



Overview and Scrutiny Committee Monday, 30th January, 2017

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

**Council Chamber, Civic Offices, High Street, Epping
on Monday, 30th January, 2017
at 7.30 pm .**

**Glen Chipp
Chief Executive**

**Democratic Services
Officer:**

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

Members:

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

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

PLEASE NOTE THAT THIS MEETING IS OPEN TO ALL MEMBERS TO ATTEND

1. WEBCASTING INTRODUCTION

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

The Chairman will read the following announcement:

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

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

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

2. APOLOGIES FOR ABSENCE

3. SUBSTITUTE MEMBERS

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

4. MINUTES (Pages 5 - 16)

To confirm the minutes of the meeting of the Committee held on 19 December 2016.

5. DECLARATIONS OF INTEREST

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

In considering whether to declare a pecuniary or a non-pecuniary interest under the Council's Code of Conduct, members are asked pay particular attention to paragraph 11 of the Code in addition to the more familiar requirements.

This requires the declaration of a non-pecuniary interest in any matter before overview and scrutiny which relates to a decision of or action by another committee, sub-committee of the Council, a joint committee or joint sub-committee in which the Council is involved and of which the Councillor is also a member.

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

6. SCRUTINY OF EXTERNAL ORGANISATIONS - PRINCESS ALEXANDRA HOSPITAL NHS TRUST (Pages 17 - 46)

(Director of Governance) To consider the attached report and undertake appropriate external scrutiny of Princess Alexandra Hospital NHS Trust.

7. OVERVIEW & SCRUTINY COMMITTEE WORK PROGRAMME 2016/17 (Pages 47 - 68)

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

(a) Current Work Programmes

The current overview and scrutiny work programmes are attached for information.

(b) Reserve Programme

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

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

(c) New Work: PICK Form

Decision Required:

To consider the attached PICK form submitted by Councillor Patel concerning the Council's Transformation Programme. Members are asked to consider how they would like this work dealt with. Would they like it to be considered by this Committee or go to an existing Select Committee or to set up a Task and Finish Panel.

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

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

(a) Public Questions

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

(b) Requests to address the Overview and Scrutiny Committee

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

9. EXECUTIVE DECISIONS - CALL-IN

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

10. EXCLUSION OF PUBLIC AND PRESS

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

Agenda Item No	Subject	Exempt Information Paragraph Number
Nil	Nil	Nil

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

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

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

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

EPHING FOREST DISTRICT COUNCIL OVERVIEW AND SCRUTINY MINUTES

Committee:	Overview and Scrutiny Committee	Date:	Monday, 19 December 2016
Place:	Council Chamber, Civic Offices, High Street, Epping	Time:	7.30 - 9.50 pm
Members Present:	Councillors M Sartin (Chairman) L Girling (Vice-Chairman) N Avey, N Bedford, R Brookes, D Dorrell, L Hughes, S Kane, S Neville, A Patel, B Rolfe, D Stallan, B Surtees and D Wixley		
Other Councillors:	Councillors R Baldwin, W Breare-Hall, J Philip, S Stavrou, G Waller, C Whitbread and J H Whitehouse		
Apologies:	Councillors Y Knight, S Murray and G Shiell		
Officers Present:	D Macnab (Deputy Chief Executive and Director of Neighbourhoods), S Tautz (Democratic Services Manager), A Hendry (Senior Democratic Services Officer), S Kits (Social Media and Customer Services Officer) and G J Woodhall (Senior Democratic Services Officer)		
By Invitation:	M Hart (Transport for London) and C Taggart (Transport for London)		

33. WEBCASTING INTRODUCTION

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

34. SUBSTITUTE MEMBERS

It was reported that Councillor L Hughes was substituting for Councillor G Shiell.

35. MINUTES

RESOLVED:

That the minutes of the last Committee meeting held on 25 October 2016 be signed by the Committee as a correct record subject to altering the text in minute item 31 to read '*her*' when it refers to '*him*' when speaking about the new principal of Epping Forest College.

36. DECLARATIONS OF INTEREST

- (a) Councillor B Surtees declared a non-pecuniary interest in the following item of the agenda by virtue of being the Chaplin for Princess Alexandra Hospital NHS Trust. He advised that his interest was not prejudicial and he would remain in the meeting for the duration of the item and consideration thereon:

- Item 12 - Scrutiny of External Organisations

(b) Councillor L Girling declared a non-pecuniary interest in the following item of the agenda by virtue of being a former employee of Transport for London. He advised that his interest was not prejudicial and he would remain in the meeting for the duration of the item and consideration thereon:

- Item 6 - Transport for London - Central Line Services and Infrastructure

(c) Councillor D Stallan declared a non-pecuniary interest in the following item of the agenda. He advised that his interest was not prejudicial and that he would remain in the meeting for the duration of the item and consideration thereon:

- Item 6 – Transport for London – Central Line Services and Infrastructure.

37. TRANSPORT FOR LONDON - CENTRAL LINE SERVICES AND INFRASTRUCTURE

The Committee welcomed two officers from Transport for London, Chris Taggart the General Manager (Central Line) and Mark Hart the Stakeholder Engagement Manager (Bakerloo, Central and Victoria Lines). Mr Taggart explained that he was the leader of the operational team that carried out the day to day management of the Central Line, including Station Staff and Drivers. Mr Hart explained that it was his job to notify any stakeholders of any activity on the rail lines, or noise or if he had information to impart on station closures etc. It was his job to notify people on upcoming works or problems.

The TfL officers had received advanced notice of the topics and any questions that the Committee wanted to cover at this meeting and made the following statements in relation to the comments/questions members had raised:

- (a) *Current levels of staffing on local Central Line stations, particularly with regards to ticket offices* – only about 3% of journeys started at the ticket office, most of them were undertaken by the use of oyster cards. The staffing levels depended on how big the station was and on the time of day. Staffing levels were also set by the Mayor for London.
- (b) *Extension of all-night services on the Central Line, currently operating as far as Loughton Station on Fridays and Saturdays to Epping* – there were currently no plans to extend this to Epping. Night trains have now been running for several months and in the New Year this service would be reviewed. Stopping at Loughton allows them to turn the trains around and as there was a smaller fleet available during the night, a quick turn around was needed. British Transport Police have reported that the night tube has been a success.
- (c) *The impact of the suspension of local Central Line services at weekends, to facilitate maintenance programmes* – they have been doing this for maintenance work over the last 12 months and plan to continue doing this two or three times more over the coming year. This was part of their regular maintenance programme and they were also changing the way they maintained the railway so that there would be fewer closures.
- (d) *The frequency of Central Line Services eastbound to Epping* – they had introduced a new timetable on the Central Line in August trying to balance as best they could the service over the Central Line Services as a whole. They knew that over 10 times more customers used the Epping branch than the Hainault loop, so the recent timetable change redirected more trains to run to Epping, with more trains in the morning to bring customers into London during the rush hour.

- (e) *The split of Central Line services operating eastbound from Leytonstone Station and the perception that fewer services run through to Epping than to Hainault* – this was generally an issue in the evening peak with trains going to Epping and round to Hainault the demand at this time was roughly 50/50 and so their services were roughly 50/50. They did get complaints from both branches saying more trains were going the other way. Although with a depot at Hainault it may be that at certain times of the day you may get more trains going one way.
- (f) *The frequency of Central Line services for Chigwell and Roding Valley Stations, via the Hainault Loop from Leytonstone Station to Woodford* – this was a similar problem trying to match demand to available resources, trying to operate a regular service around the Hainault route. They were trying to achieve a regular 20 minute service involving a shuttle service between Woodford and Hainault, supplemented by some through trains. This was their general plan for the loop service.

There had been a supplementary question sent in asking “if TfL would review its decision to reduce service levels on the Roding Valley to Grange Hill ‘loop’ of the Central Line” – there was a new timetable that would come in around October 2017 and they would look to this to sort out any problems encountered so far. They recognised concerns of customers from Roding Valley, Grange Hill and Chigwell and would be looking at the timetable to see if they could off-set any negative impact as a result of the last timetable. However, they did have limitations on what they could do. What drove the timetable was to rebalance the service. They had 78% of trains on the Epping Branch where there were 92% of customers, and were trying to address this imbalance. Once the new timetable came in they could provide an update.

There were 85 trains on the Central Line and they needed 78 at peak times. They were in the middle of a heavy overhaul of the trains, which happened every 15 years, which entailed taking one train out of service at any one time, and this was a two year programme when they would change the motors from DC to AC, which were more reliable. If they had more trains they would run them, but now they could only respond as best they could.

- (g) *The provision of public toilet facilities at local Central Line stations* – all stations had toilet facilities; open at different times of the day. They were sometime taken out of use for maintenance or through vandalism. There was a current map displaying toilet facilities, but that was out of date and was currently being reviewed. It should be ready in early 2017, but it did not show their opening times.
- (h) *The provision of Wi-Fi access in underground sections of the Central Line and at local stations* – all their stations now have Wi-Fi but it could not be received in the tunnels and there were currently no plans to extend it. It should be noted that staff also used the Wi-Fi within the stations and would let them know when there were any problems. Currently there were seven stations that did not have any Wi-Fi and on the Central Line these were Tottenham Court Road and Bond Street, but these were being upgraded presently.
- (i) *The extension of car park facilities at local Central Line stations, particularly in view of previous proposals of Transport for London for additional car parking capacity at Epping Station* – this issue had also been raised in the consultation for the Local Plan. There was a separate team in TfL that looks after the Car Park arrangements. In regards to Epping, they are looking at improving car parking

provision there and were currently reviewing their options. They have undertaken some ground investigations, drilling bore holes, to give an idea of what kind of structure they could build at the station. They were still awaiting a final report and expected this early in the new year, after that they will be in a better position to tell us more.

- (j) *The management of car parks at local Central Line stations and of the public areas in the vicinity of the stations* – there was clear signage to identify the car park management contractor and telephone numbers for customers to use. Also station staff know the contact details and can inform customers. They were not aware of any specific issues and if any were raised they could take them back.

This completed the operational issues that they were asked to talk about. The meeting was then opened up to questions from the floor.

Councillor Patel noted that 75 trains were needed at the peak of operation and that there would be a new timetable coming out in October 2017. What sort of consultation will they be having with residents on this? And secondly, if demand was increased on the loop could they quantify how much or how the frequency of the trains could be increased and would that be based on an increase in population. He was told that they had a detailed data on how the customers used their services and had also spoken to their customers at Chigwell and at Roding Valley and had got a good idea of what they wanted. They were unsure as yet if they could increase the number of trains in the morning period and were presently looking into this.

Councillor Neville noted that Roding Valley was poorly serviced by public transport; there was a bus service that runs once an hour and also the 'loop' which is a lot less frequent, which was one of the reasons that people did not use it. How many trains were through trains that go past Woodford, how many stopped at Woodford and how much consultation was there with the bus services? He was told that there were three through trains in the morning and they would like to promote the through service to Hainault, if customers wanted a seat then that would be the way to go. And, they did liaise with their colleagues who ran the bus services. They had enhanced the night bus services to help with the night tube service. They would take back his concerns on transport provision for the loop.

Councillor Girling noted that we were not like the London Boroughs and that as a rural district we were out of the stakeholders engagement loop. Was there some way we could be made part of a Working Group or Stakeholders Group to keep us informed and in the loop on any consultations taking place. The TfL officers remarked that that was a reasonable aspiration and they would take it back as a suggestion. They had a team called 'Borough Partnerships' who looked after London authorities and would feed this back to them. It was noted that TfL was currently undergoing a review on how they liaised with other authorities to try and simplify it. Councillor Girling noted that we had 8 Central Line stations here much more in comparison to some London Boroughs. He would like to think that communications had been enhanced due to this meeting. Mr Hart added that they generally did not consult on operational matters, although they could engage and can and will talk to communities on what they planned to do, more so than they did last time.

Councillor Stallan asked why the ability to purchase Oyster Cards was not more available to rural communities; and could they use other kinds of shops to sell them as there seems to be only one such shop in the CM16 postal code area. The TfL officer replied that their ticket machines could now vend Oyster cards and that one third of their customers now used contactless payment. They have had this enquiry

before and noted that any shop could apply to sell these cards. They would follow up on this.

Councillor Avey commented that he had used the Central Line for about 30 years and knew it well; he wondered if it would be possible to have Wi-Fi throughout the line so passengers could get update on the service and to enable the drivers to have real time updates on the state of the lines. Also, there was a lack of toilets on the Central Line, could they look at the possibility of people paying to use the facilities on platforms. The TfL officers sympathised with him, but noted that the Central Line was quite well served with facilities, but they were often vandalised and misused. When they close the toilets in the early evenings it was usually in response to this kind of misuse. It was a constant battle to keep them open.

Councillor Wixley asked that as the trains had to work harder, now that there was a night time service, did they need more maintenance. He was told that it was a relatively small increase in mileage but they did consider the maintenance aspects. They were always balancing the need to run a service and the need for maintenance.

Councillor Bedford asked if there was any chance they could straighten the track out between Loughton and Epping because it was an “absolute bone shaker”. What could you do to sort out the quality of the tracks? Could it be done? He was told that the track was in good condition, and they had used a ‘tamping machine’ to manage the tracks. However due to recent problems they have not used one on the Central Line recently; but have now got one running on this line, correcting some of that ride quality. They have another special machine, a ‘rail grinder’ to smooth out the rail lines themselves. They will look at this stretch of line and see what can be done.

Councillor Surtees wondered if toilet facilities could be made available for people from the outside, especially for disabled people. The officers were unsure how many disable toilets they had. However, members of the public could ask station staff if they could use the station’s facilities and they should be allowed to.

Councillor Kane asked what the term ‘capacity’ meant in terms of the Underground. He was told that it could mean a number of things such as the number of carriages, or trains or passengers. It could also have something to do with the signalling systems. They could operate up to 33 trains per hour and were at their limit at present, even if they had more trains.

Councillor Brookes commented that it was difficult, at non peak times, to find members of staff, especially late at night. The TfL officers said that this had been fed back to them. They try and make staff visible at all times, but sometimes at small stations there would be only one member of staff. They were looking to improve this at present; they needed a focal point for their customers.

Councillor Brookes went on to ask if a service was late could customers be automatically refunded if they had season tickets. She was told that they could not at present, but they could go online and put in a claim.

Councillor Brookes noted that it was difficult to get accurate information when things went wrong; passengers were not as fully informed as they could be. The TfL officers accepted this; it was a common cause of complaint. Communication was a big issue for them and they accepted that they needed to be better at this. They needed to get information from the central offices out to outlying stations.

The TfL officers then went on to talk about the strategic issues for the Central Line as set out in the comments and questions raised before the meeting.

- (k) *The provision of resources for the enhancement of the infrastructure of the Central Line, in terms of increasing user capacity and the proposals contained in the consultation draft of the new Local Plan for Epping Forest District* – the officers noted that they have been part of the consultation process and had responded to it. Central Line capacity should not be a deterrent to the growth set out in the draft Local Plan. There had been issues about the reliability of the trains, and they have tried to balance this out with the new timetable. But, with the opening of the new Elizabeth Line in 2018/19, this would increase the capacity for the Central Line with some customers using this new line. They were currently embarked on a heavy maintenance programme and a Central Line improvement programme. This would provide new motors for the trains giving a more modern and reliable system. Work was due to commence in 2018 and would last for about three years. They did have continued investment in trying to improve the reliability of Central Line services.
- (l) *Ongoing concern of the council with regard to platform access at local Central Line stations for people with disabilities* – this also concerned Councillor Neville's questions about Buckhurst Hill Station and the £200million the Mayor for London had allocated to the provision of step free access in the next five years – TfL were planning to deliver 30 new step free stations over the next five years and are currently working through which stations these would be. Newbury Park will be one of these stations that they will be considering. There will also be a feasibility study on the opening of part of the Lower Queens Road entrance at Buckhurst Hill Station and Councillors could be provided with a copy of this study.
- (m) *The position with regard to the rectification of signalling breakdown that adversely affects Central Line services on a regular basis. Particularly given the significant investment made by Transport for London in signalling infrastructure* – the Central Line has very reliable automated signalling systems; but when it goes wrong it can go badly wrong especially when you have such a tight timetable as they had. However the systems were generally very good and reliable on the Central Line.
- (n) *The age of the rolling stock currently in use on the Central Line, particularly with regard to issues pertaining to the operation of automatic doors and unacceptably high temperatures in carriages* – there were a number of weak spots on the Central Line Trains but the doors were not one of them. Although the door are vulnerable due to numerous items left on trains that stopped the doors from working properly, jamming up the door runners. This was difficult to overcome. The Central Line was also hot in the summer and some sections ran quite deep underground. They have done a number of things to the trains to try and alleviate the temperatures in the summer, such as tinting the windows and adding white roofs to reflect some of the sunlight; they have also improved the ventilation in the carriages. A lot of small but combined improvements have been put in to improve the carriage temperatures.
- (o) *The introduction of new and air-conditioned rolling stock* – TfL were working on this at present, the following lines were currently being upgraded – Piccadilly Line, Bakerloo Line the Waterloo and City Line – which are all part of this project. Part of this is to buy in new trains and new signalling as they go together. The Piccadilly Line will go first which will give it a 60% increase in capacity.
- (p) *The possible reinstatement of Central Line services between Epping and Ongar, as proposed by Boris Johnson, the former Mayor of London* – the TfL officers were not sure if it was Mr Johnson that had proposed this. There had been some

questions on this but there were no current plans to extend the line. They will engage with Essex County Council on a possible feasibility study on this proposal. There was some history on this with the Epping Ongar railway who were currently looking into having a platform in Epping near to the Underground platform to enable passengers to join the network. They are in discussion with the Office of the Rail Regulator about this at present. TfL challenge in this was that they did not own that infrastructure any longer. But currently there were no plans to extend the central line north of Epping.

- (q) *The current CCTV coverage of public areas in the vicinity of local Central Line stations and plans for the extension of such coverage* – the CCTV system installed between 2000 and 2010 will be replaced starting around 2018 as they have come to the end of their useful lives. The new system will be digital and will have better integration with the other CCTV systems.

Councillor Sartin noted that as a Local Authority we had a fully comprehensive CCTV system and it would be useful to see if they could be integrated in some way.

The Chairman then took any follow up questions from members in attendance.

Councillor Neville asked about the £200 million funding for step free access, was it match funded by Local authorities or would TfL pay for it all? He was told that they did not as yet know how it would work. They would get back to about this.

Councillor Avey noted that a big problem was door issues that took trains out of service, was there a solution for this? And when they got their new trains would they put safety barriers on the platforms? He was told that the doors were quite reliable but susceptible to items getting stuck in their runners. They have a safety circuit on the trains and if this was broken the doors would not close. It must operate for the safety of the trains. The new trains were more effective on this. As for safety barriers on platforms this is dependant on having an automated railway line and it may be that the Central Line would end up with 'platform edge doors' when the line was upgraded.

Councillor Girling commented that the new Elizabeth Line had the potential to hive off some of the capacity to this line. London 2012 was a success for TfL and other stakeholders in part because the projected capacity problem was spread over different lines and different ways of travelling, we have other lines around our district but he was not convinced that people would be prepared to go out that far. Also some of the over-ground lines were more expensive than the London Underground. As a way forward was there a way of levelling out these fees so it was not a barrier for people and they could consider using these alternative means to travel. He was told that fares were a matter for the Mayor's office; and although the Elizabeth Line would have an impact it was not yet known how much of an impact that would be.

Councillor Sartin noted that the range of an Oyster Card will be extending out to Broxbourne. People now travel in from Harlow to Epping to get on the Central Line, do you now where the Oyster Card will be going out in the future and what would now happen to those routes. She was told that the future of the Oyster Card would depend on TfL having control of those routes as part of London over-ground and the pricing structure would also depend if they operated those services.

Councillor Bedford asked if the zoning structure would be looked at again to try and level it out a bit more. The TfL officers were not aware of any plans to do this.

Councillor Wixley asked about the Draft Local Plans for Epping and Redbridge, what would be the effect of building near the stations and the consequential knock on affects for passenger numbers. He was told that it was difficult to comment until they started to see the impact of the Elizabeth Line. In the long term there will be new trains and new signalling systems with this new line. But the trains will be busier for longer; there was no magic pill to cure this.

Councillor Breare-Hall picked up on the capacity issue noting that it was very busy during the rush hour periods but during the day, the lines were very empty. Was there any way to encourage passengers to travel outside the peak hours? He was told that they did try to get people to travel outside those times; the latest initiative was show via advertising just how crowded the trains were at peak times. This did work for short periods and also worked very well in central areas with tourists and visitors.

Councillor Waller said that he had attended a meeting some months ago of local authorities along the Central Line, it was suggested that improvements might be introduced to increase capacity at peak periods by 10% and that would be about the limit, but our Local Plan suggests that the population would increase by more than that. Was that figure of 10% something that they would recognise? He was told that the figure of 10% did not ring a bell but there were a number of things that they could do, such as making the train better, creating more space and increase capacity using the signalling system. They were currently concentrating on reliability of the service and keeping the trains to time etc.

The Chairman then asked former Councillor and Chairman of the Council Stan Goodwin to ask his question.

Mr Goodwin said that he had worked on London Transport for 40 years as a guard and driver. He had experienced the sort of problems they were now experiencing over his years in the job but was now concerned about how the service was developing and the problems that were happening. Why were there so many trains to Epping and so few on the loop? The new timetable was even worse, making the trains more crowded. He also expressed concern about the number of people coming to Epping and Theydon Bois to park and get on the trains there. There needed to be a survey of the area before the next timetable was put in place. The TfL officers said that this was something that they did a lot of work on, such as the volume of people that travelled etc. they have trialled reversing trains to Debden a few years ago, but this required more staff and time. It worked better from Loughton. The other restricting factor was the number of trains they had available they did their best to balance the timetable but valued any feedback.

The Chairman thanked the two TfL officers for their comprehensive responses to our questions and noted that if any other points came up after the meeting we would let them know. Also if there was any possibility of setting up a working group to liaise with TfL we would be very interested. She looked forward to having them return some time in the future.

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

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

39. EXECUTIVE DECISIONS - CALL-IN

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

40. FORWARD PLAN OF KEY DECISIONS - REVIEW

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

Leader Portfolio

Councillor Neville asked if there would be a member briefing on the Council Offices Review. Councillor Whitbread replied that reports went to the Cabinet on a monthly basis and scrutiny may also be asked to look at this.

Planning Policy Portfolio

Councillor Sartin asked who would be taking responsibility for this area during the Assistant Director's absence. Councillor Philip said that he would be taking the responsibility as Portfolio holder and will also be making use of Alison Blom-Cooper.

41. CORPORATE PLAN KEY ACTION PLAN 2016/17 - QUARTER 2 PROGRESS

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

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

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

There were 49 actions in total for which progress updates for Q2 was as follows:

- 29 (59%) of these actions have been 'Achieved' or are 'On Target'
- 14 (29%) of these actions are 'Under Control'
- 2 (4%) are 'Behind Schedule'
- 4 (8%) are 'Pending'

Aim (i)(a) (2) – progress preparations for delivery savings for 2016/17 – Councillor Sartin queried if this should be classed as pending as opposed to on target as it was not yet due.

Aim (i)(b) (3) – Relocate the Housing repairs Service from the Epping depot to suitable alternative premises - Councillor J H Whitehouse asked what was the delay in doing this and the effect it would have on the St. John's development. Councillor Whitbread said that they had now completed the purchase of the school site from

Essex County Council and had made provision for the planning application for the depot site in North Weald. They were still awaiting the planning application for St John's site, but he could not see any delays to that at present.

Aim (ii)(c) (5) - ...investigate the possible establishment of a Museum Heritage and Culture Development Trust – Councillor Sartin asked where we were with this at present. Mr Macnab replied that they had made an appointment to the commercial manager's post and were due to appoint the public engagement officer as well. Work was progressing on the development of the trust and they hoped to have it completed by March 2018.

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

(a) Overview and Scrutiny Committee

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

Item 3 – ECC Local Highways Services and infrastructure – the committee noted that officers were still working with the County Council to arrange their attendance for the February meeting. Members will be asked at the 30 January 2017 meeting to develop suitable lines of questioning for the Highways Services.

Select Committees

Governance Select Committee

Councillor Avey noted that there was the possibility that the Select Committee was also going to speak to the Highway services but this would have been in connection with their responses to planning applications.

(b) Reserve Programme

Item 5 – Princess Alexandra Hospital Services – noted that this was a separate item on this agenda.

43. SCRUTINY OF EXTERNAL ORGANISATIONS

The meeting noted that the Princess Alexandra Hospital (PAH) NHS Trust had been invited to attend a future meeting of this Committee to respond to the concerns of the Care Quality Commission (CQC). The Trust had confirmed that its Chairman and Chief Executive would attend an extraordinary meeting of the Committee to be held on 30 January 2017.

The Committee was therefore requested to consider and agree any appropriate lines of questioning to be raised with the Trust in order that prior notice of the scope of the questions likely to be raised by members could be provided beforehand.

The following items were raised by members:

Strategic Issues

1. Details of the Trust's high-level plans for the improvement of the services rated by the Care Quality Commission in its inspection report of October 2016, as 'inadequate';
2. Details of the action already taken by the Trust to improve services rated by the Commission as inadequate;
3. The sustainability of the service improvements already made by the Trust in response to the findings of the Commission, and of other improvements yet to be implemented;
4. The enhancement of the service capacity of the Trust, particularly in terms of the development proposals contained in the Consultation Draft of the new Local Plan for the Epping Forest District and the new Local Development Plan for Harlow;
5. The possible relocation of the Trust's services away from the current Princess Alexandra Hospital site in Harlow, and/or the development of new service facilities on the current hospital site;
6. The support provided by Essex County Council for the enhancement of the service capacity of the Trust, particularly with regard to the possible relocation of services from Princess Alexandra Hospital or the development of new service facilities on the current hospital site;
7. The support that could be offered by Epping Forest District Council to enhance the service capacity of the Trust,

Operational Issues

8. How the Trust intends to address and improve the following matters identified by the Commission:
 - (a) the bed pressure and capacity issues that result in patients being allocated the next available bed rather than being treated on a ward specifically for their condition;
 - (b) the low levels of staff morale and service pressures within the surgery and emergency departments at Princess Alexandra Hospital;
 - (c) the apparent 'disconnect' between its executive team and front line staff, to reinforce its aspirational 'family team' culture;
 - (d) the apparent inconsistent approach to learning from incidents;
 - (e) that processes for the safeguarding of children are not sufficiently robust and that staff attendance at safeguarding training sessions is inconsistent;
 - (f) that processes for the induction of nursing and medical staff is not consistently completed; and
 - (g) that its history of cancelled operations that are not rebooked within 28 days, which shows a lack of support for people to have care re-arranged as quickly as possible, is worse than the average for England;
9. Details of the Trust's proposals for improvement in the recruitment and retention of staff, particularly where current difficulties may be arising as a result of budgetary pressures, bureaucracy, or a lack of capacity on the part of staff to manage the recruitment and retention process; and
10. Details of the Trust's current and ongoing initiatives across its services to increase capacity or reduce admissions, through joint working with local stakeholders.

It was noted that there was to be a joint scrutiny approach to concerns raised by the CQC for the Princess Alexandra Hospital and it was agreed that Councillor Mohindra should be our representative on this body.

It was noted that as they had been classed as inadequate they would be due another inspection soon, how would this affect them.

The Committee considered if they wanted just to have a Q&A session with or without a presentation. They agreed that they would like some sort of handout with the relevant facts that they could consider before/during the session.

CHAIRMAN

Report to Overview & Scrutiny Committee

Date of meeting: 30 January 2017



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

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

Democratic Services Officer: A. Hendry (01992) 564246

Recommendations/Decisions Required:

That the Committee undertake appropriate external scrutiny of the Princess Alexandra Hospital NHS Trust, in response to the concerns of the Care Quality Commission in respect of aspects of inpatient, outpatient and other medical and emergency services Princess Alexandra Hospital.

1. (Director of Governance) As included in the current work programme for the Committee, representatives of Princess Alexandra Hospital NHS Trust will be attending the meeting to respond to the concerns of members in respect of aspects of local inpatient, outpatient and other medical and emergency services Princess Alexandra Hospital. The following representatives of the Trust will be in attendance:

Alan Burns (Chairman); and
Phil Morley (Chief Executive Officer).

2. The following overarching themes and specific issues of services provided by Princess Alexandra Hospital NHS Trust, previously identified by the Committee, have been notified to Mr. Burns and Mr. Morley as the emphasis for such external scrutiny, in order to ensure that maximum value is derived from this external scrutiny activity. The recent report of the Care Quality Commission (CQC) (19 October 2016) on its 'inadequate' judgement of the quality of care at Princess Alexandra Hospital, is attached as Appendix 1 to this report:

Strategic Issues

- (a) Details of the Trust's high-level plans for the improvement of the services rated by the Care Quality Commission in its inspection report of October 2016, as 'inadequate';
- (b) Details of the action already taken by the Trust to improve services rated by the Commission as inadequate;
- (c) The sustainability of the service improvements already made by the Trust in response to the findings of the Commission, and of other improvements yet to be implemented;
- (d) The increase of the service capacity of the Trust, particularly in terms of the development proposals contained in the Consultation Draft of the new Local Plan for the Epping Forest District and the new Local Development Plan for Harlow;
- (e) The possible relocation of the Trust's services away from the current Princess Alexandra Hospital site in Harlow, and/or the development of new service facilities on the current hospital site;

- (f) The support provided by Essex County Council for the enhancement of the service capacity of the Trust, particularly with regard to the possible relocation of services from Princess Alexandra Hospital or the development of new service facilities on the current hospital site;
- (g) The support that could be offered by Epping Forest District Council to enhance the service capacity of the Trust,

Operational Issues

- (h) How the Trust intends to address and improve the following matters identified by the Commission:
 - (i) the bed pressure and capacity issues that result in patients being allocated the next available bed rather than being treated on a ward specifically for their condition;
 - (ii) the low levels of staff morale and service pressures within the surgery and emergency departments at Princess Alexandra Hospital;
 - (iii) the apparent 'disconnect' between its executive team and front line staff, to reinforce its aspirational 'family team' culture;
 - (iv) the apparent inconsistent approach to learning from incidents;
 - (v) that processes for the safeguarding of children are not sufficiently robust and that staff attendance at safeguarding training sessions is inconsistent;
 - (vi) that processes for the induction of nursing and medical staff is not consistently completed; and
 - (vii) that its history of cancelled operations that are not rebooked within 28 days, which shows a lack of support for people to have care re-arranged as quickly as possible, is worse than the average for England;
 - (i) Details of the Trust's proposals for improvement in the recruitment and retention of staff, particularly where current difficulties may be arising as a result of budgetary pressures, bureaucracy, or a lack of capacity on the part of staff to manage the recruitment and retention process; and
 - (j) Details of the Trust's current and ongoing initiatives across its services to increase capacity or reduce admissions, through joint working with local stakeholders.
3. The identification of additional lines of questioning to be raised with Princess Alexandra Hospital NHS Trust, were recently sought from members through the Council Bulletin.
 4. It is understood that a joint scrutiny approach to the concerns of the CQC in respect of Princess Alexandra Hospital, is being planned between the Essex and Hertfordshire Health Overview and Scrutiny Committees for early 2017. The Committee has previously agreed that Councillor G. Mohindra should represent the Council in such scrutiny process.

Resource Implications:

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

Legal and Governance Implications:

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

Safer, Cleaner, Greener Implications:

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

Consultation Undertaken:

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

Background Papers:

None

Impact Assessments:

Risk Management

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

Equality:

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

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The Princess Alexandra Hospital NHS Trust

Quality Report

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

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

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

Ratings

Overall rating for this trust

Inadequate 

Are services at this trust safe?

Inadequate 

Are services at this trust effective?

Requires improvement 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Inadequate 

Are services at this trust well-led?

Inadequate 

Summary of findings

Letter from the Chief Inspector of Hospitals

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

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

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

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

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

Our key findings were as follows:

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

Summary of findings

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

We saw several areas of outstanding practice including:

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

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

Importantly, the trust must:

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

These are the areas the trust should improve on:

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

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

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to The Princess Alexandra Hospital NHS Trust

Sites and Locations:

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

Population served:

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

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

Deprivation:

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

Our inspection team

Our inspection team was led by:

Chair: Gill Hooper, former Director of Nursing.

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

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

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

How we carried out this inspection

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

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

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

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

Summary of findings

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

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

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

What people who use the trust's services say

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

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

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

Facts and data about this trust

1. Size and throughput

This organisation has four locations.

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

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

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

The trust employs 2817 staff (WTE).

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

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

• Safety

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

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

• Effective

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

• Caring

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

• Responsive

Between 2015/16, this trust received 292 complaints.

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

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

Summary of findings

- **Well led**

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


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

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

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

Summary of findings

Our judgements about each of our five key questions

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

Summary of findings

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

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

Duty of Candour

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

Safeguarding

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

Summary of findings

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

Incidents

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

Staffing

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

Summary of findings

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

Environment and Equipment

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

Summary of findings

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

Mandatory training

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

Are services at this trust effective?

We rated the effectiveness of services as requires improvement.

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

Requires improvement



Summary of findings

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

However:

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

Evidence based care and treatment

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

Patient outcomes

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

Multidisciplinary working

Summary of findings

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

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

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

Are services at this trust caring?

We rated caring of services as good.

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

Good



Summary of findings

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

However:

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

Compassionate care

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

Understanding and involvement of patients and those close to them

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

Emotional support

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

Summary of findings

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

Are services at this trust responsive?

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

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

Inadequate



Summary of findings

Service planning and delivery to meet the needs of local people

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

Meeting people's individual needs

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

Summary of findings

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

Access and flow

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

Summary of findings

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

Learning from complaints and concerns

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

Are services at this trust well-led?

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

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

Inadequate



Summary of findings

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

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

Vision and strategy

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

Governance, risk management and quality measurement

Summary of findings

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

Summary of findings

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

Leadership of the trust

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

Summary of findings

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

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

Culture within the trust

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

Fit and Proper Persons

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

Summary of findings

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

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

Public engagement

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

Staff engagement

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

Innovation, improvement and sustainability

Summary of findings

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

Overview of ratings

Our ratings for The Princess Alexandra Hospital

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

Our ratings for The Princess Alexandra Hospital NHS Trust

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

Outstanding practice and areas for improvement

Outstanding practice

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

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

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

Overview and Scrutiny Work Programme 2016/17

Overview and Scrutiny Committee

Chairman – Councillor M. Sartin			
Item	Report Deadline / Priority	Progress / Comments	Programme of Future Meetings
(1) Transport for London – Central Line services and infrastructure (Scrutiny of external organisations)	19 December 2016	Reviewed issues related to the operation of the London Underground Central Line in the Epping Forest District.	07 June 2016; 19 July; 25 October; 19 December; 30 January 2017 (extra); 28 February; and 18 April.
(2) Corporation of London (Epping Forest)	7 June 2016	(PICK submission) The Superintendent of Epping Forest and the Chairman of the Friends of Epping Forest made a presentation to the Committee on 7 June 2016, in relation to public consultation on the Epping Forest Management Plan for 2017-2027.	
(3) Essex County Council – Local Highways Services and infrastructure (Scrutiny of External Organisation)	28 February 2017 (to be confirmed)	To review issues related to the management of local highway services in the Epping Forest District. Appropriate lines of questioning and scope/focus of presentation (if required) to be developed by the Committee at its meeting on 19 December 2016.	
(4) Overview and Scrutiny Work Programme (2017/18)	18 April 2017	To agree the work programmes for the Overview and Scrutiny Committee and each of the four select committees for 2017/18.	

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

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

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

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

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

(18) Housing Strategy Key Action Plan 2016 – 12 Month Progress Report	January 2017	(Housing Portfolio) - Completed	
(19) Briefing on the proposed Council rent increase for 2017/18	January 2017	(Housing Portfolio) - Completed	
(20) Communities Key Performance Indicators (KPIs) – Quarter 3	March 2017	(Housing Portfolio)	
(21) Communities Key Performance Indicators (KPIs) – Targets for 2017/18	March 2017	(Housing Portfolio)	
(22) Progress with Key Actions for the Corporate Plan led by the Communities Directorate – Quarter 3	March 2017	(All Portfolios)	
(23) 12-monthly Progress report on Housing Business Plan Action Plan 2016/17	March 2017	(Housing Portfolios)	
(24) Annual Report from representatives of the Youth Council on completed and proposed activities	March 2017	(Housing Portfolio)	
(25) Presentation on Disabled Facilities Grants and current demand and expenditure	September 2016	COMPLETED – September 2016 (Housing Portfolio)	
(26) Approach to promotion and marketing of support and financial incentives for under-occupying tenants wanting to transfer	September 2016	COMPLETED – September 2016 (Housing Portfolio)	
(27) Attendance by Essex Police District Commander at next meeting – Discussion on issues to raise	September 2016	(Safer Greener Transport Portfolio) COMPLETED	

(28) Presentation by Epping Forest CAB on its use of EFDC funding for their two Debt Advisors	January 2017	(Housing Portfolio) - Completed	
(29) Consultation on the Council's HRA Financial Options Review – prior to consideration by the Finance and Performance Management Cabinet Committee	January March 2017	(Housing Portfolio)	
(30) Review of the Council's Careline Service	21 November 2016	(Housing Portfolio) - COMPLETED	
(31) Presentation from Essex Police's District Commander on current policing and crime issues in the District	8 November 2016	(Safer Greener Transport Portfolio) COMPLETED	
(32) Review of CCTV Action Plan	January 2017?	(Safer Greener Transport Portfolio)	
(33) Review of the future use of sheltered/grouped housing scheme sites	July 2017	(Housing Portfolio)	
(34) Housing Strategy 2017-2022	March 2017	(Housing Portfolio)	
(35) Approach to decommissioning CCTV Systems	8 November 2016	COMPLETED – (Safer Cleaner Transport)	

**Governance Select Committee 2016/17
(Chairman – Councillor N Avey)**

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

(6) Equality Objectives 2012-2016 – 6 monthly reporting	5 July 2016	COMPLETED	
(7) Equality Objectives 2016-2020 – 6 monthly reporting	Q2 29 November 2016	COMPLETED	
(8) Annual Equality Information Report - 2016	29 September 2016	COMPLETED	
(9) Corporate Plan Key Action Plan 2015/16 – Q4 (Outturn) Position	5 July 2016	Governance actions only COMPLETED	
(10) Corporate Plan Key Action Plan 2016/17 – quarterly reporting	Q1 – September 2016 Completed Q2 – November 2016 Completed Q3 – April 2017	Governance actions only	
(11) Petitions Scheme	29 November 2016 (Not completed)	Review of the Council's Petitions Scheme	
(12) Compliments and Complaints	31 January 2017	Review of the Compliments and Complaints procedures of the Council.	

(13) Enforcement	4 April 2017	This item will include Planning Enforcement but corporate and benefit fraud as well, within the Governance remit.	
(14) Building Control	4 April 2017		
(15) Essex County Council Highways	31 January 2017	Invitation to be extended to Essex County Council Highways representative to make a presentation to answer questions. This will be a single item meeting to be held in the Council Chamber	
(16) Initial Proposals for New Parliamentary Constituency Boundaries for the Eastern Region	29 November 2016	The Boundary Commission for England is reviewing Parliamentary constituency boundaries and is looking at reducing the number of constituencies in Essex from 18 to 17. <i>Following consultation with Members through the Council Bulletin, no adverse comments had been received regarding the proposals, therefore with the Chairman's permission, this item has been removed from the Work Programme.</i>	
(17) Invitation to new Customer Services Manager to attend a meeting	TBA		

Neighbourhoods Select Committee 2016/17 (Chairman – Councillor N Bedford)

Item	Report Deadline / Priority	Progress / Comments	Programme of Future Meetings
(1) Enforcement activity	March 2017	Annual report Committee	28 June 2016; 13 September;
(2) KPIs 2015/16 – Outturn Review	First meeting of each municipal year.	Outturn KPI performance report for 2015/16 went to the June 2016 meeting.	15 November; 24 January 2017;

(3) KPI's for 2016/17 – Quarterly Review	Quarterly	Review of quarterly performance: Q1 in September 2016; COMPLETED Q2 in November 2016; COMPLETED Q3 in March 2017	21 March
(4) Corporate Plan Key Action Plan 2015/16 – Outturn Review	First meeting of each municipal year	Outturn Key Action Plan 2015/16 performance considered at the June 2016	
(5) Corporate Plan Key Action Plan 2016/17 – Quarterly Review	Quarterly	Review of Quarterly performance: Q1 September 2016; COMPLETED Q2 November 2016; COMPLETED Q3 March 2017	
(6) To receive updates from the Green Corporate Working Party	As appropriate (Last update received on the current position in November '16)	To monitor and keep under review the Council's progress towards the development and adoption of a corporate energy strategy/environmental policy and to receive progress reports from the Green Working Party.	
(7) To receive regular updates on the current position of the Local Plan	Update to go to each meeting.	Committee to keep a watch in brief on the position of the District's Local Plan – (last went to November '16 meeting)	
(8) Presentation on the problems and possible solutions for fly-tipping in the EFDC area.	13 Sept. 2016	To receive an update from EFDC officers on fly-tipping. COMPLETED	
(9) To receive an annual update on the Environmental Charter	June 2017	At their meeting on 28 June 2016 the Committee agreed to receive an annual update of the Council's Environmental Charter.	
(10) Review of Land Drainage arrangements.	13 Sept. 2016	Item from the O&S Co-ordinating Group. To receive a presentation from officers on land drainage arrangements and problems. COMPLETED	

(11) Review of arrangements for ensuring the behaviour of Licenced Taxi Drivers.	TBA	Item from the O&S Co-ordinating group.	
(12) Yearly Review of the Off-Street Parking Service	TBA	At their November 2016 meeting the Committee agreed to review on an annual basis the off-street parking service recently taken over by EFDC from NEPP.	

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

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

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

(20) General update on the General Fund CSB, DDF and ITS	December 2016	Received an updating report on the CSB, DDF and ITS schemes.	
(21) Review of Agency Staff and their cost by Directorate	March 2017	To review the Audit report.	

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**Request by Member for Scrutiny Review
2016/17 Work Programme**



Please complete the form below to request consideration of your issue by the Overview and Scrutiny Committee

<p>Proposers Name:</p> <p>Councillor A. Patel</p>	<p>Date of Request</p> <p>30 January 2017</p>
<p>Supporting Councillors (if any):</p> <p>Councillor S. Kane</p>	
<p>Summary of Issue you wish to be scrutinised:</p> <p>This proposal concerns the development of arrangements for Overview and Scrutiny to:</p> <ul style="list-style-type: none"> • support the delivery of the Council’s Transformation Programme; • hold the Cabinet to account for the quality and impact of projects and initiatives within the Transformation Programme and the achievement of specific outcomes; and • ensure that the Transformation Programme delivers value for money for the Council. <p>Background</p> <p>We are concerned that there is currently a perceived lack of awareness and understanding amongst many members of the Council, of the aims and objectives of the authority’s Transformation Programme, particularly around the following issues:</p> <ul style="list-style-type: none"> • the overall aims of the programme; • the scope and duration of the programme; • the issues that the programme is designed to address and the specific projects included in the programme; • the likely costs of the programme and the financial benefits expected from its completion; and • the main risks arising from the programme and how these are being addressed. <p>It is proposed that Overview and Scrutiny should therefore have a specific role in examining and challenging the progress of the Transformation Programme, whilst ensuring that constructive and specific feedback is provided as appropriate.</p> <p>Although it is a matter for the Overview and scrutiny Committee to consider how this request should be handled, in accordance with Paragraph 35 of Article 6 of the Constitution, we would like to suggest that a task and finish panel be established to take forward a review of current activity around the Transformation Programme and the development of proposals for meaningful ongoing overview and scrutiny involvement in the programme. We would propose that the following matters form the basis of the work of such task and finish panel:</p>	

- a presentation by the Chief Executive and the Head of Transformation, setting out the objectives of the Transformation Programme, to provide a clear understanding of both intended outcomes and the nature of the transformation process;
- a report on the scope, duration and milestones of the programme and arrangements for ensuring sustained political support and the avoidance of 'mission creep';
- the apparent categorisation of some activities as transformation projects, rather than 'business as usual' activity;
- a report on the workstreams developed for the programme and on progress against specific projects;
- arrangements for the development and approval of new projects related to the programme;
- an assessment of the value for money (projected and actual) being delivered by the programme, through comparison of ongoing investment against actual and anticipated savings;
- the development of proposals for future pre-scrutiny of specific issues arising from the programme (not just key decisions), to ensure wider member awareness of transformation initiatives;
- the nature of the engagement with the Council's key stakeholders in regard to the programme;
- consideration of the sustainability of the programme going forward from the completion of its initial scope and duration;
- a review of how staff are being actively involved and engaged in the programme;
- an assessment of the impact of the programme on residents and service users; and
- the development of arrangements to ensure that Overview and Scrutiny can add value to the programme on an ongoing basis.

We would propose that the work of any task and finish panel established in response to this PICK submission, be completed by September 2017, in order that appropriate recommendations (if any) can be considered by the Overview and Scrutiny Committee and the Cabinet in time for the commencement of the budget setting process for 2017/18.

In order for a task and finish panel to deliver its terms of reference efficiently and effectively, it will be important to ensure that the right level of support is in place. In addition to the lead officers and Democratic Services Officers, we would like support to be provided (as appropriate) by individual project managers.

We would also propose that membership of the task and finish panel (when appointed), be maintained as far as possible for 2017/18, so as to ensure continuity in the work of the panel.

NOTE: ENTRIES BELOW RELATE TO ISSUE CATEGORIES OF THE PICK PROCESS. PLEASE REFER TO THE EXPLANATORY NOTES TO THIS FORM FOR FURTHER INFORMATION

Public Interest Justification:

Transformation programmes are likely to attract a high level of public and political interest, so it is important that effective mechanisms are used to provide opportunities to increase understanding of the proposed changes and enable two-way communication and meaningful dialogue.

Impact on the social, economic and environmental well-being of the area:

The Transformation Programme represents the Council's ambition to redesign how it

delivers services and manages operations. The outcome of the proposals is to make interaction with the council and its services easier and more cost-effective.

Council Performance in this area (if known: Red, Amber, Green):

A 'highlight' report on the progress of specific projects within the auspices of the Transformation Programme, is made to the cabinet at each meeting.

Keep in Context (are other reviews taking place in this area?)

No other reviews of the Transformation programme are known to be taking place.

Office Use:

Pick score:

Considered By OSCC:

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