run on the Council website for a maximum of 3 months, but the Council and the lead petitioner can choose a shorter timeframe up to the maximum.

6. The procedure when the Council receives a petition

6.1 The Council will send the lead petitioner an acknowledgement of the petition within 7 **working** days. **Local ward councillors will be informed of the receipt of a petition.**

6.2 If the Council is able to do what the petition asks for, the acknowledgement may confirm that the Council have taken the action requested and the petition will be closed.

6.3 If the petition needs more investigation, the Council will tell the lead petitioner the steps the Council plan to take.

6.4 If the lead petitioner has created an e-petition, the Council will check that the content of the e-petition is suitable before it is made available for signature. This will take a maximum of ten working days.

6.5 If the Council cannot publish an e-petition for some reason, the Council will contact the lead petitioner within ten **working** days to explain the reason for not publishing a petition based upon the exceptions in section 4 above.

6.6 A lead petitioner is able to change and resubmit their e-petition within 10 working days, if they fail to do so within that time, a summary of the e-petition and the reason why it has not been accepted will be published under the 'rejected petitions' section of the website.

7. How the Council considers petitions

Petition type	Response
Correspondence with fewer than 20 signatures	This will normally be dealt with by the appropriate Directorate as ordinary correspondence, unless the Service Director concerned is of the opinion that the subject matter is sufficiently important or contentious to warrant referring the matter to the appropriate Portfolio Holder.
Petitions with more than 20 but fewer than 2400 signatures	These will be considered and dealt with by the relevant portfolio holder who may: (a) take action if he or she has delegated powers to act alone; <u>(b) prepare a report to the Cabinet or a Sub-Committee of the Cabinet for decision if appropriate.</u>
<u>Petition containing at least 1200 signatures.</u>	<u>The relevant Portfolio Holder will prepare a report to the Cabinet for decision on the matter.</u>
2400 signatures or more	These large petitions will be scheduled for a council debate and if this is the case we will let you know whether this will happen
e-petitions	When an e-petition has closed for signature, it will automatically be submitted to the relevant officer, portfolio holder or Council In the same way as a paper petition.

8. Decisions on petitions

The Council's response to a petition will depend on what a petition asks for and how many people have signed it, but may include one or more of the following:

- taking the action requested in the petition
- considering the petition at a council meeting
- holding an inquiry into the matter

- undertaking research into the matter
- holding a public meeting
- holding a consultation
- holding a meeting with petitioners
- referring the petition for consideration by the council's overview and scrutiny committee¹ or to the Cabinet or a Cabinet Committee
- writing to the petition organiser setting out our views about the request in the petition

In addition to these steps, the council will consider all the specific actions it can potentially take on the issues highlighted in a petition.

If a petition is about something over which the council has no direct control (for example healthcare or transport) the responsible body (under section 7 above) will consider making representations on behalf of the community to the relevant body.

If the Council are not able to meet the petitioners requests for any reason (for example if what the petition calls for conflicts with council policy), then the Council will set out the reasons for not taking the action requested in writing to the Lead Petitioner.

Decisions made by the Portfolio Holder will be recorded in writing and notified to the public, the lead petitioner and all members of the Council.

All received petitions will be reported to Council via regular Portfolio Holder reports.

9. Petitions received after a decision is made

In cases where a petition is received after a decision has been made by the Council on any matter, the following steps will be taken by the Director unless the petition meets the threshold for a Council debate:

- (a) a letter of acknowledgement shall be sent to the lead petitioner, including a statement of the action already taken by the Council;
- (b) in consultation with the appropriate Portfolio Holder, Committee or Sub-Committee Chairman a decision will be taken as to whether the petition raises new evidence requiring further consideration by the Portfolio Holder or Committee concerned;
- (c) if it is decided that no new matters are raised by the petition, the lead petitioner shall be advised accordingly;
- (d) if new matters are raised then the petition will be treated as 'new' under this scheme.

10. Full council debates

If a petition contains more than 2400 signatures it will be debated by the full council at its next ordinary meeting.

The petition organiser will be given five minutes to present the petition at the meeting and the petition will then be discussed by councillors.

¹ Overview and scrutiny committees are committees of councillors who are responsible for scrutinising the work of the council – in other words, the overview and scrutiny committee has the power to hold the council's decision makers to account.

The council will decide how to respond to the petition at this meeting.

The Council may:

- (a) decide to take the action the petition requests,
- (b) not to take the action requested for reasons put forward in the debate, or
- (c) commission further investigation into the matter, for example by the Cabinet or a relevant Cabinet committee.

Where the issue is one on which the council executive are required to make the final decision (i.e. within the financial and policy framework), the council will decide whether to make recommendations to inform that decision. The petition organiser will receive written confirmation of this decision. This confirmation will also be published on our website.

This page is intentionally left blank

EPPING FOREST DISTRICT COUNCIL

PETITION SCHEME GUIDANCE

Introduction

The Council welcomes petitions and recognises that petitions are one way in which people can let us know their concerns.

You have a choice in the way you submit petitions. It can be done in the traditional paper way or using our electronic petitions (e-petitions) system.

How to submit a Petition

Paper petitions can be sent to:

Assistant Director of Governance and Performance Management
Epping Forest District Council
Civic Offices
High Street
Epping
Essex CM16 4BZ

e-petitions can be submitted at:

www.eppingforestdc.gov.uk/petitions

Who can submit or sign a petition?

A petition can be submitted or signed by a person who lives, works or studies in Epping Forest District.

What does a Petition need to be valid?

Petitions must relate to matters that directly affect the Council or Epping Forest, and about which the Council has powers to act or lobby. National and foreign issues are not valid subjects for petitions.

Petitions submitted to the Council must include:

- A clear and concise statement covering the subject of the petition and on each page of the petition
- It should state what action the petitioners would like the Council to take
- The full name and contact details and the signature of the person leading the petition, and if submitted online via our e-petition system, a valid email address.

Petition types we don't accept under this scheme

- (a) Emailed petitions or petitions started on third party websites;
- (b) Petitions that are vexatious, abusive, anonymous or otherwise inappropriate or subject to legal proceedings;

- (c) Petitions about a planning application (these will be referred to the planning process)
- (d) Petitions about a proposed licensing decision (these will be referred to the licensing section)
- (e) Petitions made about a decision made about a person or entity where they have a separate right of review or appeal or where another formal consultation is being undertaken at the time (we will refer your petition to that process)
- (f) Petitions that relate to a matter over which the Council's Standards Committee have jurisdiction (for example a complaint about a Councillor).
- (g) Petitions that are a complaint about an employee. (these would be referred to the Council's complaints process)

What happens when I submit a petition?

All petitions sent or presented to the Council will receive an acknowledgement from the Council within 7 working days of receipt. This acknowledgement will set out how the Council will respond to petitions. Details of your petition will also be sent to your local ward councillors.

If you create an e-petition, we will check that the content is suitable and then make it available for electronic signature for a maximum period of three months.

Depending on how many signatures there are to support a petition it will be considered in different ways:

Petition type	Response
Correspondence with fewer than 20 signatures	This will normally be dealt with by the appropriate Directorate as ordinary correspondence, unless the Service Director concerned is of the opinion that the subject matter is sufficiently important or contentious to warrant referring the matter to the appropriate Portfolio Holder.
Petitions with more than 20 but fewer than 2400 signatures	These will be considered and dealt with by the relevant portfolio holder who may: <ul style="list-style-type: none"> (a) take action if he or she has delegated powers to act alone; (b) prepare a report to the Cabinet or a Sub-Committee of the Cabinet for decision if appropriate.
Petition containing at least 1200 signatures.	The relevant Portfolio Holder will prepare a report to the Cabinet for decision on the matter.
2400 signatures or more	These large petitions will be scheduled for a council debate and if this is the case we will let you know whether this will happen

Petition type	Response
e-petitions	When an e-petition has closed for signature, it will automatically be submitted to the relevant officer, portfolio holder or Council In the same way as a paper petition.

How Will the Council Respond to Petitions?

Our response to a petition will depend on what a petition asks for and how many people have signed it, but may include one or more of the following:

- Taking the action requested in the petition.
- Not taking the action requested and responding with the reasons why.
- Considering the petition at a council meeting.
- Making enquiries to find out more about the matter.
- Referring the matter for review by a committee of the Council
- Holding a meeting with petitioners.
- Writing to the petition organiser setting out the Council’s views about the request in the petition.

If you submit a petition after a decision has been made about the issue we will look to see if you are raising new matters before we decide how to respond to you. The petition organiser will always receive a written decision on their petition request.

What happens if the matter is referred to the Council for debate?

If a petition contains the required number of signatures, and you have requested that it is debated by Full Council; the issue raised in the petition will be discussed by councillors at the next available ordinary meeting,

At the meeting the petition organiser will be given five minutes to present the petition at the meeting and the petition will then be discussed by councillors.

The councillors will decide how to respond to the petition at this meeting.

The Council may decide to:

- take the action the petition requests,
- not to take the action requested for reasons put forward in the debate, or
- to commission further investigation into the matter, for example by a relevant committee.

Where the issue is one on which the Council’s cabinet is required to make the final decision, the councillors will decide whether to make recommendations to inform that decision. The petition organiser will receive written confirmation of this decision.

This page is intentionally left blank

Report to Overview & Scrutiny Committee



Date of meeting: 1 April 2014

Report of: Constitution and Members Services Standing Scrutiny Panel

Chairman: Councillor J Phillip

Subject: Review of Questions without Notice at Council Meetings

Officer Contact for Further Information: I Willett (01992 564243)

Committee Secretary: A Hendry (01992 564246)

Recommendations:

(1) That the following changes be made to the procedure for dealing with questions without notice by members of the Council to the Leader of the Council, Cabinet members and the Chairman of the Overview and Scrutiny Committee:

(a) that the existing time limit for such questions be increased from 20 to 30 minutes;

(b) that questions to the Chairman of the Overview and Scrutiny Committee be dealt with at Council meetings at the same time as other Overview and Scrutiny Business, separately from questions to the Leader of Council and Cabinet members;

(c) that a new provision be added to the Council Procedure Rules clarifying that no supplementary questions on questions without notice shall be permitted;

(d) that the remaining provisions of a Council Protocol approved in 2007 in respect of questions without notice being incorporated in the new revised Procedure Rules covering the following:

(i) Chairman's discretion to extend the period for questions without notice up to an additional ten minutes;

(ii) Questions on written reports by Cabinet members etc., and without notice on other subjects in the order in which they are put;

(iii) Chairman's discretion to extend the period by an additional ten minutes; and

(iv) Chairman to ensure that questions from all political groups and independent members are put.

(2) That the draft revisions to the Council Procedure Rules set out in the Appendix 2 to this report and shown in bold text (underlined) be approved; and

(3) That a report be submitted to the Council recommending the adoption of the revised Council Procedure Rules and their publication as part of the Constitution.

Report

1. Introduction

1.1 We were asked by the Committee, at its meeting on 26 November 2013, to review the contents of a “Pick” request form which proposed a review of the procedure for dealing with members’ questions without notice at Council meetings. The proposer was the Chairman of this Panel and the supporter was the current Chairman of Council.

1.2 The public interest justification on the Pick Form for this review was as follows:

“The current system of questions without notice at full Council leads to a sense of disorganisation. The juxtaposition of questions on reports and questions on other matters leads to many occurrences of questions being identified by the Chairman only to find that their questions are for the other Section. This gives a bad impression to members of the public, present and watching on webcasts.”

2. Review of Practices Adopted at Other Essex Local Authorities

2.1 At our meeting on 18 March 2014, we received a schedule showing a summary of the arrangements for member questions operated at other Essex authorities. As might be expected, we found that practices varied somewhat but all had some kind of arrangements for questioning the Leader and Cabinet members and, in some cases, Committee Chairmen. Some Councils have a system whereby all questions had to have a period of notice, whilst others have the same practice as EFDC of allowing questions without notice.

2.2 We took note of the concerns expressed on the “Pick” form regarding confusion which can arise between questions without notice on any subject and questions on the written reports which are submitted to each Council meeting by Cabinet members and the Chairman of the Overview and Scrutiny Committee. The evidence given by the current Chairman was helpful to us and confirmed for us that this issue needed to be clarified.

3. Council Procedure Rules – Current Provisions

3.1 Currently, 20 minutes is allocated at each Council meeting for questions without notice. These questions fall into two categories:

(a) questions on circulated written reports by Portfolio Holders and the Chairman of Overview and Scrutiny Committee;

(b) open questions to Portfolio Holders and the Chairman of Overview and Scrutiny Committee.

3.2 Currently the Constitution is silent as to how the 20 minutes is to be utilised. In practice, successive Chairmen of the Council have tended to divide the 20 minute session into two parts: the first part dealing with questions on written reports, and the second part with open questions on any subject. The “Pick” form has drawn attention to the confusion at Council meetings between the two ten minute periods. Sometimes questions are asked in the first ten minutes which should be dealt with in the second. This can create an unfortunate impression for members of the public of a certain disorganisation in how this part of Council meetings are run.

- 3.3 We were supplied with a copy of a protocol on this subject agreed by the Council in April 2007 but never formally adopted as part of the Council Procedure Rules. This protocol (shown in Appendix 1) provides a degree of flexibility in managing the 20 minutes and also for extending the period if appropriate. It also refers to safeguards for ensuring that questions raised by members from all political groups and independent members will be dealt with in the time available. The protocol also advises the Chairman of Council to deal with the questions in the order in which they are raised.

4. Our Proposals

4.1 Time Allocated for Questions without Notice

We agree with the Proposer and Seconder of the "Pick" review that the distinction between the two types of questions in managing the 20 minutes period should be discontinued. We are proposing that the time allocated should be used to take questions on reports or on other matters entirely in any order. We think this will make the operation of this part of the meeting easier for Chairmen of the Council and clearer for other Councillors. We have gone a stage further by proposing that the 20 minutes should be increased to 30 minutes. Although this does not always happen, some Council meetings are such that there is pressure on time due to the number of questions which members wish to ask. We feel that increasing the time allocation to 30 minutes would make life easier and have included this change in Rule 12.8(a).

4.2 Supplementary Questions

We are also recommending another change relating to supplementary questions. We have noted from the Constitution that there is nothing that either permits or disallows supplementary questions in respect of those asked without notice. We think there is a need for clarity on this point and propose that supplementary questions should not be allowed. If supplementary questions were allowed, there is a risk of creating further time pressure with fewer Councillors being able to raise questions in the first place. We therefore propose that supplementary questions should not be allowed and have included this in Rule 12.10 in Appendix 2.

4.3 Dealing with Overview & Scrutiny (OS) Questions

Questions without notice can be asked of the Leader of Council, Cabinet members and the Chairman of the Overview and Scrutiny Committee. At present, the report of the latter is submitted with the item for OS business. We recommend that this should be clarified in the Council Procedure Rules as this is not currently shown. We have shown this in a new Rule 12.09 in Appendix 2. The same time limit will apply to that part of the meeting.

4.4 Formalising the 2007 Protocol

Finally, we feel that the remaining provisions of the 2007 Protocol should be adopted in the Constitution. This covers matters such as the Chairman's discretion to extend the 30 minute period by up to a further 10 minutes if needed and to ensure that questions from all political groups and independent members are dealt with in the order in which they are put and, so far as is possible, dealt with at the Council meeting. These have been incorporated in Rule 12.08.

5. Constitutional Changes

- 5.1 Appendix 2 to this report shows amended Council Procedure Rules reflecting our recommendations in this report. These changes are shown in bold type (underlined). Subject to these being adopted by the Committee, we recommend that these be referred to the next Council meeting for approval and publication as part of the Constitution.
- 5.2 We would emphasise that the procedures for dealing with members' questions under notice are unchanged.

Appendix 5

Report to the Council



Committee: Overview and Scrutiny Committee **Date:** 24 April 2007
Chairman: Councillor R Morgan **Item:**

1. COUNCIL MEETINGS - REGULATION OF QUESTION TIME AND REVIEW OF FINANCIAL REGULATIONS

Recommending:

- (1) That question time at Council meetings in respect of questions on Portfolio Holder/Chairman of Overview and Scrutiny Committee reports and unscripted questions be managed by the Chairman on the following basis:
- (a) the twenty-minute period being allocated to both categories of question with no specific timings allocated to either;
 - (b) the Chairman to be enabled to extend the period of twenty minutes by up to a further 10 minutes so as to ensure that all political groups and independent members may have their questions answered;
 - (c) the Chairman of the Council to ensure that questions by members are dealt with in the order in which they are put and that all questions from each political group and from independent members receive a reply; and
- (2) To note that the Constitution and Member Services Standing Scrutiny Panel has considered draft revisions to financial regulations and is reporting separately to this meeting under delegated authority from this Committee on 7 March 2007.
-

Council Question Time

- 1.1 Approximately 12 months' ago, the Council agreed proposals for making Council meetings more participative. These arrangements included the allocation of 20 minutes within the Council meeting for questions on portfolio holders' written reports and for unscripted questions by members of the Council. One outstanding issue remained to be dealt with, namely how the use of this 20-minute period was to be regulated.
- 1.2 We have looked at a number of options for running the 20-minute session. We have concluded that this is best managed by the Chairman of the Council to avoid

procedures which become unwieldy or difficult to operate. We are thus not recommending any constitutional changes on this matter but simply some broad guidance to the Chairman of Council.

- 1.3 We are appreciative of the way in which the present Chairman of Council has run these sessions. She has allocated the first 10 minutes to questions on written reports and the remaining 10 minutes to unscripted questions. We are recommending that this strict division of timings within the 20 minutes should be replaced by a more flexible approach whereby questions on either subject can be asked at any time within the 20-minutes.
- 1.4 We also feel that in order to deal with occasions where there may be more questions than time available, the Chairman of the Council should have the authority to extend the session by up to 10 minutes if need be.
- 1.5 Finally, we also recommend that the Chairman should be supported in dealing with the political groups and independent members on a fair basis. We recommend that the Chairman should ensure that all questions from Councillors must be answered. This links with the provision for extending the period of question time so as to ensure there is no feeling of bias in regard to the order in which questions are taken.

Review of Financial Regulations

- 1.6 The Constitution and Member Services Scrutiny Panel has previously reported to the Council under delegated authority on a review of officer delegations and contract standing orders. The one remaining aspect of this review was Financial Regulations and which has now been considered.
- 1.7 The Panel has now completed a review of Financial Regulations and is reporting separately to this meeting.

COUNCIL PROCEDURE RULES

CONTENTS

Rule

1. Annual Meeting of the Council
2. Ordinary Meetings
3. Extraordinary Meetings
4. Time and Place of Meetings
5. Cancellation of Meetings
6. Notice and Summons to Meetings
7. Chairman of Meeting
8. Quorum
9. Interests
10. Duration of Meeting
11. Questions by the Public
12. Questions by Members
13. Motions on Notice
14. Motions without Notice
15. Rules of Debate
16. Previous Decisions and Motions
17. Voting
18. Voting on Appointments
19. Minutes
20. Record of Attendance
21. Exclusion of Public
22. Members' Conduct
23. Disturbance by Public
24. Suspension and Amendment of Council Procedure Rules
25. Planning Applications
26. Application to the Executive, Committees and Sub-Committees

COUNCIL PROCEDURE RULES

1. ANNUAL MEETING OF THE COUNCIL

In a year when there is an ordinary election of councillors, the annual meeting will take place within 21 days of the retirement of the outgoing councillors. In any other year, the annual meeting will take place in March, April or May.

The annual meeting will:

- (i) elect a person to preside if the Chairman of Council is not present;
- (ii) elect the Chairman of Council;
- (iii) elect the Vice-Chairman of Council;
- (iv) approve the minutes of the last meeting;
- (v) receive any announcements from the Chairman;
- (vi) elect the leader;
- (vii) appoint at least one Overview and Scrutiny Committee, a Standards Committee, an Audit and Governance Committee and such other committees as the Council considers appropriate to deal with matters which are neither reserved to the Council nor are executive functions as set out in Part 3, Table 1 of this Constitution;
- (viii) appoint Chairmen and Vice-Chairmen to those bodies;
- (ix) agree the scheme of delegation excluding delegation of executive functions which are the responsibility of the Leader of Council;
- (x) approve a programme of ordinary meetings of the Council for the year;
- (xi) consider any business set out in the notice convening the meeting;
- (xii) receive a work programme for the Executive and a joint work programme for Overview and Scrutiny Committees for the ensuing year;
- (xiii) be notified of Group Leaders and Deputies and Group representatives on relevant Committees;
- (xiv) to debate and respond to petitions where the number of signatures meets or exceeds the trigger level contained in the Council's petitions scheme; and
- (xv) be notified by the Leader of the Council of appointments to the Cabinet, on the establishment of Cabinet Committees, delegation of executive responsibilities to Cabinet members and officers and appointments to outside organisations carrying out executive functions.

1.2 Selection of Councillors on Committees and Outside Bodies

At the annual meeting, the Council will:

- (i) decide which committees to establish for the municipal year excluding those committees which are the responsibility of the Leader of Council;
- (ii) decide the size and terms of reference for those committees;
- (iii) decide the allocation of seats to political groups in accordance with the political balance rules;
- (iv) receive nominations of councillors to serve on each committee and outside body excluding those committees and outside bodies which are the responsibility of the Leader of the Council; and
- (v) appoint to those committees and outside bodies except where such appointments are exercisable only by the executive.

2. ORDINARY MEETINGS

2.1 Ordinary meetings of the Council will take place in accordance with a programme decided at the Council's annual meeting. Ordinary meetings will:

- (i) elect a person to preside if the Chairman and Vice-Chairman are not present;
- (ii) approve the minutes of the last meeting;
- (iii) receive any declarations of interest from members;
- (iv) receive any announcements from the Chairman, Leader of the Council, members of the Executive;
- (v) receive questions from, and provide answers to, the public and members of the Council in relation to matters which in the opinion of the person presiding at the meeting are relevant to the business of the meeting;
- (vi) receive reports from the Leader of the Council on the appointment of a Deputy Leader, the Cabinet, Cabinet Committees, Responsibilities of Cabinet members, appointments to outside organisations which are the responsibility of the Executive and delegation of Cabinet functions to officers;
- (vii) receive a report from the Leader of the Council on any delegation of executive functions to Joint Committees and local Committees;
- (viii) receive written reports from the Leader, Chairman of Overview and Scrutiny Committee and each of the Portfolio Holders and receive questions and answers on any of those reports or any matters falling within their area of responsibility;

- (ix) receive reports about and receive questions and answers on the business of joint arrangements and external organisations;
- (x) consider motions;
- (xi) receive questions in the following order:
 - 1. Public Questions
 - 2. Questions under Notice by Councillors
 - 3. Questions by Councillors **to the Leader of Council, Cabinet members and the Chairman of the Overview and Scrutiny Committee on written reports submitted under Rule 12.6 and on questions without notice on other matters within their responsibilities submitted under Rules 12.8 & 12.9.**
- (xii) consider any other business specified in the summons to the meeting, including consideration of proposals from the executive in relation to the Council's budget and policy framework and reports of the Overview and Scrutiny Committees for debate, including annual reports for both Overview and Scrutiny Committees and the Executive on their activities in April of each Council year;
- (xiii) any matter of public concern allocated to any ordinary Council meeting for the purpose of debate;
- (xiv) deal with any items of business deemed by the Chairman as urgent business in accordance with Section 100B(4) of the Local Government Act 1972.

2.2 State of the District Debates

(i) Calling of debate

The Leader will call a State of the District debate annually on a date and in a form to be agreed with the Chairman.

(ii) Form of debate

The Leader will decide the form of debate, with the aim of enabling the widest possible public involvement and publicity. This may include holding workshops and other events prior to or during the State of the District debate.

(iii) Results of debate

The results of the debate will be disseminated as widely as possible within the community and to agencies and organisations in the area; and considered by the Leader in proposing the budget and policy framework to the Council for the coming year.

2.3 Single Issue Council Meetings

The Leader may, from time to time, call for a Council meeting to be held dealing with a single issue of critical importance to the residents of the District. The normal rules of debate will apply in the case of 'single issue' Council meetings.

3. EXTRAORDINARY MEETINGS

3.1 Calling Extraordinary Meetings

Those listed below may request the Proper Officer to call Council meetings in addition to ordinary meetings:

- (i) the Council by resolution;
- (ii) the Chairman of the Council;
- (iii) the Monitoring Officer; and
- (iv) any five members of the Council if they have signed a requisition presented to the Chairman of the Council and he/she has refused to call a meeting or has failed to call a meeting within seven days of the presentation of the requisition.

3.2 Business

An extraordinary meeting of the Council shall transact the business set out in the agenda but shall exclude motions under Procedure Rule 13.

4. TIME AND PLACE OF MEETINGS

Meetings of the Council shall be held at the Civic Offices, High Street, Epping at 7.30 p.m. or at such other time or venue as the Chairman of the Council may determine in consultation with the Chief Executive. All business at Council meetings shall be completed by 10.00 p.m.

5. CANCELLATION OF MEETINGS

The decision to cancel any meeting of the Council shall be made by the Chairman in consultation with the Chief Executive (or his representative). In circumstances where a meeting has to be cancelled for reasons which are outside the Council's control at short notice, the decision to cancel shall be made no later than 2 hours before the commencement of the meeting and notified to all Councillors and other interested persons as soon as possible thereafter.

6. NOTICE AND SUMMONS TO MEETINGS

The Chief Executive will give notice to the public of the time and place of any meeting in accordance with the Access to Information Rules. At least five clear days before a meeting, one or both of the Joint Chief Executives will send a summons signed by him or them by post to every member of the Council, leave it at their usual place of residence or posted or delivered to some other address that a member may notify in writing. The summons will give the date, time and place of each meeting and specify the business to be transacted, and will be accompanied by such reports as are available.

7. CHAIRMAN OF MEETING

The person presiding at the meeting may exercise any power or duty of the Chairman. Where these rules apply to Committee and Sub-Committee meetings, references to the Chairman also include the Chairman of Committees, Sub-Committees, Boards and Panels.

8. QUORUM

The quorum of a meeting will be one quarter of the whole number of members. During any meeting if the Chairman counts the number of members present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the Chairman. If he/she does not fix a date, the remaining business will be considered at the next ordinary meeting.

9. INTERESTS

(1) Any member of the Council who has registered a disclosable pecuniary interest or has a pending notification of such interest in any items of business to be considered by the authority, must withdraw from the Council Chamber (or other meeting room) including the public gallery during the whole consideration of that item except if he or she is permitted to remain as a result of a dispensation.

(2) Such requirements shall also apply to any Cabinet members with a disclosable pecuniary interest (including a pending notification) who shall be debarred from determining any matter which they would otherwise have dealt with as a portfolio holder under delegated authority.

(3) Where a member of the Council has not registered such an interest or does not have a pending notification, they shall declare the existence and nature of that interest and withdraw from the meeting during discussion of any relevant item of business.

10. DURATION OF MEETING

(1) All business of the Council requiring to be transacted in the presence of the press and public shall be completed by 10.00 p.m. at the latest.

(2) At the time appointed under (1) above, the Chairman shall permit the completion of debate on any item still under consideration, and at his or her discretion, any other remaining business whereupon the Council shall proceed to exclude the public and press.

- (3) Any public business remaining to be dealt with shall be deferred until after the completion of the private part of the meeting, including items submitted for report rather than decision.

11. QUESTIONS BY THE PUBLIC

11.1 General

Members of the public may ask questions of the Leader, Chairman of Overview and Scrutiny Committee or any Portfolio Holder at ordinary meetings of the Council.

11.2 Order of Questions

Questions will be asked in the order in which notice of them was received, except that the Chairman may group together similar questions.

11.3 Notice of Questions

A question may only be asked if notice has been given by delivering it in writing or by electronic mail to the Chief Executive at least 4 working days before the meeting. Each question must give the name and address of the questioner and must name the member of the Council to whom it is to be put.

11.4 Number of Questions

At any one meeting no person may submit more than two questions and no more than two such questions may be asked on behalf of one organisation.

11.5 Scope of Questions

The Chief Executive may reject a question if it:

- (a) is not about a matter for which the local authority has a responsibility or which affects the District;
- (b) is defamatory, frivolous or offensive;
- (c) is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- (d) requires the disclosure of confidential or exempt information.

11.6 Record of Questions

The Chief Executive will enter each question in a book open to public inspection and will immediately send a copy of the question to the member to whom it is to be put. Rejected questions will include reasons for rejection. Copies of all questions will be circulated to all members on the agenda for the relevant Council meeting, which will be made available to the public attending the meeting.

11.7 Asking the Question at the Meeting

The Chairman will invite the questioner to put the question to the member named in the notice. If a questioner who has submitted a written question is unable to be present, they may ask the Chairman to put the question on their behalf. The Chairman may ask the question on the questioner's behalf, indicate that a written reply will be given or decide, in the absence of the questioner, that the question will not be dealt with.

11.8 Supplemental Question

A questioner who has put a question in person may also put one supplementary question without notice to the member who has replied to his or her original question. A supplementary question must arise directly out of the original question or the reply and must be only for purposes of elucidation. The Chairman may reject a supplementary question on any of the grounds in Rule 11.5 above.

11.9 Written Answers

Any question which cannot be dealt with during public question time, either because of lack of time or because of the non-attendance of the member to whom it was to be put, will be dealt with by a written answer.

11.10 Non Attendance of Questioner

Where the member of the public who has given notice of a question is not in attendance at the Council meeting at which the question is to be put, a reply will be sent to the questioner in writing or by electronic mail and published in the minutes of the meeting and the Council Bulletin.

11.11 Reference of Question to the Executive or a Committee/Sub-Committee

Unless the Chairman decides otherwise, no discussion will take place on any question, but any member may move that a matter raised by a question be referred to the Executive or a Committee. Once seconded, such a motion will be voted on without discussion.

12. QUESTIONS BY MEMBERS

12.1 On Reports of the Executive or Committees

A member of the Council may ask the Leader, or the Chairman of Overview and Scrutiny or a Portfolio Holder any question without notice on an item of the report of the Executive or a Committee when that item is being received or under consideration by the Council.

12.2 Questions Following Notice at Full Council

Subject to Rule 11.4, a member of the Council may ask:

- (a) the Chairman;

- (b) the Leader;
- (c) a Portfolio Holder
- (c) the Chairman of any Committee or Sub-Committee
- (d) a question on any matter in relation to which the Council has powers or duties or which affects the Epping Forest District.

12.3 Notice of Questions

A member may only ask a question under Rule 12.2 if either:

- (a) they have given at least four working days' notice in writing of the question to the Chief Executive; or
- (b) the question relates to urgent matters, they have the consent of the Chairman to whom the question is to be put and the content of the question is given to the Chief Executive by 10.00 a.m. on the day of the meeting.

12.4 Replies to Questions

An answer may take the form of:

- (a) direct oral answer;
- (b) where the desired information is in a publication of the Council or other published work, a reference to that publication; or
- (c) where the reply cannot conveniently be given orally, a written answer circulated later to the questioner.

Answers to questions falling within categories (a) and (b) above shall be made available to the member asking the question one hour before the meeting of the Council at which the question will be put. Answers to questions under (c) above will be circulated to all Councillors.

12.5 Supplementary Question

A member asking a question under Rule 12.2 may ask one supplementary question without notice of the member to whom the first question was asked. The supplementary question must arise directly out of the original question or the reply.

12.6 Questions without notice at full Council

A member of the Council may ask the Leader, Chairman of Overview and Scrutiny or any member of the Cabinet any question without notice on:

- (a) any report submitted to the Council under Article 2.1(viii);

(b) any other matter in relation to which the Council has powers or duties or which affects the administrative area covered by the (Epping Forest District Council) or part of it or the inhabitants of that area or some of them, or which relates to a written response given by the Leader, Chairman of Overview and Scrutiny Committee or a member of the Cabinet.

12.7 Response to a question without notice

An answer to a question without notice may take the form of:

- (a) direct oral answer from the Leader or, at the request of the Leader, from another member of the Cabinet;
- (b) direct oral answer from the Chairman of the Overview and Scrutiny Committee or, at their request, from another member dealing with that issue as part of an Overview and Scrutiny review;
- (c) where the desired information is in a publication of the Council or other published work, a reference to that publication;
- (d) where the reply cannot be conveniently be given orally, a written answer circulated later to the questioner; or
- (e) where the question relates to an operational matter, the Leader, Chairman of Overview and Scrutiny Committee or a member of the Cabinet will request that a response be given direct to the questioner by the relevant Chief Officer.

12.8 Time Limit for Questions without Notice to the Leader of Council & Portfolio Holders on Written Reports and Other Matters

(a) A time limit of 30 minutes shall be set for questions under Rule 12.6. Any question which cannot be dealt with within the time available will receive a written reply.

(b) Questions without notice on written reports and on other matters will be dealt with by the Chairman of the Council as follows:

(i) by allocating the thirty minute period both to questions under Rule 12.6 (a) or (b) above with no specific timings allocated to either category;

(ii) by extending the period of thirty minutes by up to a further 10 minutes at his or her discretion; and

(iii) by ensuring that questions by members are dealt with in the order in which they are put and that all questions from each political group and from independent members receive a reply.

12.9 Time Limit for Questions Without Notice to the Chairman of the Overview & Scrutiny Committee on Written Reports and Other Matters

(a) questions without notice on reports of the Chairman of the Overview & Scrutiny Committee and on any other matter affecting Overview & Scrutiny will be dealt with at the same time as other business from that Committee; and

(b) the Chairman of the Council shall apply the rules for questions without notice the Leader of the Council and Cabinet members (set out in Rule 12.8 above) to questions to the chairman of the Overview & Scrutiny Committee.

12.10 Supplementary Question

The will be no supplementary questions permitted in respect questions under Rules 12.8 and 12.9.

13. MOTIONS ON NOTICE

13.1 Notice of Motion

Except for motions which can be moved without notice under Rule 14, written notice of every motion, signed by at least the mover and seconder of the proposed motion, must be delivered to one of the Joint Chief Executives not later than seven working days before the date of the meeting. These will be entered in a book open to public inspection.

13.2 Motions to be set out in Agenda

Motions for which notice has been given will be listed on the agenda in the order in which each notice was received, unless the member giving notice states, in writing, that they propose to move it to a later meeting or withdraw it. Any motion involving executive functions shall automatically stand referred to the Cabinet and any motion which deals with the Council's policy or budget frameworks, the Constitution or any matter requiring the consent of the Council, shall be subject to a report back to the next appropriate Council meeting.

13.3 Scope of Motions

Motions must be about matters for which the Council has a responsibility or which affect the Epping Forest District.

14. MOTIONS WITHOUT NOTICE

The following motions may be moved without notice:

- (a) to appoint a Chairman of the meeting at which the motion is moved;
- (b) in relation to the accuracy of the minutes;
- (c) to change the order of business in the agenda;
- (d) to refer something to an appropriate body or individual;

- (e) to appoint a committee or member arising from an item on the summons for the meeting but excluding those appointments which are the responsibility of the Leader of Council;
- (f) to receive reports or adoption of recommendations of the Executive, Committees or officers and any resolutions following from them;
- (g) to withdraw a motion;
- (h) to amend a motion;
- (i) to proceed to the next business;
- (j) closure motion - that the question be now put (see Procedure Rule 15.11);
- (k) closure motion - to adjourn a debate (see Procedure Rule 15.11);
- (l) closure motion - to adjourn a meeting (see Procedure Rule 15.11);
- (m) that Rule 8 (relating to completion of business in public session be waived to permit the public session to continue beyond 10.00 p.m.
- (n) to suspend a particular council procedure rule;
- (o) to exclude the public and press in accordance with the Access to Information Rules;
- (p) not to hear further a member named under Rule 22.3 or to exclude them from the meeting under Rule 22.4;
- (q) to extend the time allowed for any member's speech under Rule 15.4; and
- (r) to give the consent of the Council where its consent is required by this Constitution.

15. RULES OF DEBATE

15.1 No Speeches until Motion Seconded

No speeches may be made after the mover has moved a proposal and explained the purpose of it until the motion has been seconded.

15.2 Right to Require Motion in Writing

Unless notice of the motion has already been given, the Chairman may require it to be written down and handed to him/her before it is discussed.

15.3 Secunder's Speech

When seconding a motion or amendment, a member may reserve their speech until later in the debate.

15.4 Content and Length of Speeches

Speeches must be directed to the question under discussion or to a personal explanation or point of order. No speech may exceed five minutes without the consent of the Council.

15.5 When a Member may Speak Again

A member who has spoken on a motion may not speak again whilst it is the subject of debate, except:

- (a) to speak once on an amendment moved by another member;
- (b) to move a further amendment if the motion has been amended since he/she last spoke;
- (c) if his/her first speech was on an amendment moved by another member, to speak on the main issue (whether or not the amendment on which he/she spoke was carried);
- (d) in exercise of a right of reply;
- (e) on a point of order; and
- (f) by way of personal explanation.

15.6 Amendments to Motions

- (a) An amendment to a motion must be relevant to the motion and will either be:

- (i) to refer the matter to an appropriate body or individual for consideration or reconsideration;
- (ii) to leave out words;
- (iii) to leave out words and insert or add others; or
- (iv) to insert or add words.

as long as the effect of (ii) to (iv) is not to negate the motion.

- (b) only one amendment may be moved and discussed at any one time. No further amendment may be moved until the amendment under discussion has been disposed of.
- (c) if an amendment is not carried, other amendments to the original motion may be moved.
- (d) if an amendment is carried, the motion as amended takes the place of the original motion becoming the substantive motion to which any further amendments may be moved.

- (e) after an amendment has been carried, the Chairman will read out the amended motion before accepting any further amendments, or if there are none, put it to the vote.

15.7 Alteration of Motion

- (a) A member may alter a motion of which he/she has given notice with the consent of the Council. The Council's consent will be signified without discussion.
- (b) A member may alter a motion which he/she has moved without notice with the consent of both the Council and the seconder. The Council's consent will be signified without discussion.
- (c) Only alterations which could be made as an amendment may be made.

15.8 Withdrawal of Motion

A member may withdraw a motion which he/she has moved with the consent of both the meeting and the seconder. The Council's consent will be signified without discussion. No member may speak on the motion after the mover has asked permission to withdraw it unless permission is refused by the Council.

15.9 Right of Reply

- (a) The mover of a motion has a right to reply at the end of the debate on the motion, immediately before it is put to the vote.
- (b) If an amendment is moved, the mover of the original motion has the right of reply at the close of the debate on the amendment, but may not otherwise speak on it.
- (c) The mover of the amendment has no right of reply to the debate on his or her amendment.

15.10 Motions which may be Moved during Debate

When a motion is under debate, no other motion may be moved except the following procedural motions:

- (a) to withdraw a motion;
- (b) to amend a motion;
- (c) to proceed to the next business;
- (d) that the question be now put;
- (e) to adjourn a debate;
- (f) to adjourn a meeting;

- (g) that Rule 9 (relating to completion of business in public session be waived to permit the public session to continue beyond 10.00 p.m.)
- (h) to exclude the public and press in accordance with the Access to Information Rules; and
- (i) to not hear further a member named under Rule 22.3 or to exclude them from the meeting under Rule 22.4.

15.11 Closure Motions

A member may move, without comment, the following motions at the end of a speech of another member:

- (i) to proceed to the next business;
 - (ii) that the question be now put;
 - (iii) to adjourn a debate; or
 - (iv) to adjourn a meeting.
- (a) If a motion to proceed to next business is seconded and the Chairman rules the item has been sufficiently discussed, he or she will give the mover of the original motion a right of reply and then put the procedural motion to the vote.
 - (b) If a motion that the question be now put is seconded and the Chairman rules the item has been sufficiently discussed, he/she will put the procedural motion to the vote. If it is passed he/she will give the mover of the original motion a right of reply before putting his/her motion to the vote.
 - (c) If a motion to adjourn the debate or to adjourn the meeting is seconded and the Chairman thinks the item has not been sufficiently discussed and cannot reasonably be so discussed on that occasion, he/she will put the procedural motion to the vote without giving the mover of the original motion the right of reply.

15.12 Point of Order

A member may raise a point of order at any time. The Chairman will hear them immediately. A point of order may only relate to an alleged breach of these Council Rules of Procedure or the law. The member must indicate the rule or law and the way in which he/she considers it has been broken. The ruling of the Chairman on the matter will be final.

15.13 Personal Explanation

A member may make a personal explanation at any time. A personal explanation may only relate to some material part of an earlier speech by the member which may appear to have been misunderstood in the present debate. The ruling of the Chairman on the admissibility of a personal explanation will be final.

16. PREVIOUS DECISIONS AND MOTIONS

16.1 Motion to Rescind a Previous Decision

A motion or amendment to rescind a decision made at a meeting of Council within the past six months cannot be moved unless the notice of motion is signed by at least 15 members.

16.2 Motion Similar to One Previously Rejected

A motion or amendment in similar terms to one that has been rejected at a meeting of Council in the past six months cannot be moved unless the notice of motion or amendment is signed by at least 15 members. Once the motion or amendment is dealt with, no one can propose a similar motion or amendment for six months.

17. VOTING

17.1 Majority

Unless this Constitution provides otherwise, any matter will be decided by a simple majority of those members voting and present in the room at the time the question was put.

17.2 Chairman's Casting Vote

If there are equal numbers of votes for and against, the Chairman will have a second or casting vote. The exercise of this second or casting vote shall be in accordance with Article 5 (paragraph 5) of the Constitution.

17.3 Show of Hands

Unless a recorded vote is demanded under Rules 16.4 and 16.5, the Chairman will take the vote by show of hands, or if there is no dissent, by the affirmation of the meeting.

17.4 Recorded Vote

If five members present at the meeting require it, the names for and against the motion or amendment or abstaining from voting will be taken down in writing and entered into the minutes.

17.5 Right to Require Individual Vote to be Recorded

Where any member requests it immediately after the vote is taken, their vote will be so recorded in the minutes to show whether they voted for or against the motion or abstained from voting.

17.6 Voting at Budget Decision Meetings

In accordance with The Local Authorities (Standing Orders) (England) (Amendment) Regulations 2014, immediately after any vote is taken at a budget decision meeting there must be recorded in the minutes of the proceedings of that meeting the names of the persons who cast a vote for the decision or against the decision or who abstained from voting.

"Budget decision" means a meeting at which;

- (a) a calculation is made (whether originally or by way of substitute) in accordance with any of sections 31A, 31B, 34 to 36A, 42A 42B, 45 to 49, 52ZF, 52ZJ of the Local Government Finance Act 1992, as amended; or
- (b) a precept is issued under Chapter 4 of Part 1 of the Act, and includes a meeting

where making the calculation or issuing the precept as the case may be was included as an item of business on the agenda for that meeting.

References to a vote are references to a vote not only on the substantive budget motions agreeing the budget, setting council taxes or issuing precepts, but also on any amendments proposed at the meeting.

18. VOTING ON APPOINTMENTS

18.1 Voting on Appointments

If there are more than two people nominated for any position to be filled and there is not a clear majority of votes in favour of one person, then the name of the person with the least number of votes will be taken off the list and a new vote taken. The process will continue until there is a majority of votes for one person.

19. MINUTES

19.1 Signing the Minutes

The Chairman will sign the minutes of the proceedings at the next suitable meeting. The Chairman will move that the minutes of the previous meeting be signed as a correct record. The only part of the minutes that can be discussed is their accuracy.

19.2 Extraordinary Meetings

Where in relation to any meeting, the next meeting for the purpose of signing the minutes is a meeting called under paragraph 3 of schedule 12 to the Local Government Act 1972 (an Extraordinary Meeting), then the next following meeting (being a meeting called otherwise than under that paragraph) will be treated as a suitable meeting for the purposes of paragraph 41(1) and (2) of schedule 12 relating to signing of minutes.

19.3 Form of Minutes

Minutes will contain all motions and amendments in the exact form and order in which the Chairman put them.

20. RECORD OF ATTENDANCE

All members present during the whole or part of a meeting must sign their names on the attendance sheets before the conclusion of every meeting to assist with the record of attendance.

21. EXCLUSION OF PUBLIC

Members of the public and press may only be excluded either in accordance with the Access to Information Rules in Part 4 of this Constitution or Rule 23 (Disturbance by Public).

22. MEMBERS' CONDUCT

22.1 Standing to Speak

When a member speaks at full Council they must stand and address the meeting through the Chairman. If more than one member stands, the Chairman will ask one to speak and the others must sit. Other members must remain seated whilst a member is speaking unless they wish to make a point of order or a point of personal explanation.

22.2 Chairman Standing

When the Chairman stands during a debate, any member speaking at the time must stop and sit down. The meeting must be silent.

22.3 Member not to be Heard Further

If a member persistently disregards the ruling of the Chairman by behaving improperly or offensively or deliberately obstructs business, the Chairman may move that the member be not heard further. If seconded, the motion will be voted on without discussion.

22.4 Member to Leave the Meeting

If the member continues to behave improperly after such a motion is carried, the Chairman may move that either the member leaves the meeting or that the meeting is adjourned for a specified period. If seconded, the motion will be voted on without discussion.

22.5 General Disturbance

If there is a general disturbance making orderly business impossible, the Chairman may adjourn the meeting for as long as he/she thinks necessary.

23. DISTURBANCE BY PUBLIC

23.1 Removal of Member of the Public

If a member of the public interrupts proceedings, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room.

23.2 Clearance of Part of Meeting Room

If there is a general disturbance in any part of the meeting room open to the public, the Chairman may call for that part to be cleared.

24. SUSPENSION AND AMENDMENT OF COUNCIL PROCEDURE RULES

24.1 Suspension

All of these Council Rules of Procedure except Rule 15.5 and 19.2 may be suspended by motion on notice or without notice if at least one half of the whole number of members of the Council are present. Suspension can only be for the duration of the meeting.

24.2 Amendment

Any motion to add to, vary or revoke these Council Rules of Procedure will, when proposed and seconded, stand adjourned without discussion to the next ordinary meeting of the Council.

25. PLANNING APPLICATIONS

Any planning application submitted directly to a Council meeting without prior consideration by the District Development Committee and/or an Area Sub-Committee shall be subject to the procedure for public participation by applicants, objectors and parish/town councils in the same way as those applied to Committees and Sub-Committees by Operational Standing Order 5.

26. APPLICATION TO THE EXECUTIVE, COMMITTEES AND SUB-COMMITTEES

26.1 All of the Council Rules of Procedure apply to meetings of full Council. None of the rules (except Rule 8) apply to meetings of the Cabinet or other executive bodies. Only Rules 2(xi), 4-8, 11.10, 13 and 14, 16, (excluding 16.4), 18, 20-21 (excluding 21(1)) apply to meetings of Committees and Sub-Committees. Only rules 4-8 16.1-16.3 and 22.3-22.5 shall apply to working groups.

26.2 The requirements of Procedure Rule 5 (Cancellation of Meetings) above shall apply to the Cabinet, Committees, Panels and Sub-Committees and any other meeting convened by the Authority.



SCRUTINY



Epping Forest District Council

Report to Overview & Scrutiny Committee

Date of meeting: 1st April 2014

Portfolio: Planning & Economic Development

Subject: East Herts Draft District Plan Preferred Options Consultation

Officer contact for further information: Ian White (x4066)

Committee Secretary: Mark Jenkins

Recommendations/Decisions Required:

That the following comments are sent to East Herts Council as a response to the consultation:

- (1) To note the demanding overall housing requirements and to support East Herts Council in making full provision for its needs;**
- (2) To note the longer-term proposals for the Gilston area, and to encourage continued Member and senior officer co-operation and joint working, also involving Harlow Council, to monitor development progress in relation to other strategic planning and infrastructure issues in that general area;**
- (3) To express concern that (a) the consultation is proceeding before a traveller accommodation needs assessment has been commissioned and (b) a five-year deliverable supply of sites has therefore not been identified;**
- (4) To express disappointment that the options of collaborative working and joint development plan provision for the travelling community have apparently not been considered;**

Report:

1. The consultation runs from 27th February 2014 to 22nd May 2014. The Draft Plan is intended to be read as a whole and there are no set questions as part of the consultation – views are being sought on the whole document. The Plan, once adopted (assumed to be in 2016), will cover the period 2011 to 2031 and set out a framework for guiding sustainable development in the district. It will be a high-level, strategic policy document and will be supplemented by more site specific and detailed publications, including Supplementary Planning Documents.
2. East Herts has an area of 184 square miles and is predominantly rural with the five market towns of Bishop's Stortford, Buntingford, Hertford, Sawbridgeworth and Ware providing a range of services to the surrounding rural area. There are also about one hundred villages and hamlets. Approximately the southern third of the district is within the Metropolitan Green Belt. The towns of Harlow, Stevenage and Welwyn Garden City all abut the district boundary and there is pressure for expansion of all three into East Herts. There are also substantial cross-boundary influences from Cambridgeshire and Essex.
3. Housing – there is likely to be a need for at least 15,000 additional dwellings between 2011 and 2031 – ie about 750 new dwellings per year, which the Draft Plan acknowledges as being “very challenging”. There will be a shortfall of about 1,100

houses in the period 2011 to 2016, which will be addressed over the remaining 15 years of the Plan. Para 47 of the National Planning Policy Framework (NPPF) requires Local Plans to identify (and update annually) a supply of specific deliverable sites sufficient to provide five years' worth of housing against the agreed needs with an additional buffer of 5% to ensure choice and competition in the market for land. The Draft Plan therefore acknowledges a housing requirement of at least 4,321 dwellings in the first 5 years after adoption (ie 2016 to 2021) comprising (i) 3,750 based on projected needs for 5 years; (ii) 365 towards compensation for the anticipated shortfall in the period 2011 to 2016; and (iii) 206 to allow a 5% buffer.

4. Brownfield locations in the towns will be prioritised for mixed-use development, and the remainder of the housing and other development needs will be met on a range of greenfield sites allocated on the edges of the five market towns. The Draft Plan includes separate chapters (5 to 9) on the towns within which development sites are individually identified, and indicating that some of these will be subject to more detailed consideration through Supplementary Planning Documents.
5. In the remaining period of the adopted Plan (ie 2021 to 2031) housing needs will be met at three "Broad Locations for Development". These are (a) north and east of Ware; (b) east of Welwyn Garden City; and (c) the Gilston area (ie north of Harlow). These are strategic areas where East Herts Council accepts the principle of development but where further research and testing is needed. Estimates of housing capacity are (a) 1,800; (b) 450; and (c) 3,000 although the Draft Plan acknowledges that these will be further refined and delivery is likely to continue beyond 2031 in the light of potential overall capacities and masterplanning (see also para 8 below in relation to the preparation of a Development Plan Document for the Gilston area).
6. A separate chapter (12) on the Gilston area advises that it will continue to be physically separated from Harlow and that development in the area would contribute to the needs of East Herts from (i) unmet housing needs in Bishop's Stortford and villages in the centre and east of the district; (ii) under-delivery elsewhere in the district; and (iii) reducing pressure for incremental housing development in other settlements.
7. The regeneration needs of Harlow are acknowledged including "increased critical mass" to draw investment to the town to enhance its economic performance. The Draft Plan also states that strategic scale development will enable a comprehensive approach to the planning of infrastructure and the building of sustainable communities. In this context, the Draft Plan notes the complexity of transport issues in particular, and mentions the need for a wide range of large and small scale measures if development is to proceed without causing unacceptable congestion in Harlow and the surrounding towns and villages, as well as the wider strategic transport network. There is no direct mention of the potential need for a northern bypass for Harlow should development commence in the Gilston area – the policy (GA1) refers to "access arrangements and wider strategic and local highways mitigation measures, including a range of necessary measures in both Hertfordshire and Essex".
8. The Draft Plan advises that the feasibility of a strategic-scale development of between 5,000 and 10,000 new homes in the Gilston area will be tested through the preparation of a Development Plan Document (DPD). The lower figure represents the minimum amount of development considered necessary to deliver on-site and off-site supporting infrastructure. The Draft Plan anticipates that development could commence on the site towards the beginning of the 2021-2026 period, continuing through the remainder of the plan period and beyond, hence it is estimated that only 3,000 new dwellings may have been built by 2031. Subject to viability testing and infrastructure planning, a total of 10,000 homes is considered to be the approximate maximum scale of development which could eventually be accommodated in this

area.

9. The landowner/developers of the Gilston area are proposing a new sewage treatment works to serve development in the area. It is likely that a new trunk sewer connecting with Rye Meads Treatment Works will be needed to serve any significant new development to the east of Harlow, but if the proposed new treatment works for the Gilston area are built, a connection to the new trunk sewer may not be needed.
10. As it is likely that some of Harlow's regeneration needs will also be met by development within Epping Forest District, it is important that co-operation at senior officer and Member level involving the three local authorities continues, to ensure that development is monitored and phased as necessary, and that other potentially related strategic infrastructure and other developments in the Harlow area are also considered.
11. Traveller Pitch Provision – while the Draft Plan makes passing reference to some of the requirements of "Planning policy for traveller sites" (CLG 2012), there is no mention of collaborative working or the consideration of the production of joint development plans that set targets on a cross-authority basis. The Draft Plan indicates that the district currently has only three authorised private Gypsy and Traveller sites currently totalling 11 pitches (but with planning permission for an additional 11). There is one Travelling Showpeople's site but the number of yards is unclear.
12. The Preferred Options consultation is proceeding before a Traveller Accommodation Needs Assessment and an Identification of Potential Sites Study have even been commissioned. Consequently the document does not include any figures of need for pitches and transit sites for Gypsies and Travellers, and plots or yards for Showpeople. There is also no identification of a five-year supply of deliverable sites. A draft policy, including criteria for assessing suitability of location, is included. It is unclear at this stage whether options for provision will include the major identified housing sites, and whether masterplanning of the Broad Locations for Development will include provision for the travelling community.
13. In view of the difficulties this Council is facing in making suitable future provision for travellers, officers feel that it is very disappointing that no attempt has been made at least at collaborative working, if not a joint development plan approach. It is recognised that this is a complex and controversial issue, but as this district is 92% Green Belt (where traveller pitch etc. provision is inappropriate) while East Herts is about 33% Green Belt, officers feel that there should at least have been more attempt at co-operation in addressing this cross-boundary and strategic issue. While the series of appeals on the Esbies site in Sawbridgeworth were recently dismissed by the Secretary of State, the fact that there were potentially over 30 pitches on a site very close to the district boundary would suggest that there is a need for much greater co-operation over this issue.
14. Economic Growth – about 9,700 jobs are expected to be created in the district up to 2031, over 6,100 of which are likely to be in the financial and business services sectors. The Draft Plan makes provision for between 11 to 13 ha of new employment land located on three sites at Buntingford and Bishop's Stortford. Policies support the rural economy, the diversification of farms and the provision of electronic communications networks (including high speed broadband), subject to environmental and viability conditions.
15. Market Towns – the Draft Plan includes separate chapters for each of the five towns with detailed draft policies and site allocations covering housing, employment, retail and mixed uses, and infrastructure. The town nearest to this district (Sawbridgeworth)

has two main new housing sites (about 400 dwellings in total as Green Belt releases) but both are on the west side of the town. Relatively little retail development is proposed in the Draft Plan for the whole district – 7,600 sq m of convenience and 6,100 sq m of comparison shopping, and most of this seems to be concentrated in Bishop's Stortford. Sawbridgeworth is defined as a "Minor Town Centre" whose retail offer will be maintained and strengthened if suitable opportunities arise, but otherwise little change is proposed.

16. **Conclusions** – The Draft Plan indicates that East Herts should be able to meet its Objectively Assessed Housing needs despite the demanding target, and the fact that there will be some under-provision in the earlier part of the Plan period. As one of the "Broad Locations for Development" is north of, albeit separate from, Harlow, it is important that formal arrangements are made to ensure that the three Councils continue to meet at a senior officer and Member level to monitor and co-ordinate all future development including strategic infrastructure provision. Proposals for economic growth and retail development do not raise issues of concern for this Council.
17. Officers are concerned that opportunities for collaborative working on pitch provision for the travelling community have apparently not been considered.

Reason for decision: While most of the East Herts Preferred Options Consultation does not raise issues of concern for this Council, officers believe that there has been a lack of co-operation and collaboration regarding provision for Gypsy and Traveller pitches, and that options for addressing this issue in a joint or co-ordinated fashion have been missed.

Options considered and rejected:

Not to respond to the consultation – this would be inappropriate as adequate provision for the travelling community is considered to be a key cross-boundary issue.

Consultation undertaken:

Within the Forward Planning section.

Resource implications:

Budget provision: From existing resources

Personnel: From existing resources

Land: Potential implications for joint provision for the travelling community.

Community Plan/BVPP reference:

Relevant statutory powers:

Planning and Compulsory Purchase Act 2004

Localism Act 2011

Town and Country Planning (Local Planning) Regulations 2012

National Planning Policy Framework 2012

Planning Policy for Traveller Sites 2012

Background papers:

Planning Policy for Traveller Sites 2012

East Herts Council – Draft District Plan Preferred Options Consultation (January 2014)

Environmental/Human Rights Act/Crime and Disorder Act Implications:

Key Decision reference: (if required) N/A