

Chief Executive's Office

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Date: 26 August 2005

Chorley
Borough Council

Town Hall
Market Street
Chorley
Lancashire
PR7 1DP

Chief Executive:
Jeffrey W Davies MA LLM

Dear Councillor

A meeting of the Customer Overview and Scrutiny Panel is to be held in the Committee Room, Town Hall, Chorley on Wednesday, 7th September, 2005 commencing at 6.30 pm.

AGENDA

1. **Apologies for Absence**

2. **Declarations of Any Interests**

Members of the Panel are reminded of their responsibility to declare any personal interest in respect of matters contained in this agenda in accordance with the provisions of the Local Government Act 2000, the Council's Constitution and the Members Code of Conduct. If the personal interest is a prejudicial interest, then the individual Member should not participate in a discussion on the matter and must withdraw from the room and not seek to influence a decision on the matter.

3. **Minutes (Pages 1 - 2)**

To confirm as a correct record the minutes of the meeting of the Customer Overview and Scrutiny Panel held on 6 July 2005 (enclosed)

4. **Standards for Better Health - Draft Declaration - Chorley and South Ribble Primary Care Trust (Pages 3 - 38)**

Report from Director of Clinical Governance Chorley and South Ribble PCT, Sally Fletcher (enclosed)

5. **One Stop Shop Inquiry Update (Pages 39 - 42)**

Report of Assistant Head of Customer Services (enclosed)

6. **Review of Race Equality Scheme (Pages 43 - 60)**

Report of Head of Corporate and Policy Services (enclosed)

Continued....

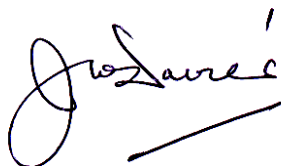
7. **Decriminalisation of Parking Enforcement Inquiry - Collecting Evidence**

- a) To discuss financial matters with the Accountant for DPE from Finance Unit
- b) To received the report of the Sub-Groups held on 9 August 2005 and 17 August 2005 (enclosed) (Pages 61 - 66)
- c) To consider the report Penalty Charge Notice Processing – An Overview (enclosed) (Pages 67 - 76)
- d) To consider articles summarising the Childs report and report by the University of Birmingham (enclosed) Full copies of the reports will be available at the meeting (Pages 77 - 80)
- e) To consider Information relating to drivers with disabled badges (enclosed) (Pages 81 - 90)
- f) To receive an example of a Penalty Charge Notice (enclosed) (Pages 91 - 92)
- g) To examine Parking Attendant beat information (to be circulated at the meeting)
- h) To arrange dates and location for the proposed site visit (discussion item)
- i) To arrange dates and times for Councillors to visit the Parking Manager and view the computer system (Discussion item)
- j) To examine publicity information for the public (Parking Manager to report at the meeting)
- k) To consider questions for the questionannire to seek the views of the public, Councillors and Parish Councillors (Discussion item)

8. **Overview and Scrutiny Work Programme (Pages 93 - 94)**

Work programme enclosed.

9. **Any other item(s) that the Chair decides is/are urgent**



Chief Executive

Distribution

1. Agenda and reports to all Members of the Customer Overview and Scrutiny Panel (Councillor Mrs Walsh (Chair), Councillors Cullens, Mrs D Dickinson, M Lees, Malpas, Miss Molyneaux, Russell, E Smith, Mrs J Snape and Snow) for attendance.
2. Agenda and reports to Group Director, Head of Leisure and Culture, Head of Corporate and Policy Services, Engineering Services Manager and Parking Manager for attendance.
3. Agenda and reports to Executive Leader (Councillor J Wilson) Deputy Leader (Councillor Edgerley) Leader of Conservative Group (Councillor P Goldsworthy), Leader of Liberal Democrat Group (Councillor K Ball) and Chairman of Overview and Scrutiny Committee (Councillor J Walker) for information.
4. Agenda and reports to Sally Fletcher, Director of Clinical Governance Chorley and South Ribble Primary Care Trust, Jubilee House, Lancashire Business Park, Centurion Way, Leyland, PR26 6TR
5. Agenda and reports to all remaining Chief Officers for information.
6. Agenda and reports to all remaining Members of the Council for information.

This information can be made available to you in larger print or on audio tape, or translated into your own language. Please telephone 01257 515118 to access this service.

આ માહિતીનો અનુવાદ આપની પોતાની ભાષામાં કરી શકાય છે. આ સેવા સરળતાથી મેળવવા માટે કૃપા કરી, આ નંબર પર ફોન કરો: 01257 515822

ان معلومات کا ترجمہ آپ کی اپنی زبان میں بھی کیا جاسکتا ہے۔ یہ خدمت استعمال کرنے کیلئے براہ مہربانی اس نمبر پر ٹیلیفون

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Customer Overview and Scrutiny Panel

Wednesday, 6 July 2005

Present: Councillor Mrs Walsh (in the Chair) and Councillors Cullens, Mrs D Dickinson, M Lees, Malpas, Russell, E Smith and Mrs J Snape

05.CUS.35 APOLOGIES FOR ABSENCE

An apology for absence was submitted on behalf of Councillor Miss Molyneaux.

05.CUS.36 DECLARATIONS OF ANY INTERESTS

No interests were declared.

05.CUS.37 MINUTES

RESOLVED – That the minutes of the meeting of the Customer Overview and Scrutiny Panel held on 8 June 2005 be confirmed as a correct record and signed by the Chair.

05.CUS.38 ITEMS REFERRED FROM OVERVIEW AND SCRUTINY COMMITTEE - DECRIMINALISATION OF PARKING ENFORCEMENT

The Panel completed the Overview and Scrutiny project outline document in draft.

RESOLVED – That a Sub-Group of the Panel meet in early August to review the draft project outline document and consider information relating to the Inquiry in more detail.

05.CUS.39 REVIEW OF RACE EQUALITY SCHEME

The Panel received the report of the Head of Corporate and Policy Services informing Members on the progress made by the Council towards the objectives set out in the Racial Equality Scheme Action Plan.

The Panel discussed the report and noted that there had been a capacity issue but it was hoped that the Executive Cabinet could confirm a new post to deal with equality and diversity shortly. A Corporate Diversity Group met on a monthly basis and the members of this Group shared tasks to achieve the set aims.

RESOLVED – That the result of the review be reported to the meeting of the Customer Overview and Scrutiny Panel in September.

05.CUS.40 OVERVIEW AND SCRUTINY WORK PROGRAMME 2005/06

The Panel considered the Overview and Scrutiny Work Programme.

RESOLVED – That the Work Programme be noted.

Chair

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CHORLEY BOROUGH COUNCIL**CUSTOMER OVERVIEW & SCRUTINY COMMITTEE****7TH SEPTEMBER 2005****ASSESSMENT FOR IMPROVEMENT/STANDARDS FOR
BETTER HEALTH UPDATE AND ACTION PLAN****Introduction**

In March 2005 the Healthcare Commission (HC) set out the final version of their arrangements for the annual assessment of healthcare organisations in a publication entitled *Assessment for improvement – the annual health check*.

NHS Trusts and Primary Care Trusts are required to meet the requirements of the HC in respect of the seven domains of *Standards for Better Health*. The domains are divided into a total of 24 core and 13 developmental standards. These are set out in full in the attached action plan (Appendix 1).

The domains are titled as follows:

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care Environment and Amenities
- Public Health

Meeting the Core Standards

NHS Trust and PCT Boards are required to make a public declaration on the extent to which their organisation meets the core standards within each of the seven domains. A draft declaration is to be made at the PCT's October Board meeting, and the final declaration will be made in April 2006. The Healthcare Commission has indicated that the declaration should be supported by comments from the representatives of patients, other partners in the health community (particularly Patient and Public Involvement Forums), Local Authorities' Overview and Scrutiny Committees and the local Strategic Health Authority.

In Chorley & South Ribble, the PCT is seeking comments from both Borough Councils and will share these with Lancashire County Council's Overview & Scrutiny Committee. All comments received will be disclosed in public at the October Board meeting and will be submitted verbatim to the Healthcare Commission.

Chorley & South Ribble PCT's Approach

In order to demonstrate evidence for its self-assessment, both in terms of internal validity and Board Assurance, Chorley & South Ribble PCT has developed and agreed an action plan (Appendix 1). Three core standards are identified on the action plan as requiring some further development and a delivery plan has been drawn up to ensure these standards will be met. A lead officer for each standard has been identified.

RECOMMENDATIONS

The comments of Local Authority Overview and Scrutiny Committees and Patient and Public Involvement Forums will greatly add to the Healthcare Commission's understanding of the views of patients and the public on the quality of care they receive.

Members are therefore asked to consider the PCTs self-assessment as at August 2005 and to make any comments they feel to be appropriate, taking into account the Healthcare Commission's guidance (reproduced at Appendix 2). Please note that at this stage, the Healthcare Commission will only be considering the core standards and not the developmental standards.

The PCT will be seeking further comments prior to the final declaration in April 2006.

**SALLY FLETCHER
DIRECTOR OF CLINICAL GOVERNANCE
CHORLEY & SOUTH RIBBLE PRIMARY CARE TRUST**

Assessment for Improvement/Standards for Better Health – Action Plan August 05

FIRST DOMAIN – SAFETY			
Domain Outcome: <i>Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients</i>			
CORE STANDARD	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD
Health care organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	<p>The healthcare organisation :</p> <ul style="list-style-type: none"> Has a defined reporting process and incidents are reported, both within the local reporting process and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System, taking into account <i>Building a Safer NHS for Patients</i> and <i>Implementing an Organisation with a Memory</i> (DoH 2001) Ensures reported incidents are analysed to seek to identify root causes and likelihood of repetition, taking into account <i>Building a Safer NHS for Patients</i> and <i>Implementing an Organisation with a Memory</i> (DoH 2001) Ensures improvement in practice are made as a result of analysis of local incidents taking into account <i>Building a Safer NHS for Patients</i> and <i>Implementing an Organisation with a Memory</i> and also as a result of information arising from the NPSA's national analysis of incidents via the National Reporting and Learning System 	<p>Ensure Incident Reporting policy is embedded</p> <p>Ensure incidents of all types are regularly reported from all disciplines of the PCT</p> <p>Ensure relevant incidents are reported to outside agencies including the NPSA</p> <p>Ensure the PCT is compliant with the requirements of <i>Building a Safer NHS for Patients</i> and <i>Implementing an Organisation with a Memory</i></p> <p>Ensure an analysis is carried out for all reported incidents and a root cause analysis for relevant reported incidents</p> <p>Establish appropriate mechanisms to effect changes to service and/or practice as a result of learning from local and national analysis of incidents</p>	Sally Fletcher Sally Fletcher
ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales	<ul style="list-style-type: none"> Ensures that patient safety notices, alerts and other communications issued by the Safety Alert Broadcast System (SABS) and Medicines and Healthcare products Regulatory Agency (MHRA) are implemented within the required timescale, in accordance with CE's bulletin article (Gateway 2326) and the drug alerts system 		Sally Fletcher Sarah Beattie

Complete

Complete

Complete

Complete

<p>C2)</p>	<p>Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Has defined and implemented effective processes for identifying, reporting and taking action on child protection issues, in accordance with the <i>Protection of Children Act 1999</i>, the <i>Children Act 2004</i>, <i>Working Together to Safeguard Children</i> (DoH 1999) and <i>Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities</i> (DoH July 2001) Works with all relevant partners and communities to protect children in accordance with <i>Working Together to Safeguard Children</i> (DoH 1999) Ensures Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties in accordance with <i>CRB disclosures in the NHS</i> (NHS Employers 2004) 	<p>Ensure the requirements of the <i>Protection of Children Act 1999</i>, <i>2004</i> are implemented and a progress report on compliance is produced for the Board</p> <p>Ensure systems are in place in compliance with the requirements of <i>Working together to safeguard children</i>, to work in partnership with relevant partners</p> <p>Ensure a robust screening system is in place for all appropriate staff as required in order to comply with the requirements of <i>CRB disclosures in the NHS</i></p>	<p>Pauline Derbyshire Helen Duncan</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
<p>C3)</p>	<p>Health care organisations protect patients by following NICE Interventional Procedures guidance</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Follows NICE interventional procedures guidance in accordance with <i>The interventional procedures programme</i> (HSC 2003/011) 	<p>Establish a system to routinely examine and implement or otherwise NICE interventional procedures and make appropriate reports to the Board</p> <p>Identify lead officers from relevant disciplines to monitor the PCT's compliance with the interventional procedures programme</p>	<p>Sally Fletcher Hazel Hughes and Alison Johnson</p>	<p>Complete</p>

	<p>Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Has taken steps to minimise the risk of healthcare acquired infection to patients, taking account of : <ul style="list-style-type: none"> ➢ <i>Winning Ways</i> (DoH 2003) ➢ <i>A matron's charter: an action plan for cleaner hospitals</i> (DoH 2004) ➢ <i>Revised guidance on contracting on cleaning</i> (DoH 2004) ➢ <i>Audit Tools for Monitoring Infection Control Standards</i> (Infection Control Nurses Association 2004) ➢ <i>Prevention of Healthcare-associated Infection in Primary and Community Care</i> (NICE 2003) • Has systems in place to ensure it contributes to year-on-year reductions in MRSA in inpatient wards, in accordance with the Local Delivery Plan (LDP) 	<p>Ensure there is a robust system in place to minimise the risk of healthcare acquired infection to patients in accordance with <i>Winning Ways</i> and other associated regulations</p>	<p>Shelagh Garnett Linda Newsham</p>	<p>Complete</p>
<p>C4a)</p>		<p>Ensure the LDP includes appropriate targets for the management of and reductions in MRSA as appropriate</p>	<p>Complete</p>	<p>Sally Fletcher John Pascoe and Linda Newsham</p>	<p>Complete</p>
<p>C4b)</p>	<p>all risks associated with the acquisition and use of medical devices are minimised</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA 	<p>Ensure there is a system in place for the management of medical devices, which ensures risks associated with the acquisition and use of medical devices are minimised in accordance with MHRA guidance and other legislative requirements</p> <p>Ensure an Annual Report on the Management of Devices is produced for the Board</p> <p>Ensure the PCT is compliant with MHRA guidance and the Medical Devices Directive</p> <p>Ensure decontamination of reusable medical devices is carried out appropriately throughout the organisation</p>	<p>Sally Fletcher John Pascoe and Linda Newsham</p>	<p>Complete</p>
<p>C4c)</p>	<p>all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Ensures reusable medical devices are properly decontaminated in appropriate facilities, in accordance with guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42 EEC 		<p>Shelagh Garnett Linda Newsham</p>	<p>Complete</p>

C4d)	medicines are handled safely and securely	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Has systems in place to ensure that medicines are handled safely and securely, taking into account <i>Building a Safer NHS: Improving Medication Safety</i> (DoH 2004) and in accordance with the statutory requirements of the <i>Medicines Act 1968</i>, the <i>Misuse of Drugs Act 1971</i> and the <i>Misuse of Drugs Act 1971 (Modification Order (2001))</i> 	<p>Ensure compliance with the requirements of <i>Building a Safer NHS: Improving Medication Safety, Medicines Act 1968</i> and the <i>Misuse of Drugs Act</i></p>	Sally Fletcher Hazel Hughes	Complete
C4e)	the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> ensures waste is properly managed to minimise the risks to patients, staff, the public and the environment, in accordance with <i>Health and Safety Executive(HSE) Guidance: Safe Disposal Of Clinical Waste (ISBN 0 7176 24927)</i> (updated publication scheduled for May 2005) 	<p>Ensure there is a waste management strategy/policy</p> <p>Ensure the PCT is compliant with the requirements of <i>the Health and Safety Executive Guidance: Safe Disposal of Clinical Waste</i>.</p> <p>Ensure risk assessments in respect of waste management are carried out as appropriate</p>	Pauline Derbyshire/Sally Fletcher John Pascoe	Complete
DEVELOPMENTAL STANDARDS	D1 Health care organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another	REQUIREMENTS To be advised	ACTION PLAN To be advised	DIRECTOR/LEAD Sally Fletcher	WHEN

SECOND DOMAIN - CLINICAL AND COST EFFECTIVENESS

SECOND DOMAIN - CLINICAL AND COST EFFECTIVENESS					
Domain Outcome: Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes					
CORE STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN	
-	Health care organisations ensure that				
C5 a)	they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Conforms to the procedures for the adoption of NICE technology appraisals in accordance with <i>Implementation of NICE guidance</i> (DoH 2004) Takes into account when planning and delivering care nationally agreed best practice as defined in NSFs, NICE clinical guidelines, national plans and nationally agreed guidance 	<p>Ensure there is a mechanism in place to routinely monitor:</p> <ul style="list-style-type: none"> NICE guidelines as issued and recommend implications for the PCT Implementation or otherwise of the interventional guidelines That NSFs and NICE clinical guidelines, national plans and nationally agreed guidance are taken into account in the planning and delivery of care 	<p>Sally Fletcher Hazel Hughes and Alison Johnson</p>	<p>Complete</p> <p>Complete</p>
C5 b)	clinical care and treatment are carried out under supervision and leadership	<p>The healthcare organisation ensures that :</p> <ul style="list-style-type: none"> All staff involved in delivering clinical care and treatment receive appropriate supervision, taking into account national guidance from the relevant professional bodies Clinical leadership is supported and developed within all disciplines 	<p>Ensure there is a system for clinical supervision in place and all clinical staff are provided with appropriate clinical supervision</p> <p>Ensure there is a mechanism in place to support and develop clinical leadership in all disciplines</p>	<p>Pauline Derbyshire Anne Gaskell, Nikki Leach and Lisa Moorhouse</p>	<p>Complete</p> <p>Complete</p>
C5 c)	clinicians continuously update skills and techniques relevant to their clinical work	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Ensures that clinicians from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work 	<p>Ensure monitoring arrangements are in place to ensure that clinicians continuously update skills and techniques relevant to their work</p>	<p>Pauline Derbyshire Anne Lewis and Val Peter</p>	<p>Complete</p>

C5 d)	clinicians participate in regular clinical audit and reviews of clinical services	<p>The healthcare organisation ensures:</p> <ul style="list-style-type: none"> Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research 	<p>Ensure all clinicians are involved in an on-going programme of clinical audit</p> <p>Ensure action plans are developed and implemented as appropriate following audit reports</p> <p>Ensure there is an appropriate mechanism in place for the review of the effectiveness of services</p>	<p><i>Pauline Derbyshire</i> Anne Lewis and Val Peter</p>	Complete
C6	Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	<p>The healthcare organisation :</p> <p>Works with relevant partner agencies to ensure that patients' individual needs are properly met and managed across organisational boundaries in accordance with <i>Guidance on the Health Act Section 31 partnership arrangements (DoH 1999)</i></p>	<p>Ensure there are appropriate mechanisms in place to ensure that patient's individual needs are properly managed and met through cooperation with partner agencies and social services</p>	<p><i>Pauline Derbyshire</i> Anne Gaskell, Nikki Leach and Lisa Moorhouse</p>	Complete
		REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
D2	Patients receive effective treatment and care that: conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery	To be advised	To be advised	<i>Pauline Derbyshire</i>	
D2	b) take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences	To be advised	To be advised	<i>Pauline Derbyshire</i>	
D2	c) are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations; and	To be advised	To be advised	<i>Pauline Derbyshire</i>	
D2	d) is delivered by healthcare professionals who make clinical decisions based on evidence-based practice	To be advised	To be advised	<i>Pauline Derbyshire</i>	

THIRD DOMAIN - GOVERNANCE

Domain Outcome:

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.

CORE STANDARDS		REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
C7 a)	Health care organisations apply the principles of sound clinical and corporate governance	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Has effective arrangements in place for clinical governance which take account of <i>Clinical governance in the new NHS</i> (HSC 1999/065) Has arrangements in place for corporate governance, that accord with <ul style="list-style-type: none"> <i>Governing the NHS: A guide for NHS Boards</i> (DoH and NHS Appointments Commission 2003) <i>Corporate Governance Framework Manual for PCTs</i> (DoH 2003 v. 6) <i>Assurance: The Board Agenda</i> (DoH 2002) <i>Building the assurance framework: a Practical Guide for NHS Boards</i> (DoH 2003) 	<p>Ensure there is a sound system of clinical governance in place</p> <p>Ensure compliance is achieved with <i>HSC 1999/065 –Clinical governance in the new NHS</i></p> <p>Ensure there is a sound system of corporate governance in place in compliance with <i>Governing the NHS: A Guide for NHS Boards</i> and other relevant DoH guidance</p>	<p>Sally Fletcher Sally Fletcher and Jill Truby</p>	<p>Complete</p> <p>Complete</p>
C7 b)	actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Actively supports staff to promote openness, honesty, probity, accountability and the economic, effective use of resources in accordance with <i>the Code of Conduct for NHS managers</i> (DoH 2002) and <i>Directions to NHS bodies on counter fraud measures</i> (DoH 2004) 	<p>Ensure policies and procedures are in place in compliance with the <i>Code of Conduct for NHS managers</i> and other relevant guidance</p>	<p>Paul Havey Paul Havey</p>	<p>Complete</p>

<p>C7 c)</p>	<p>undertake systematic risk assessment and risk management (including compliance with the controls assurance standards)</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Has effective arrangements in place for clinical governance which take account of <i>Clinical governance in the new NHS</i> (HSC 1999/065) • Has arrangements in place for corporate governance, that accord with <ul style="list-style-type: none"> ➢ <i>Governing the NHS: A guide for NHS Boards</i> (DoH and NHS Appointments Commission 2003) ➢ <i>Corporate Governance Framework Manual for PCTs</i> (DoH 2003 v. 6) ➢ <i>Assurance: The Board Agenda</i> (DoH 2002) ➢ <i>Building the assurance framework: a Practical Guide for NHS Boards</i> (DoH 2003) 	<p>Ensure there is a sound system of clinical governance in place which complies with HSC 1999/065</p> <p>Ensure there is a sound system of corporate governance in place in compliance with <i>Governing the NHS: A Guide for NHS Boards</i> and other relevant DoH guidance</p> <p>Ensure there is a comprehensive programme of risk assessment and risk management</p>	<p>Sally Fletcher Sally Fletcher</p>	<p>Complete</p> <p>Complete</p>
<p>C7 d)</p>	<p>ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources</p>	<p>This standard will be measured through the use of resources assessment</p>	<p>Ensure there is a sound system of financial management so as to ensure economy, effectiveness, efficiency, probity, and accountability in the use of resources</p>	<p>Paul Havey Paul Havey</p>	<p>Complete</p>
<p>C7 e)</p>	<p>challenge discrimination, promote equality and respect human rights</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Challenges discrimination, promotes equality and respects human rights, in accordance with current legislation and guidance, with particular regard to the <ul style="list-style-type: none"> ➢ <i>Human Rights Act 1998</i> ➢ <i>Race Relations Act 1976 (as amended)</i> ➢ <i>Equal Pay Act 1970 (as amended)</i> ➢ <i>Sex Discrimination Act 1975</i> ➢ <i>Disability Discrimination Act 1995</i> ➢ <i>Sex Discrimination (Gender Reassignment) Regulations 1999</i> ➢ <i>Employment Equality (Religion or belief) Regulations 2003</i> ➢ <i>Employment Equality (Sexual Orientation) Regulations 2003</i> <p>and takes into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission</p>	<p>Ensure the PCT's policies and procedures are in compliance with relevant legislation and that they challenge discrimination, promote equality and respect human rights</p> <p>Ensure there is a system in place for the reporting of gaps in compliance with the requirements of relevant legislation as listed</p>	<p>Judith Faux Liz Jones</p>	<p>December 2005</p> <p>December 2005</p>

C7 f)	meet the existing performance requirements set out in the annex	This standard will be measured through the existing targets assessment (Appendix 1 National Standards, Local Action)	Ensure that the targets listed under National Standards, Local Action are achieved	Paul Havey Paul Havey	Complete
	Health care organisations support their staff through				
C8 a)	having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	The healthcare organisation: <ul style="list-style-type: none"> Has arrangements in place to ensure that staff know how to raise concerns, and are supported in so doing, in accordance with The Public Disclosure Act 1998 and Whistle Blowing in the NHS (HSC 1999/198) 	Ensure there is a whistle blowing policy in place and that it is actively promoted throughout the organisation, for example at induction training	Judith Faux Liz Jones	Complete
C8 b)	organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under representation of minority groups	The healthcare organisation: <ul style="list-style-type: none"> Supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives Standard at Practice Plus level Staff from minority groups have opportunities for personal development in accordance with Leadership and Race Equality in the NHS Action Plan 	Ensure compliance with Improving Working Lives Standard at Practice Plus level Ensure compliance with Leadership and Race Equality in the NHS Action Plan (DoH 2004)	Judith Faux Liz Jones	Complete Complete
C9	Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	The healthcare organisation: <ul style="list-style-type: none"> Has systems in place to ensure that records are managed in accordance with the NHS Information Authority's (NHSIA) Information Governance Toolkit 	Ensure there is a records management strategy/policy in place and that it is implemented throughout the organisation Ensure compliance with NHS Information Authority's Information Governance Toolkit	Pauline Derbyshire Pauline Derbyshire and Sally Fletcher	Complete

	Health care organisations				
C10 a)	undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Ensures the necessary employment checks are undertaken for all staff in accordance with <i>Pre and post employment checks for all persons working in the NHS in England</i>(HSC 2002/008) and <i>CRB disclosures in the NHS</i> (NHS Employers 2004) 	Ensure compliance is achieved with HSC 2002/008 and <i>CRB disclosures in the NHS</i> by having a sound system for employment checks	Judith Faux Liz Jones	Complete
C10 b)	require that all employed professionals abide by relevant published codes of professional practice	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Requires staff to abide by relevant codes of professional practice, including through employment contracts and job descriptions Has systems in place to identify and manage staff who are not abiding by relevant codes of professional practice 	<p>Ensure there is an appropriate recruitment policy that includes the requirement for staff to comply with relevant codes of professional practice</p> <p>Ensure job descriptions and employment contracts include staff responsibility for abiding by relevant codes of professional practice</p> <p>Ensure there is a mechanism for the reporting and management of failure to abide by professional codes of practice</p>	Judith Faux Liz Jones	Complete Complete

	Health care organisations ensure that staff concerned with all aspects of the provision of health care			
<p>C11 a)</p>	<p>are appropriately recruited, trained and qualified for the work they undertake;</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Recruits staff in accordance with relevant legislation and with particular regard to the <ul style="list-style-type: none"> ➢ <i>Employment Relations Act 1996</i> ➢ <i>Equal Pay Act 1970</i> ➢ <i>Sex Discrimination Act 1975</i> ➢ <i>Race Relations Act 1976 (as amended)</i> ➢ <i>Disability Discrimination Act 1995</i> ➢ <i>Sex Discrimination (Gender Reassignment) Regulations 1999</i> ➢ <i>Employment Equality (Religion or Belief) Regulations 2003</i> ➢ <i>Employment Equality (Sexual Orientation) Regulations 2003</i> ➢ <i>Code of Practice for the International Recruitment Of Healthcare Professionals (DoH 2004)</i> • Undertakes workforce planning which aligns workforce requirements to its service needs • Ensures that staff participate in work-based training programmes necessary to the work they undertake as defined by the relevant areas of the <i>Improving Working Lives</i> standard at Practice Plus level 	<p>Carry out a mapping exercise to establish a baseline for compliance with legislative requirements of the Acts as listed opposite</p> <p>Ensure there are mechanisms in place which incorporate workforce requirements and planning to meet the organisation's service needs</p> <p>Ensure that staff are able to participate in work based training programmes as appropriate and relevant</p>	<p><i>Judith Faux</i> Liz Jones</p> <p>Complete</p> <p>Complete</p>
<p>C11 b)</p>	<p>participate in mandatory training programmes</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> • Ensures all staff participate in relevant mandatory training in accordance with the <i>Management of Health and Safety at Work Regulations 1999</i> • Ensures staff and students participate in relevant induction programmes 	<p>Ensure there is an appropriate training policy /strategy which requires all staff to participate in mandatory training</p> <p>Ensure all new staff including students attend local and corporate induction programmes</p>	<p><i>Sally Fletcher</i> Sally Fletcher</p> <p>Complete</p> <p>Complete</p>

C11 c)	participate in further professional and occupational development commensurate with their work throughout their working lives	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Ensures staff have opportunities to participate in professional and occupational development in accordance with Working together-learning for the NHS (DoH 2001) and <i>Continuing professional development: quality in the new NHS</i> (HSC 1999/154) 	<p>Ensure training reports are produced and communicated to relevant committees</p> <p>Ensure staff have opportunities to participate in professional and occupational development as appropriate</p>	<p><i>Pauline Derbyshire and Sally Fletcher</i> Pauline Derbyshire and Sally Fletcher</p>	Complete
C12	Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Complies with the requirements of the <i>Research Governance framework for health and social care</i> (DoH 2001) 	<p>Ensure compliance with <i>Research Governance framework for health and social care</i> as appropriate</p>	<p><i>Sally Fletcher</i> Sally Fletcher</p>	Complete
DEVELOPMENTAL STANDARDS		REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
D3	Integrated governance arrangements representing best practice are in place in all health care organisations and across all health communities and clinical networks	To be advised	To be advised	<i>Sally Fletcher</i>	
D4 a)	Health care organisations work together to ensure that the principles of clinical governance are underpinning the work of every clinical team and every clinical service	To be advised	To be advised	<i>Sally Fletcher</i>	
D4 b)	implement a cycle of continuous quality improvement	To be advised	To be advised	<i>Sally Fletcher</i>	
D4 c)	ensure effective clinical and managerial leadership and accountability	To be advised	To be advised	<i>Pauline Derbyshire</i>	

D5 a)	Health care organisations work together and with social care organisations to meet the changing health needs of their population by having an appropriately constituted workforce with appropriate skill mix across the community	To be advised	To be advised	To be advised	Judith Faux	
D5 b)	ensuring the continuous improvement of services through better ways of working	To be advised	To be advised	To be advised	Colette Gill	
D6	Health care organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning	To be advised	To be advised	To be advised	Paul Havey	
D7	Health care organisations work to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction	To be advised	To be advised	To be advised	Judith Faux	

FOURTH DOMAIN - PATIENT FOCUS

Domain Outcome: Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.				
CORE STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	The healthcare organisation: <ul style="list-style-type: none"> Has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment Acts in accordance with relevant equalities legislation, with particular regard to the <i>Disability Discrimination Act 1995</i>, the <i>Race Relations Act 1976 (as amended)</i> and the <i>Human Rights Act 1998</i>, to meet the needs and rights of different patient groups with regard to dignity and respect Has systems in place to identify areas where dignity and respect may have been compromised and takes action in response 	Ensure there are clear policies in place so as to ensure all staff treat patients, carers and relatives with dignity and respect at all times Ensure all staff comply with the requirements of the <i>Disability Discrimination Act 1995</i> , the <i>Race Relations Act 1976</i> and the <i>Human Rights Act 1998</i> Ensure there is an appropriate mechanism in place for the reporting of failure to treat people with dignity and respect Ensure appropriate action is taken in instances where dignity and respect have been compromised by staff	Pauline Derbyshire and Sally Fletcher Pauline Derbyshire and Sally Fletcher	Complete Complete Complete

<p>C13 b)</p>	<p>appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Has processes in place to ensure that valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with <i>Good Practice in Consent: Achieving the NHS Plan Commitment To Patient Centred Consent Practice</i> (HSC 2001/023) <i>Reference guide to consent for examination or treatment</i> (DoH 2001) <i>Families and Post Mortems: A Code Of Practice</i> (DoH 2003) <i>Seeking Consent: Working With Children</i> (DoH 2001) Ensures that patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them, in accordance with <i>Confidentiality: NHS Code of Practice</i> (DoH 2003) 	<p>Ensure there is an up-to-date Consent Policy in place</p> <p>Ensure all relevant staff have been trained in the application of the Consent Policy and associated forms</p> <p>Carry out an audit to establish compliance level and develop an action plan as appropriate</p>	<p><i>Pauline Derbyshire and Sally Fletcher</i> Pauline Derbyshire and Sally Fletcher</p>	<p>Complete</p>
<p>C13 c)</p>	<p>staff treat patient information confidentially, except where authorised by legislation to the contrary</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Ensures that staff act in accordance with <i>Confidentiality: NHS Code of Practice</i> (DoH 2003) <i>Data Protection Act 1998</i> <i>Protecting and Using Patient Information: A Manual for Caldicott Guardians</i> (DoH 1999) <i>Human Rights Act 1998</i> <i>Freedom of Information Act 2000</i> <p>when using and disclosing patients' personal information</p>	<p>Ensure all staff have received training in the requirements of the relevant Acts</p>	<p><i>Sally Fletcher</i> Sally Fletcher</p>	<p>Complete</p>

	<p>Health care organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Ensures that patients, relatives and carers are provided with accessible information about, and have clear access to, formal complaints systems in accordance with the <i>NHS (Complaints) Regulations 2004 and associated guidance</i> Provides opportunities for patients, relatives and carers to give feedback on the quality of services 	<p>Ensure there is a Complaints Policy in place</p> <p>Ensure all staff are made aware of the requirements of the <i>NHS (Complaints) Regulations 2004</i> and the associated guidance</p> <p>Ensure there is an established system in place for dealing with feedback from service users on the quality of services</p>	<p><i>Sally Fletcher</i> Angela Wiseman</p>	<p>Complete</p>
<p>C14 a)</p>	<p>are not discriminated against when complaints are made</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Has systems in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained 	<p>Ensure that there are robust systems in place so that patients, carers and relatives are not discriminated against as a result of having complained</p>	<p><i>Sally Fletcher</i> Angela Wiseman</p>	<p>Complete</p>
<p>C14 c)</p>	<p>are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery</p>	<p>The healthcare organisation:</p> <ul style="list-style-type: none"> Responds to complaints from patients, relatives and carers in accordance with <i>NHS (Complaints) Regulations 2004</i> and associated guidance Uses concerns and complaints from patients, relatives and carers, to improve service delivery, where appropriate 	<p>Ensure action plans are developed and implemented to improve service delivery as appropriate following concerns raised by service users</p>	<p><i>Sally Fletcher and Pauline Derbyshire</i> Sally Fletcher and Pauline Derbyshire</p>	<p>Complete</p> <p>Complete</p>

		<p>(This standard only applies to organisations that routinely provide patients with food)</p> <p>The healthcare organisation offers patients a choice of food in line with the requirements of a balanced diet and in accordance with the six key requirements of the <i>Better Hospital Food programme (NHS Estates 2001)</i>, reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population</p> <ul style="list-style-type: none"> Ensures that the preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance, including the <i>Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation 852/2004</i> 	<p>Develop an action plan ,where appropriate for the implementation of the six key requirements of the <i>Better Hospital Food</i> programme</p> <p>Ensure the PCT complies with the requirements of the Food Safety legislation and other related guidance</p>	<p><i>Pauline Derbyshire</i> Pauline Derbyshire</p>	<p>N/A</p>
<p>C15 a)</p>	<p>Where food is provided, health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet; and</p>	<p>The healthcare organisation ensures patients have access to food and drink 24 hours a day in accordance with the requirements of the <i>Better Hospital Food</i> programme (NHS Estates 2001)</p> <ul style="list-style-type: none"> Ensures the nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met Ensures patients requiring assistance with eating and drinking are provided with appropriate support 	<p>Develop an action plan ,where appropriate for the implementation of the six key requirements of the <i>Better Hospital Food</i> programme</p> <p>Ensure the PCT complies with the requirements of the Food Safety legislation and other related guidance</p>	<p><i>Pauline Derbyshire</i> Pauline Derbyshire</p>	<p>Complete</p>
<p>C15 b)</p>	<p>patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day</p>	<p>The healthcare organisation ensures patients have access to food and drink 24 hours a day in accordance with the requirements of the <i>Better Hospital Food</i> programme (NHS Estates 2001)</p> <ul style="list-style-type: none"> Ensures the nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met Ensures patients requiring assistance with eating and drinking are provided with appropriate support 	<p>Develop an action plan ,where appropriate for the implementation of the six key requirements of the <i>Better Hospital Food</i> programme</p> <p>Ensure the PCT complies with the requirements of the Food Safety legislation and other related guidance</p>	<p><i>Pauline Derbyshire</i> Pauline Derbyshire</p>	<p>Complete</p>

C16	<p>Health care organisations make information available to patients and the public on their services, and provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.</p>	<p>The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population, and which accords with <i>the Disability Discrimination Act 1995</i> and the <i>Race Relations Act 1976 (as amended)</i></p> <ul style="list-style-type: none"> Provides patients and where appropriate, carers (including those with communication or language support needs) with sufficient and accessible information on the patient's individual care, treatment and after care, taking into account the <i>Toolkit for Producing Patient Information</i> (DoH 2003), <i>Information for Patients</i> (NICE) and other nationally agreed guidance where available 	<p>Ensure an assessment of compliance with the <i>Disability Discrimination Act 1995</i> and <i>Race Relations Act 1976 (as amended)</i> is carried out and action plans produced as appropriate.</p> <p>Develop and provide suitable information on services provided</p> <p>Ensure information provided is in language and format relevant to the service provided</p>	<p>Sally Fletcher Sally Fletcher</p>	<p>December 2005</p>
DEVELOPMENTAL STANDARDS	DEVELOPMENTAL STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
D8	<p>Health care organisations continuously improve the patient experience, based on the feedback of patients, carers and relatives</p> <p>Patients, service users and, where appropriate, carers receive timely and suitable information, when they need and want it, on treatment, care, services, prevention and health promotion and are</p>	<p>To be advised</p>	<p>To be advised</p>	<p>Pauline Derbyshire</p>	
D9 a)	<p>encouraged to express their preferences</p>	<p>To be advised</p>	<p>To be advised</p>	<p>Pauline Derbyshire</p>	
D9 b)	<p>supported to make choices and shared decisions about their own health care</p>	<p>To be advised</p>	<p>To be advised</p>	<p>Pauline Derbyshire</p>	
D10	<p>Patients and service users, particularly those with long-term conditions, are helped to contribute to planning of their care and are provided with opportunities and resources to develop competence in self-care</p>	<p>To be advised</p>	<p>To be advised</p>	<p>Pauline Derbyshire and Shelagh Garnett</p>	

FIFTH DOMAIN - ACCESSIBLE AND RESPONSIVE CARE

Domain Outcome:

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway

CORE STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
<p>C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services</p>	<p>The healthcare organisation seeks the views of patients, carers and the local community, including those facing barriers to participation, in accordance with <i>Strengthening Accountability, patient and public involvement policy guidance - Section 11 of the Health and Social Care Act 2001</i> (DoH 2003) and, as appropriate, the associated practice guidance and the <i>Race Relations Act 1976 (as amended)</i></p> <ul style="list-style-type: none"> • Takes into account the views of patients, carers and the local community when designing, planning, delivering and improving healthcare, in accordance with <i>Strengthening Accountability, policy guidance - Section 11 of the Health and Social Care Act 2001</i> (DoH 2003) and, as appropriate, the associated practice guidance 	<p>Establish mechanism to seek the views of patients, carers and the local community, including those facing barriers to participation, in respect of designing, planning, delivering and improving health care services</p> <p>Ensure the views of patients, carers and local community is taken into account when designing, planning, delivering and improving healthcare</p> <p>Ensure compliance is achieved with all patient and public involvement policy guidance</p>	<p>Colette Gill Colette Gill and Liz Easterbrook</p>	<p>Complete</p> <p>Complete</p>
<p>C18 Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>	<p>The healthcare organisations taken steps to ensure that all members of the population it serves are able to access its services on an equitable basis, including acting in accordance with the <i>Sex Discrimination Act 1975</i>, the <i>Disability Discrimination Act 1995</i> and the <i>Race Relations Act 1976 (as amended)</i></p> <ul style="list-style-type: none"> • Has taken steps to offer patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably, taking into account <i>Building on the Best: Choice, Responsiveness And Equity in the NHS</i> (DoH 2003) 	<p>Ensure that the services provided are accessible to all members of the population served by the PCT</p> <p>Ensure services provided are in accordance with the requirements of the <i>Sex Discrimination Act 1975</i>, the <i>Disability Discrimination Act 1995</i> and the <i>Race Relations Act 1976 (as amended)</i></p> <p>Ensure there are mechanisms in place to offer patients choice in access to services and treatment, where appropriate and ensure this is offered equitably</p>	<p>Colette Gill Colette Gill</p>	<p>Complete</p> <p>Complete</p>

C19	DEVELOPMENTAL STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
	Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services	This standard will be measured under the existing targets and new national targets assessment	Ensure all targets are achieved within the specified timescale	Colette Gill Colette Gill	Complete
D11 a)	Health care organisations plan and deliver health care which reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice	To be advised	To be advised	Colette Gill	
D11 b)	maximises patient choice	To be advised	To be advised	Colette Gill	
D11 c)	ensures access (including equality of access) to services through a range of providers and routes of access	To be advised	To be advised	Colette Gill	
D11 d)	uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services	To be advised	To be advised	Colette Gill	

SIXTH DOMAIN - CARE ENVIRONMENT AND AMENITIES				
Domain Outcome: Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.				
CORE STANDARDS	REQUIREMENT	ACTION PLAN	DIRECTOR/LEAD	WHEN
<p>Health care services are provided in environments which promote effective care and optimise health outcomes by being</p> <p>a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation</p>	<p>The healthcare organisation minimises the health, safety and environmental risks to patients, staff and visitors, in accordance with <i>Health and Safety at Work and Fire Legislation</i>, the <i>Disability Discrimination Act 1995</i> and the <i>Management of Health, Safety and Welfare Issues for NHS staff</i> (NHS Employers 2005)</p> <ul style="list-style-type: none"> Protects patients, staff and visitors by providing a secure environment, in accordance with <i>NHS Estates Building Notes and Health Technical Memoranda</i> and taking account of <i>A Professional Approach to Managing Security in the NHS (Counter Fraud and Security Management Service 2003)</i> and other relevant national guidance Effectively protects its physical assets and those of patients, staff and visitors taking into account <i>A professional approach to managing security in the NHS [Counter Fraud and Security Management Service 2003]</i> 	<p>Conduct an organisation wide survey / risk assessment to ensure risks to the health, safety and environmental in respect of service users, staff and visitors are minimised and develop an action plan as appropriate</p> <p>Ensure there is organisation-wide compliance with the legislation as highlighted opposite</p> <p>Ensure there is a robust system to manage and protect the organisation's physical assets and protect patients, staff and visitors in compliance with the guidance as highlighted opposite</p>	<p>Sally Fletcher Sarah Beattie and John Pascoe</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
<p>b) supportive of patient privacy and confidentiality</p>	<p>The healthcare organisation has taken steps to provide services in environments that are supportive of patients privacy and confidentiality, including the provision of single sex facilities and accommodation</p>	<p>Ensure that in clinics and health centres care is delivered in environments which protect the privacy and dignity of service users</p>	<p>Pauline Derbyshire Lesley Dickinson</p>	<p>Complete</p>

C21	<p>Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.</p>	<p>The healthcare organisation has taken steps to provide care in well designed and well maintained environments taking into account <i>Developing an Estates Strategy (1999) Estate Code: Essential Guidance on Estates and Facilities Management(NHS Estates 2003)</i> <i>A Risk Based Methodology for Establishing and Managing Backlog (NHS Estates 2004)</i> NHS Environmental assessment tool (NHS Estates 2002) Disability Discrimination Act 1995 and associated code of practice</p> <ul style="list-style-type: none"> Provides care in an environment that meets the national specification for clean NHS premises in accordance with <i>Revised guidance on contracting for cleaning (DoH 2004)</i> and <i>A Matron's charter: an action plan for cleaner hospitals (DoH 2004)</i> 	<p>Ensure that clinics and health centres are well-maintained, in accordance with legislation and other guidance</p> <p>Ensure that clinics and health centres are appropriately cleaned in accordance with guidance</p>	<p>Pauline Derbyshire Lesley Dickinson</p>	<p>December 2005</p>
	DEVELOPMENTAL STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
D12 a)	<p>Health care is provided in well-designed environments that promote patient and staff well-being, and meet patients' needs and preferences, and staff concerns</p>	<p>To be advised</p>	<p>To be advised</p>	<p>Judith Faux</p>	
D12 b)	<p>are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections</p>	<p>To be advised</p>	<p>To be advised</p>	<p>Shelagh Garnett</p>	

SEVENTH DOMAIN - PUBLIC HEALTH				
Domain Outcome: <i>Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas</i>				
CORE STANDARDS	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN
<p>Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations</p>	<p>The healthcare organisation actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised and statutory partnerships, such as the Local Strategic Partnerships, or the CDRP partnership, taking account of <i>Choosing Health: Making Healthier Choices Easter</i> (DoH 2004) and associated implementation guidance <i>National Standards, Local Action</i> (DoH 2004) <i>Tackling Health Inequalities: A Programme For Action</i> (DoH 2003) <i>Making Partnerships Work For Patients, Carers And Service Users</i> (DoH 2004) <i>Commencement of PCTs as Responsible Authorities</i> (DoH 2004) The PCT Competency Framework (NatPaCT)</p> <ul style="list-style-type: none"> Agrees a set of priorities in relation to health improvement and narrowing health inequalities with local authorities and other organisations, which is informed by health needs, health equity audit and public service agreement targets taking 	<p>Ensure arrangements are in place for working in partnership with partner agencies including local authorities and other organisations</p> <p>Ensure the organisation complies with the legislation and guidance highlighted opposite</p> <p>Develop and agree set of priorities in relation to health improvement and narrowing health inequalities with local authorities and other organisations</p>	<p><i>Shelagh Garnett and Colette Gill</i> David Hearne and Colette Gill</p>	<p>Complete</p>

<p>C22 a)</p>		<p>account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance <i>Tackling Health Inequalities: A Programme For Action</i> (DoH 2003) <i>National Standards, Local Action</i> (DoH 2004)</p> <ul style="list-style-type: none"> Makes information on health and healthcare needs available to local authorities and other organisations, including community groups, taking account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance and <i>Making partnership work for patients, carers and service users</i> (DoH 2004) 	<p>Develop an action plan for implementation of <i>Choosing Health: Making Healthy Choices Easier</i> and the associated guidance</p>	<p>Complete</p>
<p>C22 b)</p>	<p>ensuring that the local Director of Public Health's Annual Report informs their policies and practices</p>	<p>The healthcare organisation ensures its policies and practices to improve health and reduce health inequalities are informed by the local Director of Public Health's Annual Public Health Report (APHR) taking account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance</p> <ul style="list-style-type: none"> Ensures that commissioning is informed by the local Director of Public Health's APHR taking account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance 	<p>Ensure policies and practices to improve health and reduce health inequalities are informed by the Director of Public Health's Annual Report</p> <p>Ensure the PCT's commissioning process is informed by the Director of Public Health's Annual Report</p>	<p>Shelagh Garnett and Colette Gill Shelagh Garnett and Colette Gill</p> <p>Complete</p>

<p>C22 c)</p>	<p>making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.</p>	<p>The healthcare organisation actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised and statutory partnerships, such as the Local Strategic Partnerships, or the CDRP partnership, taking account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance <i>National Standards, Local Action</i> (DoH 2004) <i>Tackling Health Inequalities: A Programme For Action</i> (DoH 2003) <i>Making partnerships work for patients carers and service users</i> (DoH 2004) <i>Commencement of PCTs as responsible authorities</i> (DoH 2004) <i>The PCT competency framework</i> (NatPaCT) agrees a set of priorities in relation to health improvement and narrowing health inequalities with local authorities and other organisations, which is informed by health needs, health equity audit and public service agreement targets taking account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance, <i>Tackling Health Inequalities: A Programme for Action</i> (DoH 2003) and <i>National Standards, Local Action</i> (DoH 2004)</p> <ul style="list-style-type: none"> • Makes information on health and healthcare needs available to local authorities and other organisations, including community groups – taking account of <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance and <i>Making partnership work for patients, carers and service users</i> (DoH 2004) 	<p>Ensure local partnerships links have been established, including Local Strategic Partnerships and Crime and Disorder Reduction Partnership.</p> <p>Ensure priorities in relation to health improvement and reducing health inequalities are agreed with local authorities and other partners</p> <p>Establish mechanisms to make information on health and healthcare needs available to local authorities, other organisations and community groups</p>	<p><i>Shelagh Garnett and Colette Gill</i> Mike Sinnott and Shelagh Garnett</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
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<p>C23</p>	<p>Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.</p>	<p>The healthcare organisation collects, analyses and makes available information on the current and future health and healthcare needs of the local population, to support the disease prevention and health promotion requirements of the NSFs and national plans</p> <ul style="list-style-type: none"> • Sets planning priorities for disease prevention, health promotion and narrowing health inequalities using information on local population health, including ethnic monitoring, and evidence of effectiveness • Commissions or provides disease prevention and health promotion services and programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness • Monitors its disease prevention and health promotion services and programmes and uses the findings to inform the planning process • Implements policies and practice to support healthy lifestyles among the workforce in accordance with <i>Choosing Health: Making Healthier Choices Easier</i> (DoH 2004) and associated implementation guidance • Has an identified lead for public health or access to public health expertise to meet its strategic and operational roles 	<p>Ensure there is a system in place for the collation and analysis of information on current and future health and healthcare needs of the local population</p> <p>Establish mechanisms for the sharing of the above information with partner agencies</p> <p>Ensure information on local population is used in planning priorities for disease prevention, health promotion and narrowing health inequalities</p> <p>Ensure there is a health promotion service and programme for the improvement of health and narrowing of health inequalities</p> <p>Ensure there is a system for the monitoring of the health promotion services and programmes which provides feedback into the planning process</p> <p>Ensure compliance with <i>Choosing Health: Making Healthier Choices Easier</i></p>	<p>Shelagh Garnett Shelagh Garnett</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
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C24	Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.	The healthcare organisation has up to date and tested plans to deal with incidents, emergency situations and major incidents in accordance with relevant guidance, including <i>Civil Contingencies Act 2004 Getting ahead of the curve</i> (DoH 2002) <i>Plan for major incidents: the NHS guidance</i> (DoH 1998) <i>Beyond a major incident</i> [DoH 2004]	Ensure there is an emergency plan in place which is regularly tested	Shelagh Garnett Arif Rajpura	Complete
DEVELOPMENTAL STANDARD	REQUIREMENTS	ACTION PLAN	DIRECTOR/LEAD	WHEN	
D13	Health care organisations	To be advised			
a)	identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role	To be advised	Shelagh Garnett		
b)	implement effective programmes to improve health and reduce health inequalities	To be advised	Shelagh Garnett		
c)	protect their populations from identified current and new hazards to health	To be advised	Shelagh Garnett		
d)	take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services	To be advised	Shelagh Garnett and Colette Gill		

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Appendix 2

Guidance on the Assessment of Core Standards

Guidance for overview and scrutiny committees and patient and public involvement forums

The Healthcare Commission has created an entirely new approach to assessing and reporting on the performance of NHS trusts. Our annual health check replaces star ratings from this year and requires NHS trusts to produce yearly self-assessments. For more information see our publications *Assessment for improvement: the annual health check* and *Criteria for assessing core standards*. There will be a summary of the annual health check available on request.

As part of the annual health check, we will measure performance by reference to the 24 core standards identified by the Government (see *National standards, local action*, Department of Health 2004).

These cover seven key areas: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities, and public health.

In the first year, a draft self-assessment (or declaration) will be produced by trusts in October, before the final version is submitted into the Healthcare Commission in April 2006. We will cross check information provided by trusts, and in some cases inspections and random spot checks will be made.

We would like local authorities' overview and scrutiny committees and trusts' patient and public involvement forums to help with this process. The experiences of your organisation will provide important feedback about views from patients or others in the local community. We expect trusts to ask you for your views. This guidance is to help you understand this process and to clarify how you can get involved.

We expect this process to develop over time and as such we are working with the Commission for Patient and Public Involvement in Health and the Centre for Public Scrutiny to look at ways to coordinate activities and share best practice. We will also be working directly with overview and scrutiny committees and patient and public involvement forums, testing the current process and developing it for future years.

General

- We encourage all trusts to seek views from overview and scrutiny committees and patient and public involvement forums at an early stage. When the trust asks you for comments, it may also wish to share the contents of its proposed declaration with you, in order to help develop a more rounded declaration.
- Overview and scrutiny committees and patient and public involvement forums may wish to consider how their activities and regular work planning can, in future years, contribute to the annual health check. It is not our intention to create any additional work burden for your organisation but instead tap into existing activities and encourage better joint planning across organizations.

Declaration

All trusts will be required to ask overview and scrutiny committees and patient and public involvement forums to comment on the trust's performance against core standards. Whilst your organisation is under no compulsion to provide comment, your thoughts on issues that you have scrutinised or monitored will provide us with important and useful feedback from the community or the experiences and perspectives of patients, which will help demonstrate whether trusts are meeting the standards.

Some trusts have more than one overview and scrutiny committee in its catchment area. In those cases it will contact every relevant overview and scrutiny committee, based on the distribution of the population that uses its services. Your organisation may also request that a trust invites comments from you. If you do this, the trust will contact you along with its other local partners. In some locations, overview and scrutiny committees have joint working arrangements, where this is the case the trust may wish to use those arrangements in gaining your comments.

Members of the overview and scrutiny committees and patient and public involvement forums are not expected to have in depth, expert knowledge about all the services that a trust is providing and is being assessed on. The aim of your involvement is to provide a 'reality check' on the assessment and to demonstrate the links between services and the experience of local people.

Your organisation is welcome to comment on any aspect of the performance of a trust against any of the core standards. We have provided some additional guidance for you which lists a number of standards that we would particularly welcome comments on along with some questions which trusts will ask you to consider when making your comment.

You may wish to, but are not obliged to, limit comments to those areas where your organisation has undertaken reviews or monitored services, or where there has been substantial discussion between the trust and your organisation. This is entirely acceptable, as we do not want to generate additional work for your organisation.

Where there is a good working relationship between the overview and scrutiny committee and patient and public involvement forum, or where there has been joint work or work focusing on the same issues, it may be helpful for both organizations to discuss their draft responses to the declaration together before submitting them.

Where your organisation makes specific comments about an aspect of the performance of the trust, you should be able to support this with reference to your work. However, your organisation will not be required to provide any supplementary evidence with the comments you make to the trust.

If an overview and scrutiny committee or a patient and public involvement forum considers that it is unable to make any comments on the declaration, this will be accepted and neither the trust nor your organisation will be criticised for this.

The trust is required to incorporate any comment your organisation makes unedited in their submission to us.

Trust boards are required to include their declaration in the public part of a board meeting before they submit the declaration in April. The declaration should then be published.

Cross checking

The Healthcare Commission will check the declaration by looking at a number of things relating to the trust including:

- comments made by overview and scrutiny committees and patient and public involvement forums
- routine information about how well it performs, derived from data sets that have national coverage

- complaints made about the organisation
- Healthcare Commission's surveys of patients and staff
- Healthcare Commission's own activities such as investigations
- information obtained from other regulators and review agencies

We do not expect to contact overview and scrutiny committees and patient and public involvement forums during this stage, although we may do so to clarify a comment if necessary.

Selective inspection

If the Healthcare Commission identifies that there is a risk of not meeting a standard, highlighted by the cross checking process, it will be discussed with the trust and we may visit them as part of the selective inspections. The discussions may include overview and scrutiny committees and patient and public involvement forums, particularly if they have made comments on the specific standard.

Your point of contact with the Healthcare Commission will be your local area team or the regional office. Where we contact your organisation, this will be done through our local staff so that comments are better informed by local knowledge and an understanding of local partners.

Reporting

Finally, the Healthcare Commission will decide how well the trust is doing and award it a performance rating taking into consideration the declaration, the cross checking and any inspections that have taken place. A final report will be issued in October.

Draft declaration

For 2005/2006, there will be a draft declaration to help organisations improve services and decide on priorities and implement plans to achieve any progress necessary to meet any standards prior to April 2006. The process for overview and scrutiny committees and patient and public involvement forums will be the same as with the final declaration.

Patient and public involvement forums and overview and scrutiny committee questions

The comments of local authorities' overview and scrutiny committees and patient and public involvement forums will greatly add to the Healthcare Commission's understanding of the views of patients and the public on the quality of care they receive. In order to assist your organisation in providing us with your comments there are some key points that may be useful to consider:

- we are interested in all your organisation's comments and, therefore, you should consider areas of good practice as well as any areas for improvement
- trusts are being asked to comment on their performance against the 24 core standards published in National standards, local action (Department of Health 2004). However, trusts will not need to comment on certain standards:
 - C7d, C7f and C19. These relate to financial management, existing performance requirements and access to services with nationally agreed timescales. We intend to assess performance against these standards separately for all trusts
 - C15, regarding provision of food for patients, is not relevant to ambulance trusts and should not be included on their declaration. However, as commissioners of services, we would expect this to apply to all PCTs
- you may wish to comment on specific parts of the standards or on an element of a standard that we have outlined in our document Criteria for assessing core standards. If you do, please note the element or part of the standard along with your comments
- we are asking trusts to declare their performance against the core standards for the period April 1st to March 31st
- your organisation may have undertaken work that comments directly or indirectly on the performance of the trust against the core standards and you may wish to use this to support any comments you might make
- while your views are valuable to us there is no obligation on your organisation to comment on the performance of the trust against any or all of the standards

You may comment on any aspect of the performance of the trust against the core standards and in doing so you might find it useful to consider the following questions:

1) Is there any aspect of the trust's performance against core standards that your organisation wishes to make known to the Healthcare Commission?

2) There are a number of standards that may be directly relevant to the work of your organisation. These include:

- standard C17, which relates to the involvement of patients and public in designing, planning, delivering and improving services

- standards C13 to C16, which include the treatment of patients with dignity and respect, providing access for patients to suitable information about the services they receive and the trust's complaints process, and the choice, availability and suitability of food

- standards C22 to C24, which outline issues of public health

Does your organisation wish to comment specifically on the trust's performance against these standards?

Report of	Meeting	Date
Assistant Head of Customer Services	Customer Overview and Scrutiny Panel	7 September 2005

ONE STOP SHOP INQUIRY FOLLOW-UP REPORT

PURPOSE OF REPORT

1. To report to the Panel the actions taken following their recommendations made to Executive Cabinet on 30 June 2004.

BACKGROUND

2. The Panel carried out an enquiry to assess the effectiveness of the newly implemented One Stop Shop and to identify improvements, which would benefit both the Customer and the Workforce.
3. The report is set out as comments against the recommendations of the Panel.

No.	Aim/Objective	Action Taken
1.	That after consideration of the evidence presented to the Panel, the One Stop Shop has been effective in improving Customer Service	Acknowledged. The service will continue to focus on improving the customer experience.
2.	To consider further the feasibility of the Planning Officer on Customer Services duty to be based from within the One Stop Shop.	Meeting in May with Development Control where this issue was put forward. Development Control Manager was on sick leave and so no decision was made. The proposals were taken away for consideration. Another meeting set for August needed to be cancelled. This will be rearranged on return of the officers concerned.
3.	To consider amendments to the arrangements for 'on duty' planning officers to address the issues of customers having to wait.	As above.
	Security	
4.	To let staff know how often the panic buttons are tested.	Civic Services staff test the alarms on a monthly basis. The Panic Alarm procedure has been updated with this information and all staff have been advised. The updated procedure has been posted on the intranet and is included in the induction of new staff.
	Training	
5.	To have Customer Services Advisors, in particular the supervisors, join in on	Agreement already in place with Revenues and Benefits that they will alert us when training

Continued...



	regular training sessions and new starters to have training with the back office sections, such as Revenues and Benefits and Planning Services.	sessions are relevant to the level of service which we provide. Attendance has been by Team Leader and training cascaded to customer advisors. Advisors recently spent extended periods working out of Environmental Services in preparation for the service being introduced into the call centre. This proved to be extremely successful and the same principles will be used in respect of existing services such as Revenues and Benefits and Development and Building Control, with their agreement.
6.	To train some Customer Services staff to a higher level in certain services to serve as reference points within Customer Services.	Some CS staff came from specific service areas, eg. Housing, Benefits and Planning Admin and so there is already a reference point for each of these services. The attendance of the above training sessions will ensure that the staff concerned keep their knowledge up-to-date. The impact of this on the Progression scheme will need to be considered.
No.	Computerised Systems and Dialogues	Action Taken
7.	To establish a policy to ensure that the dialogues are kept up-to-date for all services provided by the One Stop Shop.	Work is taking place on the range of dialogues to ensure that they are compatible with all access channels. It has been generally established and agreed that dialogues are the responsibility of/owned by the service providers and amendments and additions are made by them. This will be confirmed by the acceptance of a draft SLA which has been drawn up.
8.	To clarify the point where the customer query requires back office attention.	The dialogues currently indicate where a query needs to be referred to a service provider. Any lack of clarity can be addressed in detail during regular monthly meetings with service providers.
9.	To load the Planning software on more than one computer in the One Stop Shop.	This has been considered along with the alternative of using Planning Online, the web-based service. Planning Online is accessible from all the workstations in the One Stop Shop and it appears to provide sufficient information for the current level of service provided by the advisors, and has no licence or financial implications.
	External Publicity	
10.	To promote the use of the Chorley Borough Council Internet site to access information and services.	There is an established web-address strapline which is included on all Council documentation. The internet site is also referred to in the call centre waiting messages and publicised on the plasma screen in the One Stop Shop. Further work is scheduled for improving the web site and will present an opportunity to extensively promote this once in operation.
11.	To publish frequently asked questions (FAQs) in the One Stop Shop on the different services provided, potentially via the plasma screen.	The dialogues in use in the One Stop Shop provide more information than FAQs, as well as capturing information. Some information is already available on the plasma, eg. Different ways to pay. Work is being carried out to provide

		information on other services via the plasma.
12.	To increase the advertisement of facilities available at the One Stop Shop, for example a leaflet to libraries or an article in Chorley Borough News.	An article advertising the services provided from partnership working (PALS DWP CAB) appeared in the July edition of Chorley Borough News and Tenants News and Views. Further article in September Chorley Borough News.
	Internal Information	
14.	To produce a breakdown of the range of enquiries To Customer Services between Revenues and Benefits, Planning Services etc to aid future service provision.	Team Knowledge software in use already provides this information in a limited form, as does the Callplus software in use in the call centre. The imminent introduction of CRM will allow far more detailed information in this area.
15.	To record the number of queries requiring back office resolution.	Again TK already provides this, and CRM will allow more detailed reporting.
16.	To record the numbers of Black and Minority Ethnic customers to aid future comparisons.	CRM will allow this information to be recorded. However there is concern on how readily customers will provide this information during their contact with Customer Services.
17.	To set up a One Stop Shop user group with management and staff from all of the Council's Service Units involved and a Member of the Customer Overview and Scrutiny Panel.	An initial, introductory meeting of the Customer Focus Group was held at the end of May. All services were represented except Housing. This was well received and it was proposed that meetings are held quarterly and include a cross-section of staff. The invitation for the next meeting to include a representative of the Overview and Scrutiny Panel. Would a particular member of the panel like to be involved?
	Service for Customers with Disabilities	
18.	To use footsteps/arrows to direct customers to Fast Track Reception.	There have been difficulties in sourcing these and the search continues.
19.	To train staff in basic sign language and to liase with deaf organisations on other ways to provide services to deaf customers, such as the provision of sign language interpreters by appointment by an external or internal identified resource.	An existing member of staff is already a trained signer working in the Union Street offices who has been called on previously and is happy to provide continued support if called upon. Some Customer Services staff have expressed an interest in this area and have a basic knowledge. HR have been consulted, however there has been difficulty finding a suitable course.
20.	To make the internal entrance and exit doors to the One Stop Shop more accessible, potentially by making the doors semi-automatic push button operated.	An estimated cost has been established. We are currently working to a specification which is still to be agreed by all parties. A site meeting took place on 4 August. Property Services have considered quotations from 4 companies and have identified a possible successful one. Final agreement to be reached w/e 2 nd September. Work can then be arranged.
21.	The layout of Interview Room Three to be reconsidered.	This has been carefully considered. However, the only option would be to change the door to open outward which would impact upon the queuing and reception areas. Any change has therefore been ruled out.
22.	To provide a disabled parking space in the vicinity of the One Stop Shop.	Disabled parking with the appropriate badge is currently permitted on both streets either side of the Union Street offices. The Parking manager is currently investigating the possibility of using the

		coach bay at the front of the building as disabled parking.
	Services for Black and Ethnic Communities Customers	
23.	To advertise the 'Language Line' service	This service is advertised at Reception and on the plasma screen in the One Stop Shop. An article promoting the service is planned for the next edition of Chorley Borough News.
24.	To target Black and Minority Ethnic communities for open evening events in the One Stop Shop and promotion of facilities available in the community.	A meeting has been held with the Community Development Co-ordinator to arrange weekly surgeries in the One Stop Shop. The first of these is on 7 th September. These will be publicised and the possibility of evening sessions considered.
	Progress on the Development of the Lancashire Shared Services Contact Centre	
25.	To extend the opening hours to provide additional ease of use for in-work customers eg. Appointments outside opening hours and extended hours phone lines.	Phone lines in the call centre are currently open from 8am until 6pm. Once Partnership protocol is in place additional access to services and the treatment of overspill calls can be agreed.
26.	To introduce text phone facilities for people with speech and hearing difficulties.	It is planned to discuss this further with the SSCC partnership to look at how members are delivering this facility in their Contact Centres.
27.	To support progress on the implementation of the Lancashire Shared Services Contact Centre to publicise the services available.	This is a seven year project and we will continue to support and lead on this most important initiative for the Council and it's customers.

RECOMMENDATION(S)

4. That the report be noted.

ASIM KHAN
ASSISTANT HEAD OF CUSTOMER SERVICES

There are no background papers to this report.

Report Author	Ext	Date	Doc ID
Asim Khan	5448	26 August 2005	NEWREP

Report of	Meeting	Date
Head of Corporate and Policy Services	Customer Overview and Scrutiny Panel	7 September 2005

REVIEW OF RACE EQUALITY SCHEME AND CORPORATE EQUALITIES PLAN

PURPOSE OF REPORT

1. To inform Members of progress made by Chorley Borough Council towards the objectives set out in the Corporate Equalities Plan, since the update given at the Panel meeting of 6 July 2005. To inform Members of the review recently undertaken of the relevance of Council services to race, gender and disability.

CORPORATE PRIORITIES

2. This report addresses issues concerning our priority of investing in our customers.

RISK ISSUES

3. The report contains no risk issues for consideration by Members.

SUMMARY OF PROGRESS MADE TOWARDS THE ACTIONS OUTLINED IN CHORLEY BOROUGH COUNCIL'S CORPORATE EQUALITIES PLAN

4. Development of an Equality Access Framework

Outcome: To assess current performance and policies for impact assessment, as per RES.

An update of the relevance review in relation to the services Chorley Borough Council provides has recently been undertaken and published on the website.

The Equality Impact Assessment (EqIA) Framework was revised following comments received after the April/May 2005 training delivered to Senior and Middle Managers, and was published in July 2005. Further training sessions are being held in September/October 2005 for any Managers who are new to the authority, or who missed the earlier training, plus any of their staff who will assist them in the assessment process.

The first EqIA has been carried out in Planning Policy, on the Statement of Community Involvement. A meeting is to be held in September 2005 with the consultant employed to deliver the training, in order to explore the completed EqIA, and ensure that we are following the process correctly.

5. Housing Issues

Outcome: Issue addressed as part of Best Value Review.

Some headway has been made into monitoring ethnicity since the Orchard system was installed, and a tenant profile is currently being put together.

6. Training for Staff and Elected Members

Outcome: Ensure all staff are aware of their responsibilities in relation to equalities and how they can contribute to the Council's aims and Objectives.

Training events on general awareness of equality and diversity are being rolled out corporately for staff during August and September 2005. Separate sessions for Councillors are being planned for September/October 2005.

7. Recruitment, employment and retention issues

Outcome: Examination of any areas where there can be improvement in the way that the Council operates these policies.

An Equality and Diversity in Employment Policy has recently been introduced. In addition, the authority has introduced a Young Persons Development Scheme to assist in reflecting the community greater through a more diverse workforce.

8. Extension to Chorley Cemetery

Outcome: Ensure that Burial services meet the needs of the Black and Ethnic Minority community.

Since the report of 6 July 2005, the following works have been carried out at the Cemetery:

- Paths in phase one are complete to finished stone level.
- Landscaping and seeding is complete to areas that have been disturbed by the works.
- Construction of the platform will be underway before the end of August 2005.
- Consultation has started for changes to existing cemetery rules.
- To prevent vandalism, there has been a change of specification for the cabin to metal, and prices are being requested for its supply.

9. Community Development

Outcome: Developing the capacity of ethnic groups

We are working in partnership with Chorley and South Ribble Primary Care Trust to audit, and then develop, the capacity of the ethnic minority community.

10. Benefits Service

Outcome: Ensuring Equality of Access to the Service.

In April 2005, the Benefits team used information supplied by the Pension Service to identify pensioners who are in receipt of Guaranteed Credit, but who were not in receipt of Council Tax Benefit or Housing Benefit. 228 were contacted, and 71 responded – the result being their Council Tax bill reduced. This work was supported by a piece in the local press.

In June 2005, information was sent to registered child care providers to encourage Housing and Council Tax Benefit claims amongst working parents who, in some circumstances, have the charges they pay for child care deducted from the income used in the calculation of benefit. This work will also be supported by an advert in the next edition of Chorley Borough News.

Community groups and tenants' associations have been contacted and there was an initial presentation in Heath Charnock week commencing 15 August 2005, with others planned for September 2005.

In addition to the monthly telephone survey of 1% of customers (in which they are asked how accessible they found the offices and service), Benefits staff attend quarterly meetings attended by Housing Associations, Job Centre Plus, Citizens Advice Bureau and Welfare Rights, to ensure that customers obtain access to the benefits service.

11. Leisure and Culture

Outcome: Develop monitoring systems for participation levels of different groups; discover problems that may prevent participation.

An adult disability sports club has been established at All Seasons Leisure Centre. This follows the hugely successful disability sports club for young people – the Chorley Wildcats. All Seasons Leisure Centre is bidding to be accredited as an Inclusive Fitness Initiative (IFI) centre – one of a few in the North West.

12. Other Actions

There is no further update on the progress reported on 6 July 2005 with respect to the following actions:

- Complaints procedure to monitor disability, ethnicity and gender of complainant - Outcome: Identify areas of poor service provision for those user groups.
- General Access to Services - Outcome: Results of monitoring via service plans.
- Racist Incidents - Outcome: Ensure reporting of Racist Incidents is user friendly and confidence in support is achieved.

UPDATE OF THE RELEVANCE REVIEW 2005

13. An update of the Equality Scheme Relevance Review in relation to the services Chorley Borough Council provides has recently been undertaken and published on the website. It will also be included in the Race Equality Scheme, to be updated by January 2006. A copy of the relevance review is attached with this report.

From the Equality Scheme Relevance Review 1 June 2005 to 31 May 2008, a list has been drawn up to prioritise the functions/policies contained therein for review, via an Equality Impact Assessment. A copy of the list, together with the criteria for prioritisation, is attached with this report.

Members are requested to consider the list and inform the Head of Corporate and Policy Services if there is anything therein with which they do not agree. This list is also being sent for consultation to Service Heads, the Corporate Diversity Group, the Chorley Partnership, the Disability Forum, the Asian Women's Forum, the Muslim Welfare Society and the Ethnic Minorities Consultative Committee for feedback by 30 September 2005.

COMMENTS OF THE HEAD OF HUMAN RESOURCES

14. HR support the work being carried out in relation to the Race Equality Scheme and Corporate Equalities Plan.

COMMENTS OF THE DIRECTOR OF FINANCE

15. This report does not raise any new financial considerations beyond those already agreed by the Council, and included in current budgeting projections.

RECOMMENDATION(S)

16. Members are invited to comment on the report.

TIM RIGNALL

HEAD OF CORPORATE AND POLICY SERVICES

Background Papers			
Document	Date	File	Place of Inspection
Corporate Equalities Plan, incorporating the Race Equality Scheme	January 2003	-	Intranet address: http://www2.intranet.chorley.gov.uk/section.asp?catid=12172&docid=14038
Chorley Borough Council Equality Scheme Relevance Review 1 June 2005 to 31 May 2008 (DRAFT)	August 2005	-	Internet address: http://www2.intranet.chorley.gov.uk/section.asp?catid=12172&docid=14038
Chorley Borough Council Draft Timetable of Equality Scheme Functions/Policies for Review 1 June 2005 to 31 May 2008 (DRAFT)	August 2005	Filed electronically in the Corporate and Policy Services Diversity file	Corporate and Policy Services

Report Author	Ext	Date	Doc ID
Tim Rignall	5140	19/08/05	Report on RES Update August 05

Chorley Borough Council Equality Scheme Relevance Review 1 June 2005 to 31 May 2008- DRAFT

Function / Policy	Race		Disability		Gender	
	Relevance	Priority	Relevance	Priority	Relevance	Priority
<u>Corporate and Policy Services</u>						
Community Safety	M	M	M	M	L	L
Complaints Procedure	M	M	M	M	L	L
Production of Community Strategy/LA21	H	H	H	H	H	H
Strategic and Service Planning	H	H	H	H	H	H
Performance Indicators	L	L	L	L	L	L
Best Value	H	H	H	H	H	H
Community Consultation	H	H	H	H	H	H
Customer Care	H	H	H	H	H	H
Equal Opportunities	H	H	H	H	H	H
<u>CuDOSS</u>						
Civic Buildings	L	H	H	H	L	H
Member Services	H	M	H	M	M	M
Elections	H	H	H	H	M	H
Electoral Registration	H	H	H	H	M	H
Mayoral	M	L	M	L	M	L
Committee Admin	H	M	H	M	H	M
Lancastrian	H	H	H	H	L	H
Customer Services	H	H	M	H	M	H
FOI and DPA	L	L	L	L	L	L
Information Management	L	L	L	L	L	L
<u>Economic Regeneration</u>						
<u>Economic Development</u>						
Business Assistance	M	M	M	M	L	L
Inward Investment Promotion	L	M	L	L	L	L

Town Centre Support	M	M	L	L	L	L	L	L
Regeneration								
Countryside Management	L	L	L	L	L	L	L	L
Derelict Land Reclamation	L	L	L	L	L	L	L	L
Nature Reserves	M	L	M	L	L	L	L	L
Environmental Enhancement - Urban	M	L	L	L	L	L	L	L
Environmental Enhancement - Rural	M	L	L	L	L	L	L	L
Heritage Conservation	M	M	L	L	L	L	L	L
Town Centre Strategy	H	H	M	M	M	M	M	L
Transport	H	H	M	M	M	M	M	L
Major Projects	L	L	L	L	L	L	L	L
Preparation/Submission of Bids	L	L	L	L	L	L	L	L
Partnership/Outside Bodies	L	L	L	L	L	L	L	L
Environmental Services								
Recycling/Refuse	L	H	M	H	L	L	L	H
Public Conveniences	L	L	M	L	M	L	M	L
Environmental Protection	L	M	L	M	L	L	L	M
Food Safety	H	M	L	M	L	L	L	M
Occupational Health	L	L	M	L	L	L	L	L
Pest Control	L	L	L	L	L	L	L	L
Animal Welfare	L	L	L	L	L	L	L	L
Neighbourhood Warden Service	M	H	L	H	L	L	L	H
Finance								
Benefits Service and associated policies	H	H	H	H	H	L	L	H
Access to Information	H	H	H	H	H	L	L	L
Collection of Debts	L	H	L	H	L	L	L	H
Concessionary Travel	L	L	L	L	L	L	L	L
Financial Systems Strategy	L	H	H	H	H	L	L	H
Financial Strategy	L	H	L	H	L	L	L	H
Anti-Fraud and Corruption	L	H	L	H	L	L	L	H

Exchequer Services	H	H	H	H	H	H	H	L	L	L
Payroll	L	M	H	H	M	L	M	L	L	M
Housing Services										
Council House Rents	L	L	L	L	L	L	L	L	L	L
Council House Allocations	H	L	H	H	L	L	H	H	L	L
Cotswold Homeless Hostel	M	M	M	M	M	M	M	M	M	M
Sheltered Housing Schemes	M	L	L	L	L	L	L	L	L	L
Repairs and Maintenance	L	L	L	L	L	L	L	L	L	L
Housing Renewal Grants	M	M	M	M	M	M	M	M	M	M
Adaptations for Disabled Persons	H	H	H	H	H	H	H	L	L	L
Low Cost Housing	H	H	H	H	H	H	H	H	H	L
Tenant Support Services	L	M	L	L	L	L	L	L	L	M
Lifeline Units	L	L	L	L	L	L	L	L	L	L
Tenant Participation	H	H	L	L	L	L	L	L	L	L
Estate Management	H	H	H	H	H	H	H	L	L	L
Home Energy Efficiency	L	L	L	L	L	L	L	L	L	L
Housing Strategy	M	L	L	L	L	L	L	L	M	L
Housing Business Plan	M	L	L	L	L	L	L	L	M	L
Supporting People	M	M	M	M	M	M	M	L	L	L
Domestic Violence	H	H	H	H	H	H	H	H	H	H
Homelessness	H	L	L	L	L	L	L	L	L	M
Private Sector Housing Standards	H	L	L	L	L	L	L	L	L	L
Proposed Housing Stock Transfer	H	L	L	L	L	L	L	L	L	L
HR										
Absence	L	H	M	M	H	H	M	L	L	H
Alcohol and substances Policy	L	H	L	L	H	H	L	L	L	H
Bullying & Harassment	H	H	H	H	H	H	H	H	H	H
Capability Policy	M	M	M	M	M	M	M	M	M	M
Change Management	L	L	L	L	L	L	L	L	L	L
Disciplinary	L	H	L	L	H	L	L	L	L	H

First Aid Payments	L	L	L	L	L	L	L	L	L
Flexible Working	L	M	L	L	H	L	L	H	H
Flexitime	L	M	M	L	M	L	L	M	M
Grievance	H	H	H	H	H	H	H	H	H
Grievance for Leavers	M	M	M	M	M	M	M	M	M
Information & Consultation	M	L	M	M	L	M	M	L	L
Maternity	L	L	L	M	L	L	L	H	M
Maternity Support & Paternity Leave	L	L	L	M	L	M	L	H	M
Parental Leave & Adoption	L	L	L	M	L	M	L	H	M
Redundancy	L	H	L	L	H	L	L	L	H
Special Leave	L	L	L	M	L	M	L	M	L
Stress Guidelines	L	H	L	L	H	L	L	L	H
Whistleblowing	L	M	L	M	L	L	L	M	M
V time (Flexible working with option to return to existing hours)	L	L	L	L	L	L	L	L	L
Agency Staff	L	L	L	L	L	L	L	L	L
Annual Leave	L	L	L	L	L	L	L	L	L
Casuals	L	L	L	L	L	L	L	L	L
Code of Conduct for employees	H	H	H	H	H	H	H	H	H
Diversity & Equality	H	H	H	H	H	H	H	H	H
Induction Pack	L	L	L	L	L	L	L	L	L
Internet and e-mail acceptable use policy	L	L	L	L	L	L	L	L	L
Recruitment and Selection Code of Practice	H	H	H	H	H	H	H	H	H
Relocation Scheme	M	L	L	M	L	M	L	M	L
Reward and Recognition	H	L	L	H	L	H	L	H	L
Travel and Subsistence	L	L	L	L	L	L	L	L	L
Work Life Balance Policy	M	H	L	M	H	M	L	M	H
ICT Services									
Desktop ICT support	L	L	L	L	L	L	L	L	L
Business Process Transformation Support	M	L	M	L	M	L	L	L	L
Project Support	L	L	L	L	L	L	L	L	L

Telephony Provision & Support	M	M	M	M	M	L	L	L
ICT Information Security Policy	L	L	L	L	L	L	L	L
Customer Focussed Access & Service Design Strategy	H	H	H	H	H	L	L	L
ICT infrastructure support	L	L	L	L	L	L	L	L
ICT Procurement	L	L	L	L	L	L	L	L
ICT Security	L	L	L	L	L	L	L	L
ICT Strategic development	L	L	L	L	L	L	L	L
Web development	M	L	M	L	L	L	L	L
Systems integration	L	L	L	L	L	L	L	L
Software development	L	L	L	L	L	L	L	L
Legal Services								
Licensing Act 2003	H	H	H	H	H	L	L	L
Other Licensing including Hackney and Private Hire	H	H	H	H	H	L	L	L
Whistleblowing	M	M	M	M	M	M	M	M
Corporate Procurement Strategy	M	M	M	M	M	L	L	L
Leisure and Cultural Services								
Arts Development	H	L	H	L	H	L	H	L
Sports Development	H	L	H	L	H	L	H	L
Community Development	H	L	H	L	H	L	H	L
Astley Hall Museum & Art Gallery	H	M	H	M	H	M	H	M
Community Centres	H	M	H	M	H	M	H	M
Community Legal Service	H	L	H	L	H	L	H	L
Young People's Activities	H	H	H	H	H	H	H	H
Yarrow Valley Country Park	H	M	H	M	H	M	H	M
Duxbury Park Golf Course	H	H	H	H	H	H	H	H
Leisure Management	H	H	H	H	H	H	H	H
Cultural Strategy	H	H	H	H	H	H	H	H
Tourism	H	L	H	L	H	L	H	L

<u>Planning Services</u>									
Development Control	M	L	M	M	L	M	L	L	L
Building Control	M	L	M	M	L	M	L	L	L
Planning Policy	M	M	M	M	M	M	M	M	M
<u>Property Services</u>									
Maintaining property records	L	L	L	L	L	L	L	L	L
Purchase of property	L	L	L	L	L	L	L	L	L
Management of property	H	M	H	M	H	M	H	H	M
Letting & sale of property	H	M	H	M	H	M	H	H	M
Maintenance of Council buildings	L	L	L	L	L	L	L	L	L
Access to Council buildings	L	L	L	H	H	H	H	L	L
Development projects	L	L	L	H	H	H	H	L	L
Market stall lettings	H	M	H	M	H	M	H	H	M
Market management	H	M	H	M	H	M	H	H	M
Charity stall letting	H	M	H	M	H	M	H	H	M
Disability Liaison Group	L	L	L	H	H	L	L	L	L
<u>Public Space Services</u>									
Highway and drainage contractor	L	L	M	L	L	M	L	L	L
Winter maintenance contractor	L	L	M	M	L	M	L	L	L
Bereavement Services	H	H	H	L	H	L	L	H	L
Grounds and play areas maintenance contractor	L	L	M	L	L	M	L	L	L
Sports pitches maintenance	L	L	M	L	L	M	L	L	L
Parks and recreation grounds	H	M	H	M	H	M	H	H	L
Street cleansing	L	L	L	L	L	L	L	L	L
Transport management	L	L	H	L	L	H	L	L	L
Tree works	L	L	M	M	L	M	L	L	L
Landscaping	L	L	M	M	L	M	L	L	L
Open spaces, sports pitches	L	L	H	M	H	M	L	L	L
Play areas	L	L	H	M	H	M	L	L	L
Special events	L	L	M	L	M	L	L	L	L

Highway maintenance	L	L	H	M	L	L
Winter maintenance	L	L	M	L	L	L
Street lighting	L	L	M	L	L	L
Parking	L	L	M	M	L	L
Statutory highway matters	L	L	L	L	L	L
Traffic management	L	L	L	L	L	L
Accident investigation and prevention	L	L	L	L	L	L
Land drainage	L	L	L	L	L	L
Highway improvement schemes	L	L	M	L	L	L
Engineering Design	L	L	M	L	L	L
Allotments	L	L	M	M	L	L

Key: H = High, M = Medium, L = Low.

Timetable for Review

Each function/policy will be assessed, using the Council's Equality Impact Assessment Framework and Guidance, according to the following timetable:

Any function/policy classed as being of High relevance and/or High priority in relation to race and/or disability and/or gender will be reviewed by 31 May 2007.

Any function/policy classed as being of Medium relevance and/or Medium priority in relation to race and/or disability and/or gender will be reviewed by 31 May 2008.

Document Status

This document is in draft, currently undergoing consultation with Members, the Local Strategic Partnership, the Corporate Diversity Group, and various local community groups.

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**Chorley Borough Council Draft Timetable of Equality Scheme Functions/Policies for
Review 1 June 2005 to 31 May 2008**

From the Equality Scheme Relevance Review 1 June 2005 to 31 May 2008, the functions/policies contained therein have been prioritised for review, via an Equality Impact Assessment, using the following criteria:

- Any function/policy classed as being of High relevance *and/or* High priority in relation to race *and/or* disability *and/or* gender has been classed overall as High priority for review.
- Any function/policy classed as being of Medium relevance *and/or* Medium priority in relation to race *and/or* disability *and/or* gender has been classed overall as Medium priority for review.
- Any function/policy classed as being of Low relevance *and/or* Low priority in relation to race *and/or* disability *and/or* gender has been classed overall as Low priority for review.

Any function/policy classed overall as High will be reviewed by 31 May 2007 and any function/policy classed overall as Medium will be reviewed by 31 May 2008.

List of Functions/Policies for Review

NB the list indicates the Unit responsible for each function/policy.

List of Functions/Policies Classed Overall as High Priority for Review

Corporate and Policy Services

Production of Community Strategy/LA21

Strategic and Service Planning

Best Value

Community Consultation

Customer Care

Equal Opportunities

CuDOSS

Civic Buildings

Member Services

Elections

Electoral Registration

Committee Admin

Lancastrian

Customer Services

Economic Regeneration

Town Centre Strategy

Transport

Environmental Services

Recycling/Refuse

Food Safety

Neighbourhood Warden Service

Finance

Benefits Services and associated policies

Access to Information

Collection of Debts

Financial Systems Strategy
Financial Strategy
Anti-Fraud and Corruption
Exchequer Services
Payroll

Housing Services

Council House Allocations
Adaptations for Disabled Persons
Low Cost Housing
Tenant Participation
Estate Management
Domestic Violence
Homelessness
Private Sector Housing Standards
Proposed Housing Stock Transfer

HR

Absence
Alcohol and Substances Policy
Bullying and Harassment
Disciplinary
Flexible Working
Grievance
Maternity
Maternity Support and Paternity Leave
Parental Leave and Adoption
Redundancy
Stress Guidelines
Code of Conduct for Employees
Diversity and Equality
Recruitment and Selection Code of Practice
Reward and Recognition
Work Life Balance Policy

ICT

Customer Focussed Access and Service Design Strategy

Legal Services

Licensing Act 2003
Other Licensing Including Hackney and Private Hire

Leisure and Cultural Services

Arts Development
Sports Development
Community Development
Astley Hall Museum and Art Gallery
Community Centres
Community Legal Services
Young People's Activities
Yarrow Valley Country Park
Duxbury Park Golf Course
Leisure Management
Cultural Strategy

Tourism

Property Services

Management of Property
Letting and sale of property
Access to Council buildings
Development projects
Market stall lettings
Market management
Charity stall lettings
Disability Liaison Group

Public Space Services

Bereavement services
Parks and recreation grounds
Transport management
Open spaces, sports pitches
Play areas
Highway maintenance

List of Functions/Policies Classed Overall as Medium Priority for Review

Corporate and Policy Services

Community Safety
Complaints Procedure

CuDOSS

Mayoral

Economic Regeneration

Business Assistance
Inward Investment Promotion
Town Centre Support
Nature Reserves
Environmental Enhancement – Urban
Environmental Enhancement – Rural
Heritage Conservation

Environmental Services

Public Conveniences
Environmental Protection
Occupational Health

Housing Services

Cotswold Homeless Hostel
Sheltered Housing Schemes
Housing Renewal Grants
Tenant Support Services
Housing Strategy
Housing Business Plan
Supporting People

HR

Capability Policy

Flexitime

Grievance for Leavers

Information and Consultation

Special Leave

Whistleblowing

Relocation Scheme

ICT

Business Process Transformation Support

Telephony Provision and Support

Web Development

Legal Services

Whistleblowing

Corporate Procurement Strategy

Planning

Development Control

Building Control

Planning Policy

Public Space Services

Highway and drainage contractor

Winter maintenance contractor

Grounds and play areas maintenance contractor

Sports pitches maintenance

Tree works

Landscaping

Special events

Winter maintenance

Street lighting

Parking

Highway improvement schemes

Engineering design

Allotments

List of Functions/Policies Classed Overall as Low Priority for ReviewCorporate and Policy Services

Performance Indicators

CuDOSS

FOI and DPA

Information Management

Economic Regeneration

Countryside Management

Derelict Land Reclamation

Major Projects

Preparation/Submission of Bids

Partnership/Outside Bodies

Environmental Services

Pest Control

Animal Welfare

Finance

Concessionary Travel

Housing Services

Council House Rents

Repairs and Maintenance

Lifeline Units

Home Energy Efficiency

HR

Change Management

First Aid Payments

V Time (Flexible working with option to return to existing hours)

Agency Staff

Annual Leave

Casuals

Induction Pack

Internet and email acceptable use policy

Travel and Subsistence

ICT

Desktop ICT support

Project Support

ICT Information Security Policy

ICT Infrastructure support

ICT Procurement

ICT Security

ICT Strategic Development

Systems Integration

Software Development

Property Services

Maintaining property records

Purchase of property

Maintenance of Council buildings

Public Space Services

Street cleansing

Statutory highway matters

Traffic management

Accident investigation and prevention

Land drainage

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CUSTOMER OVERVIEW AND SCRUTINY PANEL SUB-GROUP

9 August 2005

Present: Councillor Mrs Walsh (Chair), M Lees, Malpas, Miss Molyneaux and E Smith.

01 DECRIMINALISATION OF PARKING ENFORCEMENT

Officers outlined background information on Decriminalisation of Parking Enforcement (DPE). This included the Road Traffic Act 1991, the role Lancashire County Council played in setting up the back office and investing in equipment.

The Panel noted that there was an increased number of man-hours spent in comparison with hours spent before DPE was introduced in September 2004. Consultants had given advice that Chorley should have 8 – 10 Parking Attendants (PA). One PA used a mobile patrol in the outskirts of the Borough. PA's were assigned a beat in the town centre and were monitored by two supervisors. Part of training involved shadowing meaning that on occasions two PA's would be on the same beat. PA's also received training in customer services.

In response to a query it was noted that in comparison with other districts, such as West Lancashire, Chorley had a high density of Traffic Orders, car parks and residents parking. This meant that comparison was hard. It was noted that Southport had been operating DPE for a number of years and that the number of Penalty Charge Notices (PCN's) had actually increased year on year. Members queried the use of publicity materials to raise awareness with the public.

Members discussed the fact that DPE had improved things for areas operating residents parking schemes and people now found it easier to park on the more popular car parks in the town centre.

The Panel commented that the negative press received in the early stages was common across Lancashire. All 12 districts and their PA's now had more experience of DPE and gained local knowledge in respect of their areas. There had been less than 1% low turnover of staff since implementation.

Members noted that the number of PCN's/Car Park tickets sold was less than 1% from September 2004 to June 2005. There was an appeals procedure in place when a PCN was issued. This meant that if a person had received a PCN as they had not displayed a valid ticket but did have a valid ticket the PCN would be cancelled.

It was noted that the perception of the public that a larger number of people were receiving PCN's than was actually the case needed to be addressed.

RESOLVED –

- 1. To request the following information for a future meeting:**
 - **DPE operations in the outskirts of the Borough in more detail,**
 - **Parking Attendant town centre beats,**
 - **Publicity materials used to raise awareness with the public,**
 - **Comparisons of the number of Traffic Orders in Chorley and other districts,**
 - **The appeals procedure,**
- 2. To hold a further Sub-Group on 17 August to consider the information**

on cancelled PCN's.

Chair

CUSTOMER OVERVIEW AND SCRUTINY PANEL SUB-GROUP

17 August 2005

Present: Councillor Mrs Walsh (Chair), Mrs D Dickinson, Malpas, Russell, E Smith and Mrs J Snape.

01 DECRIMINALISATION OF PARKING ENFORCEMENT

The Panel considered information on the number of Penalty Charge Notices (PCN's) that had been cancelled. It was noted that a Parking Attendant (PA) could not cancel a PCN, this was to protect the PA from potential accusations. From each PCN issued £5 went in an administration fee to Lancashire, thus funding the Parkwise back office operation.,

The Panel noted that PCN's issued to drivers with a disabled badge were a high percentage. It was noted that the disabled badge was often displayed on the wrong side and therefore the vehicle was issued a PCN. The PCN would be cancelled on receipt of proof of the valid disabled badge. It was noted that drivers who had disabled badges might benefit from education on the correct way to display their badge.

The tariff boards would be amended to show how to display the badge correctly, although as drivers with disabled badges might not look at the tariff board as they did not need to purchase a pay and display ticket. Information was sent out with the disabled badge in the form of a blue booklet. A letter would be sent to the driver explaining why the PCH had been issued if the appeal was successful.

In response to a query it was noted that one in four PCN's issued were cancelled and that this figure was reasonable. A PA would issue a PCN if they believed that the vehicle was in contravention, for example if the ticket was obscured from view. The figure showed that the appeals procedure worked. It was noted that most people learnt from their mistake and ensured that their ticket was displayed in future. It was noted that pay and display tickets were not transferable to other vehicles.

The Panel discussed the downward trend for PA errors in issuing PCN's. The number of PA errors had decreased since the implementation of DPE. Members discussed the serious issue of PA's being verbally and physically abused by members of the public.

The number of PCN's in rural areas was considered. The computer system would collate a report per street. Members were invited to request specific streets they wished to view a report for.

Members considered the perception of the public in relation to DPE and noted that two reports had recently been published on this issue. Lancashire County Council had undertaken to produce some leaflets for the public by the end of the year.

In response to a query it as suggested that an officer from Finance be invited to a future meeting to outline the financial implications of DPE for Chorley Borough Council.

RESOLVED –

1. To request the following information for a future meeting:
 - The blue booklet sent out with the disabled badge,
 - The letter sent when a PCN was cancelled,
 - An overview of the appeals procedure,
 - A summary of the Childs report and University of Birmingham report,
 - That an officer from Finance be invited to a future meeting to outline the financial implications of DPE for Chorley Borough Council,

2. That the concept of mystery shoppers be considered further.

Chair

Summary of PCN's Issued, by Month, September 2004 - July 2005

	Total	PCN's Issued On Street	PCN's issued Off Street	Car Park Ticket Sales	%PCN's/ Tickets Sold	Off Street PCN's Cancelled	Off Street PCN's issued - Cancelled	%PCN's followed up/Tickets sold
Sep-04	587	428	159	71546	0.22	65	94	0.13
Oct-04	1029	566	463	87264	0.53	123	340	0.39
Nov-04	1182	599	583	91235	0.64	167	416	0.46
Dec-04	1035	528	507	105043	0.48	139	368	0.35
Jan-05	949	430	519	85484	0.61	144	375	0.44
Feb-05	1048	437	611	83176	0.73	168	443	0.53
Mar-05	1066	492	574	82928	0.69	135	439	0.53
Apr-05	1499	656	843	91275	0.92	191	652	0.71
May-05	1160	506	654	84455	0.77	179	475	0.56
Jun-05	974	413	561	88989	0.63	145	416	0.47
Jul-05	1087	407	680	91147	0.75	140	540	0.59
Average	1056	497	559	87504	0.63			0.47

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PCN Processing – An Overview

After a PCN is issued the keeper will do one of three things:

- 1 Pay the Charge
- 2 Write in or
- 3 Do nothing

1. Payment of the charge stops all further proceedings and the matter is then closed.
2. Writing in – This follows the Representation and Appeals process.
3. If no payment or representation is received the following procedure starts.

PCN PROCESSING PROCEDURE

A keeper enquiry is made to the DVLA via electronic link. The DVLA will return the name and address of the current registered keeper of that vehicle.

The Authority is then obliged to send the following Notices in order to comply with the procedures laid down in the civil debt recovery process, they are a statutory requirement.

Unlike the old procedure through the magistrates court, failure to respond to these Notices is not an offence. The consequence of ignoring these Notices is that the debt will be registered against the keeper and bailiffs will be instructed.

Notice to Owner

If after 28 days the PCN has not been settled a Notice to Owner (NtO) is issued to the registered keeper.

The NtO gives details about the PCN – when issued, under what contravention code etc. The NtO requests payment at the original amount of the PCN and warns that if payment is not received within 28 days a Charge Certificate will be issued, increasing the Penalty Charge by 50%. The NtO explains how to make representations against the PCN and under which grounds representations can be made. Any representation must be made within 28 days.

Charge Certificate

If the PCN remains unsettled a Charge Certificate is issued 28 days after the NtO.

The Charge Certificate notifies the keeper that the amount outstanding has increased by 50% and warns that the amount will be registered as a debt with the County Court, if not paid within 14 days.

There is no formal Right of Appeal once the Charge Certificate has been issued.

If the Charge is not paid within the 14 days the Authority will apply to register the outstanding amount as a debt, incurring a fee of £5.00 – this is added to the amount due.

After debt registration the keeper is sent an:

Order for Recovery of Unpaid Penalty Charge *

The Order for Recovery notifies the keeper that the issuing Authority has now registered a Penalty Charge in their name at the Parking Enforcement Centre at Northampton County Court.

The Order for Recovery states YOU MUST WITHIN 21 DAYS either pay the amount due or file a statutory declaration.

If you do nothing, your possessions may be removed and sold to pay this charge.

Statutory Declaration – Unpaid Penalty Charge*

The Statutory declaration (Stat Dec) gives the registered keeper a final opportunity to deal with the Charge, before bailiffs are instructed.

The only grounds on which a Statutory Declaration can be made are:

1. You did not receive the Notice to Owner (notification of the penalty charge).
2. You made representations about the Penalty Charge to the issuing Authority and you did not receive a Rejection Notice.
3. You appealed to the Parking Adjudicator against the issuing Authorities decision to reject your representation, but have had no response to your appeal.

If a statutory Declaration is filed under ground 1 and accepted by the County Court, the PCN process is reset to the Notice to Owner stage and the Notice to Owner is issued again. This gives the keeper a further chance to make representation against the PCN or to settle the Charge at the original amount.

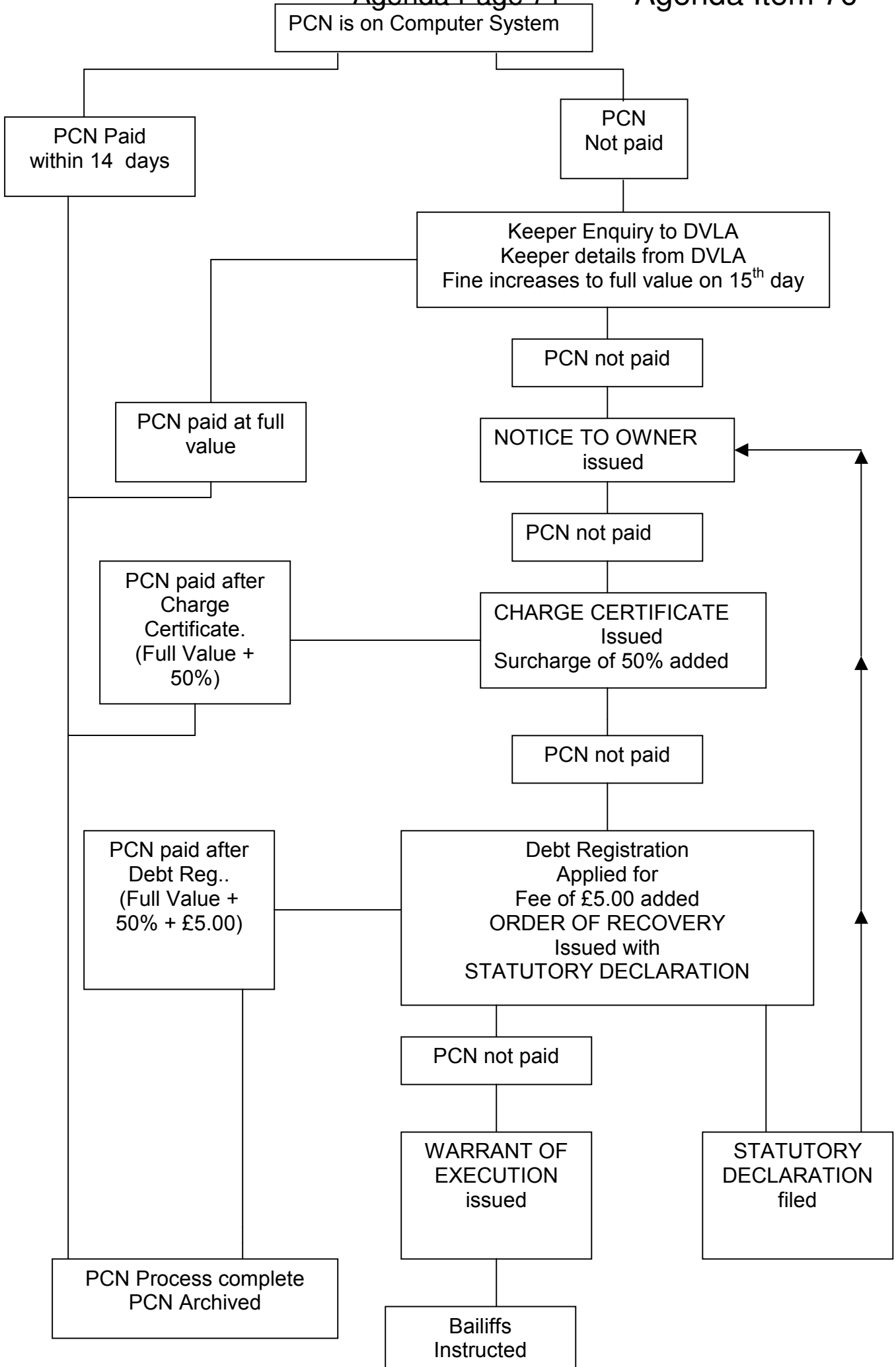
If filed under grounds 2 or 3, the PCN process is reset to pre Charge Certificate and the case may be referred to the Appeals Service for investigation.

*Sent together

Warrant of Execution Unpaid Penalty Charge

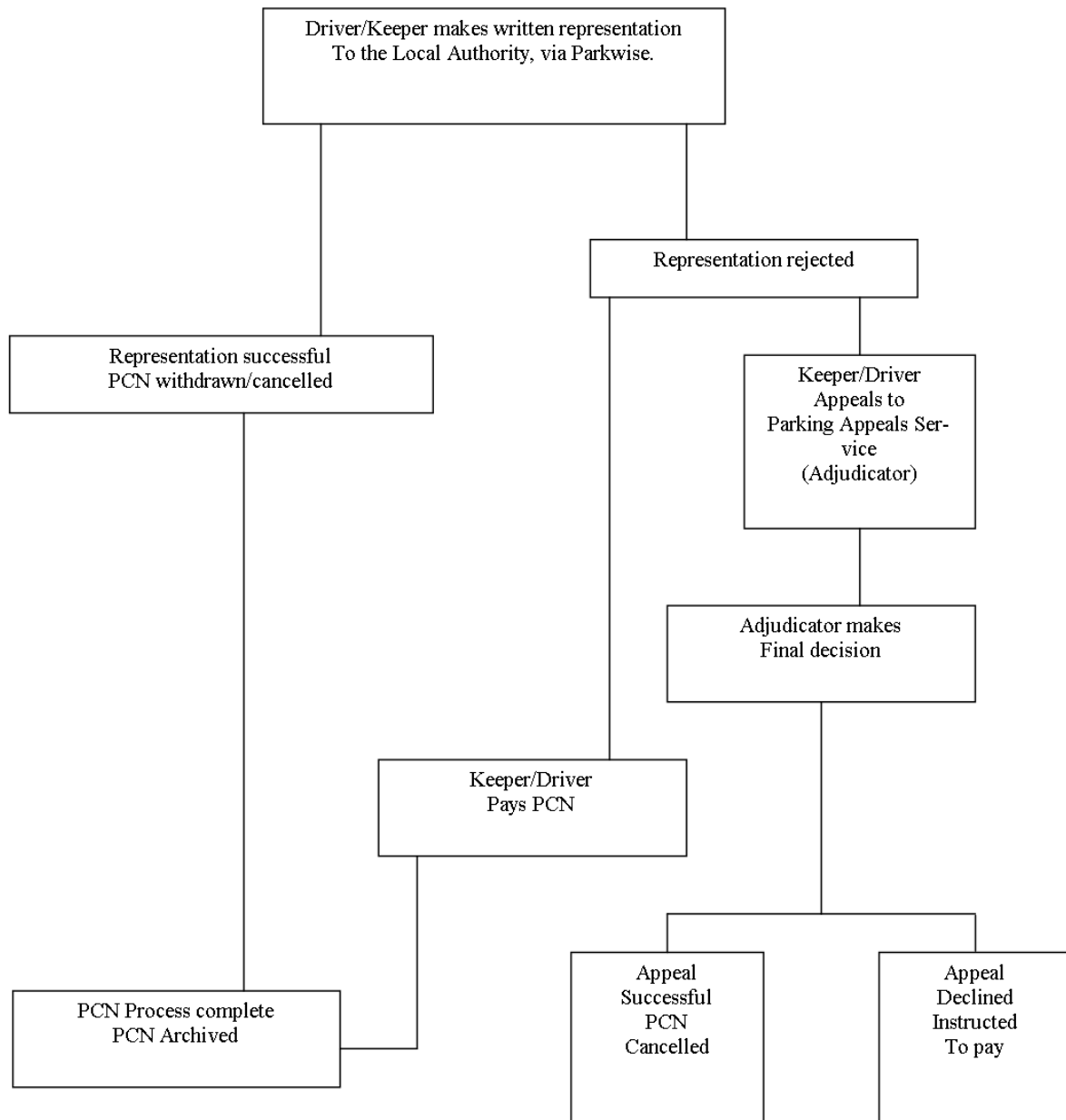
The Warrant of Execution is given to the bailiff as this gives authority to the bailiff to recover the debt. The bailiff is entitled to include reasonable costs for executing the warrant, and will accept payment or may remove goods to the required value.

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**REPRESENTATION/ADJUDICATION
PROCESS**



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www.chorley.gov.uk

Our Ref: ICPSCMD
Date: 11 July 2005

Dear [REDACTED]

Road Traffic Act 1991

Penalty Charge Notice Number: [REDACTED]

Vehicle Registration Number: [REDACTED]

Date of Issue: [REDACTED]

I am in receipt of your challenge concerning the above Penalty Charge Notice. Having looked into the issues raised, I am pleased to inform you that I have accepted your explanation in response to the issue of the above Penalty Charge Notice.

I must advise you in future to ensure that your pay and display ticket is clearly and correctly displayed. It would be perhaps prudent to comply with the instructions on the ticket and use the adhesive backing to affix the ticket to your windscreen to prevent a similar situation from occurring again.

Please bear in mind that I will be unable to waive any further penalties issued for a similar contravention.

Yours sincerely

Representations Office

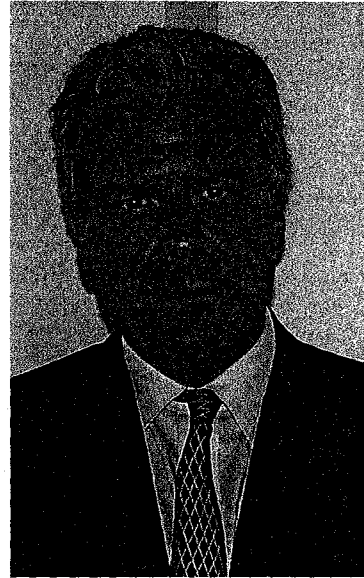
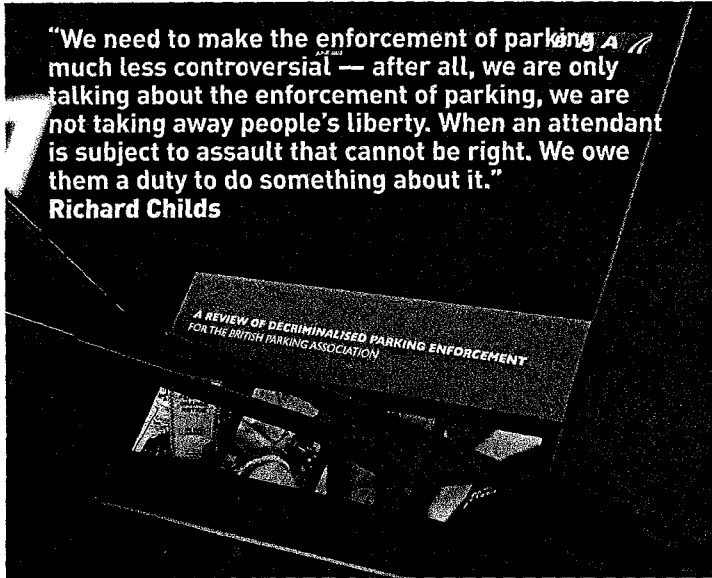
ParkWise

"Your Council Parking Centre"

PO Box 1023
Preston
PR1 3ZA
www.parkwise.org.uk
payments: 0845 117 2924
enquiries@parkwise.lancsc.gov.uk

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Parking probe One



Deniz Huseyin

"We need to make the enforcement of parking much less controversial — after all, we are only talking about the enforcement of parking, we are not taking away people's liberty. When an attendant is subject to assault that cannot be right. We owe them a duty to do something about it."
Richard Childs

An extensive review of parking enforcement regimes has been carried out for the British Parking Association by Richard Childs (above)

Wake up call for enforcers

A former Chief Constable has taken a long, hard look at parking regimes, reports **Deniz Huseyin**

The British Parking Association (BPA) took the bold step last year of hiring an independent consultant to mercilessly dissect decriminalised enforcement. Richard Childs, Chief Constable of Lincolnshire Police until 2003, set about an extensive, no-holds-barred review, and his findings, published last month, may prove uncomfortable reading for some. The review, part funded by the Department for Transport (DfT), aims to help the government draw up statutory guidance notes on parking in the Traffic Management Guidance Act 2004.

During his research into decriminalisation, Childs consulted a range of organisations including the BPA, Association of Chief Police Officers, the Association of London Government, parking contractors, parking adjudicators, parking attendants, supervisors, parking managers and back office staff.

Childs believes that research is urgently needed to illustrate how effective parking management allows people to visit businesses, keeps school entrances clear and improved access for buses and emergency vehicles. Though data exists on how decriminalised enforcement operates, Childs found little evidence of the impact of parking controls on traffic flows or road safety.

Some of the money raised by enforcement should be reinvested into raising awareness of the benefits of parking regimes, Childs suggests.

Up-to-date evidence that shows how decriminalised regimes can improve the quality of life on and around roads "may go some way to justifying the costs that some of them [the public] ultimately bear for the operation of the regime", says Childs. Without evidence that parking controls achieve greater compliance, regimes will continue to face suspicion and will be easy to

attack, he says. There is a need for a "robust model", which measures the tangible road safety, traffic flow and kerb space management improvements. Childs urges the DfT to carry out "urgent work" to gather this evidence. The DfT's statutory guidance, due to be drawn up in 2006, should require councils to carry out regular public opinion surveys of parking controls and decriminalisation, says Childs. There is a need for proper market research to identify what are the main areas of contention among the public, with surveys should be carried out every three years.

Childs found that some parking managers were under "significant pressure" to meet financial targets, usually from elected members and treasurers. Another major recommendation in the 56-page report is for councils to publish annual figures of parking income, expenditure and what parking surpluses are spent on. Childs says that DfT should draw up a national model, presenting these figures in a concise way, and allowing easy comparison between local authorities. Currently each council tends to present financial details in different ways making comparisons with others virtually impossible, says Childs.

Among his 40 recommendations, Childs also suggests that the Highway Code should include mention of parking controls and decriminalised enforcement. He says the current version contains no information for new drivers about the dangers and social consequences of poor parking. Though revising the Highway Code would not inform existing drivers, a start would be made in raising awareness among new drivers.

Councils must challenge assumptions that the main object of parking enforcement is to create surpluses, says Childs. He urges councils to adopt the BPA's model contract, or one along similar lines, which replace penalty charge notice (PCN) targets with key performance indicators based on quality of service.

Attendants' pay and conditions need improving

Childs plays with names

The poor pay and conditions of many parking attendants were examined by Richard Childs, who also questioned the appropriateness of their job title. Contractors claimed they found it hard to increase pay rates, as "no company would be awarded a contract if it unilaterally sought to drive up pay levels or conditions by raising a tender price".

Operators who did this stood the risk of being undercut by competitors, with councils traditionally having to accept the lowest tender. "Given the link between pay and conditions and

the quality of service parking attendants give, it is regretted that no evidence was found that local authorities are actually proactively trying to improve them," says Childs. He went on to question if councils actually preferred to keep pay and conditions poor.

Currently many attendants are caught in a "vicious downward spiral", says Childs. Attendants tend to react in a defensive and unsympathetic manner to what they see as hostile treatment from the road user, which, says Childs, antagonises the road user further.

Childs also asks DfT to consider whether, through changes in legislation, the term 'parking attendant' should be replaced. "Attendant has laudatorial connotations," he told *Parking Review*.

"I don't think it's a nice thing to call them. It trivialises what they do. They need a name that reflects the contribution they make on the streets." When asked what would be preferable he says: "Even parking control officer is better, but really it's up to the industry to decide for themselves." □

Childs was disappointed to find that, so far, few authorities have adopted this new style of contract. He says that target-driven enforcement — as opposed to making “reasonable budget predictions” — results in negative public perception of parking enforcement. “Whilst it is an easy way to manage a contract, and may maximise the income to a local authority because it is a real motivator for contractors and parking attendants, it is an inappropriate way of managing an enforcement regime.” However, numerical information could be used as tool in managing a contract, though not to reward individuals or contractors.

With PCNs becoming a less important aspect of judging performance, parking attendants may be able to assume a broader remit, suggests Childs. He says that this might involve them playing a role in other areas of civil enforcement as is now happening in Manchester.

While stressing the need for fairness and proportionality in parking enforcement, Childs wants a tougher line against persistent offenders. During his research he learned of motorists who either avoided paying PCNs by “exploiting a loop hole” or manipulated the system “to avoid paying until as late as possible”.

Some of the chief culprits were said to be delivery, dispatch, courier and utility firms who openly flouted regulations and treated PCNs as a legitimate business overhead. Childs calls on the DfT to start a review into how tougher penalties could be issued to companies guilty of systematic abuse of parking controls. But Childs acknowledges that in some city areas, such as London’s West End, the loading and unloading arrangements make it “practically impossible” for a delivery to be made. There needs to be a balance between the need to make a delivery and an effective enforcement regime, he says.

He says persistent offenders who have had their vehicles removed should only get them back when they have paid all outstanding fines.

Childs observes that penalties currently do not distinguish between different types of offender. He suggests that someone who overstays in a pay-and-display bay should not be penalised as highly as someone who deliberately parks on a double yellow line. “It has been, not unreasonably, suggested that the way in which decriminalised enforcement operates is insensitive and heavy handed.” He proposes that a range of different levels of penalty should be issued for different types of behaviour.

Councils and contractors must strive to change the public’s view of attendants. A more positive perception of attendants would improve their status and result in a better calibre of recruit, Childs believes. “If this was combined with enhancements to their role and an improvement in their terms and conditions, a virtuous rather



HEAVY HANDED ENFORCEMENT?

Richard Childs believes that clamping and removing vehicles overstaying in parking bays is “draconian”. Under present legislation a vehicle cannot be clamped until it has overstayed by 15 minutes. Childs says the statutory guidance should extend this time period. “It is legitimate for an ‘overstayer’ to be immobilised, but only after a very significant period has elapsed,” he argues. “If it were not after an extended period it would be disproportionate.”

than a vicious spiral would then develop. The end result would be an improved quality of service.”

Childs acknowledges that though this would not be a quick or simple process, councils and contractors do have the power to raise the status of attendants. To do this they must invest more in training them, says Childs. He notes that the BPA and City & Guilds created a new qualification for parking attendants, with a nationally recognised certificate.

The DfT should consider making it compulsory for attendants to undergo independently assessed training such as the City and Guilds course, Childs suggests. He also urges the DfT to encourage councils and contractors to provide financial support for attendants wishing to take job-related training.

Parking managers also need more training support, argues Child. He says the BPA should create a professional qualification for parking managers, perhaps as a module within a general management qualification. The parking industry must also do more to address the “victimisation” of attendants, the study says. Childs found that, particularly in London, attendants from ethnic minorities frequently suffer racial abuse. The author urges the BPA to gather evidence of abuse against attendants, noting if there is a racial element, and also monitor police response to

incidents. “I don’t think there is sufficient understanding of parking attendant victimisation. I would like to see some work done to establish the scale of it. Contractors and authorities are concerned about the abuse of attendants but they must do more to protect them,” he told *Parking Review*.

The BPA should also forge closer links with the Association of Chief Police Officers (ACPO) to “allow good practice to be shared and problems to be more easily identified and resolved”.

Once details of attendant victimisation have been gathered, the BPA should campaign for a new criminal charge to be introduced for threats or attacks against parking attendants, Childs recommends.

Childs’ review also examines parking appeals. During his research, he found that councils often had to contend with evidence provided by the motorist at a late stage of the appeal, just before or at the actual hearing. This makes it hard for a council to examine the evidence and to challenge it, says Childs. It also means the council has little time to voluntarily withdraw the penalty notice without criticism. The DfT should consider imposing a time limit on appellants after which new evidence cannot be presented at an appeal, suggests Childs.

In his interviews with parking managers, Childs learned that their relationship with adjudicators was “not as positive as it might be”. He found that this was especially the case outside London, with managers critical of the National Parking Adjudication Service (NPAS) describing it as “antagonistic, negative and confrontational”.

Parking managers also told the author that the decisions made by both NPAS and the Parking and Traffic Appeals Service (PATAS) in London were “more than occasionally inconsistent and adjudicators exceeded their powers in some of the decisions they made”. When Childs asked the local authorities why they did not legally challenge the adjudicators, they told him the cost of doing so was too high to make it practical.

DfT should explore the cause of the “poor relationship between NPAS, and to a lesser extent PATAS, and parking managers and how it might be improved”, says Childs. ■

A Review of Decriminalised Parking Enforcement: www.britishparking.co.uk

‘Discretion should rest with back office, not attendants’

The perils of too much independence

Giving parking attendants more discretion on street would leave them vulnerable to abuse or violence, warns a new report on parking enforcement commissioned by the British Parking Association.

Author Richard Childs, a former Chief Constable, says that it would also “introduce further inconsistency” in the way enforcement is carried out. He says that it may also encourage corruption among attendants in “either issuing or not issuing a

penalty charge notice”. Also, giving attendants more discretion would have “very significant training and monitoring implications”. Some issues of perceived discretion, such as length of observation time, are actually to do with council policy, Childs points out. “It only becomes a matter of an attendant exercising discretion if he/she chooses to further extend the observation time or does not issue a penalty notice for some other reason.”

Childs believes it makes more sense for discretion to be exercised at formal representation stage in the back office. “I am not saying that discretion is inappropriate but it should be exercised by the local authority, not the attendant. Discretion is a complex thing,” Childs told *Parking Review*. “That kind of judgement can ask a lot of a parking attendant. And, anyway, they already have to make a decision whether to issue a ticket or not.” □

Time to listen to some advice

University of Birmingham research into parking enforcement highlights room for improvement, reports **Deniz Huseyin**



Councils must do more to improve public perceptions of parking attendants

Parking regimes appear to be maturing, with a growing number facing up to their flaws and striving to improve the service they offer. Now the industry has its very own oracle — a major study that sets out a fresh approach to enforcement. The study, by University of Birmingham, says that a chief priority for parking authorities must be to win greater public acceptance. The 90-page report, funded by National Car Parks, offers guidelines on how to make parking enforcement fairer and better run. It also calls for regimes to be integrated within street management operations. The six-month research was carried out by the university's School of Public Policy, led by authors Professor John Raine, Eileen Dunstan and Theresa Alexandra Parry.

Winning public and political support

Having learned uncomfortable lessons from experience, some councils have already begun improving the consistency and reasonableness of their operations, the Birmingham University study team found.

Their study focused on six "good practice" authorities: Manchester, Winchester, Hammersmith & Fulham; Cambridge, Weymouth & Portland and Sunderland. Some 25 parking managers were also interviewed, and the team also received insights from a group of eminent parking thinkers (see panel below).

The authors noted that some aspects of parking enforcement already command widespread support, such as protecting assigned parking bays and minimising the risk of accidents around schools. Councils should include local residents, traders and other businesses in the review of parking policies, say the authors. "Businesses in Cambridge, for example, have been generally pleased with the impact of parking enforcement policies in their city, albeit after initial reservations," says the report. Cambridge carried out "careful consultations" on decriminalised parking, which reassured local businesses that their needs and viewpoints would be taken into account. This, says the report, "made all the difference in creating a generally positive climate within which decriminalised parking enforcement was launched".

Manchester has also worked to build bridges, setting up a team of three parking liaison officers. The team has successfully adopted a hands-on approach to addressing any parking issues brought to them by the public, says the report.

Councils should strive to gain the backing of their own elected members, says the report. In Hammersmith and Fulham, for example, members were enthusiastic about decriminalised parking because they were persuaded it would address problems of congestion, the study found. "They were also content to support the enforcement regime on the basis that it would be 'cost neutral' — it would not risk bringing the council into disrepute for profiting from parking tickets."

Better links with the media are also vital, says the report. Cambridge and Weymouth & Portland are cited as carrying out extensive publicity ahead of the launch of decriminalised schemes — leafleting all households, holding public meetings and exhibitions, and working hard to win support from the local press. The report praises both authorities for issuing special warning notices to illegally parked cars rather than penalty charge notices (PCNs) during the first three weeks of their schemes.

Other councils chose to keep a low profile in the hope of avoiding flak from the press. Hammersmith & Fulham, for example, attempted to keep out of the pages of the *Evening Standard*, one of the fiercest critics of parking enforcement

A steering group of parking supremos worked with Birmingham's research team

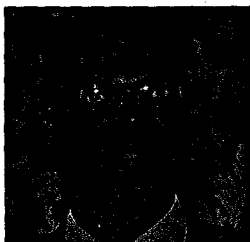
Study backed by parking's top thinkers

University of Birmingham research into decriminalisation focused on six parking authorities and also carried out in-depth interviews with some 25 parking managers in England and Wales.

The six-month study was backed by a steering group made up of some of the most eminent figures in the parking world.

The group included: Ade Adebajo (head of business & operational services, Croydon council); Robert Buchanan (performance specialist, the

Audit Commission); Kevin Delaney (head of traffic & road safety, RAC Foundation for Motoring); Gary Griffiths (head of parking services, Islington council); Ian Kavanagh (director of on-street Operations, NCP); Nick Lester (director of transport, environment & planning, Association of London Government); Tony Sedgwick (director of research, NCP); Caroline Sheppard (chief parking adjudicator for England & Wales); and Andy Vaughan (head of street management, Manchester City Council). □



Croydon's Ade Adebajo



Islington's Gary Griffiths

Deniz Huseyin

in the capital.

However, the authors argue it is better to take a proactive approach to media and public relations. Councils should provide "as much information as possible, explaining enforcement policies and practices and highlighting the beneficial impacts", as well as including extensive details on their websites.

Working in partnerships

Another key assertion is that parking enforcement should be linked to other traffic management operations. Sunderland, for instance, has sought to relate parking enforcement to transport issues such as ensuring that buses reach their stops on time.

Parking enforcement will ultimately be subsumed within streetscene management, predicts the report. It says that a new breed of "multi-functional" street warden will emerge, reporting issues of litter, fouling, fly-tipping, graffiti, vandalism, crime, as well as illegal parking and reporting damaged signs and lines. The role of parking attendant, as defined in the Traffic Management Act 1991, may well become "a thing of the past", suggest the authors.

They point to the setting up of a single team of street wardens in Manchester — The Red Team — made up of existing groups of parking attendants, street environmental management teams and street crime wardens. "Other towns and cities are following suit," the authors observe. "The time for the multi-functional street warden appears to have come and will soon, it seems, be the norm. This, we suggest, should generally be good for the image and reputation of parking enforcement."

New style contracts

A new generation of contracts are now focusing on quality rather than PCN targets, such as the British Parking Association's model contract, the study found. Cambridge and Sunderland both have new style contracts designed to encourage 'correct ticketing' where the contractor gets paid for every correctly issued ticket and penalised for each erroneous one.

Manchester, meanwhile, is looking to its contractor NCP to meet a range of key performance indicators, involving quarterly reviews. The criteria includes: a widespread and equitable enforcement; meeting response times for complaints; proportion of parking attendants who successfully complete a special training programme; proportion of appeals allowed by the adjudicator; and the number of PCNs cancelled due to error by parking attendants. The study praises Manchester's use of a "mystery shopper" to monitor performance. The council records how long it takes for one of its illegally parked unmarked vehicles to be spotted by an attendant.

Getting appeals right

Martin Wood, London's chief parking adjudicator, told researchers that enforcement should not be seen as simply issuing tickets, clamping and removal of vehicles but a range of other responses including issuing warnings and requesting that a vehicle moves on.

Back office staff should also be given the skills to exercise discretion, the authors believe. They should be given a clear set of procedures in the office to aid decision-making, which would help them to "avoid the tendency simply to endorse liability for the penalty charge just because the ticket happened to have been legally issued (as seems the practice in some councils)".

The authors suggest that parking departments might consider hiring more staff with experience of customer service work. The report also proposes that the preparation for an appeal should be carried out by a member of staff not previously involved in the case "so they can read the file and consider the evidence in much the



Professor John Raine led the study

same way as the adjudicator".

Tackling appeals is a task better suited to the council's legal department rather than a member of the parking team, suggest the authors. This would not only bring a "legal mind" to the evidence, but would "underline the council's commitment to objectivity in the matter — which is often brought into question by determined appellants".

Using the legal services department could perhaps also "go some way to addressing an on-going problem of misunderstanding about, and disrespect for, the role of independent adjudication that pervades many parking departments".

The study found that parking departments often expressed a "careless criticism of adjudicators' decisions", which would neither be made nor tolerated "in relation to another judicial context such as the magistrates' courts (where challenges to parking enforcement actions have traditionally been heard)".

Enforcement is not about revenue

The authors express a dim view of councils who use parking enforcement to raise revenue. "Quality enforcement work is least likely to be achieved if the council or its contractor is under significant financial pressure to generate revenues," say the authors. They assess that the pressure to issue PCNs, particularly in parts of London, "are most likely to lead to unscrupulous practices at the front-line and unreasonableness in the back offices".

Though council members are keen to avoid a reputation for over-zealous parking operations, they are often influenced by a desire to keep council tax increases to a minimum or to generate money for other spending priorities, the study found. "This creates or supports the conditions in which unreasonableness in parking enforcement flourishes — through agreeing excessively tight financial terms with contractors, and declining to support growth in staffing to match growth in workloads".

Councils would be wrong to presume that a high quality parking enforcement regime can be run cheaply or with the aim of raising a "significant income generation stream", say the authors. In line with a climate of greater fairness and proportionality, councils should consider allowing attendants an element of discretion. They note that Manchester now gives parking attendants some discretion over when to issue a ticket. All those interviewed in the research agreed that giving attendants discretion depended on them being competent and able to make good judgements. If this is lacking there is the danger of inconsistency and even corruption, say the authors.

The importance of training

But before this can happen, councils will have to attract and retain a better calibre of parking attendant, the authors acknowledge, with rigorous aptitude testing used to help find the right staff. The authors call for "more exacting" training for parking attendants. This would play a part in helping attendant deal with aggression from some members of the public, they say. Besides the initial training given to attendants, there is a growing trend towards subsequent training, the report notes. The authors were especially impressed by modules that involved workbooks with self-tests, designed to encourage attendants to think about the issues rather than just passively listen to lectures in the classroom. ▶

Councils should make sure that TROs are updated

Following the right signs



"Full reviews of signs and lines are essential"

Councils planning to decriminalise parking enforcement should put in the time and effort to ensure a proper review of signs and lines, states a new report on parking

enforcement by University of Birmingham's School of Public Policy. The report notes that Weymouth & Portland took almost a year on the task and amended many of its traffic

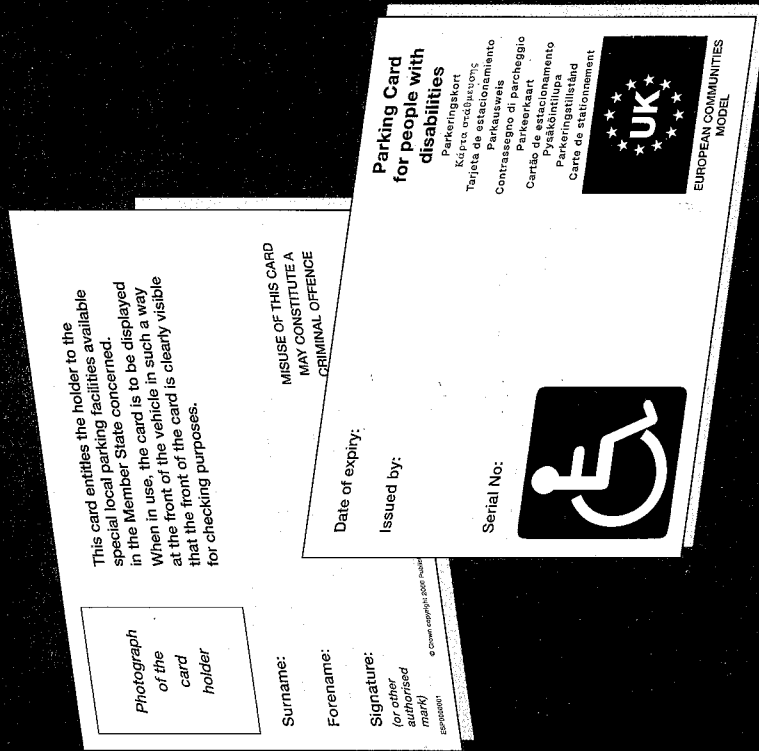
regulation orders (TROs) that had become seriously out of date.

The process, which needs the involvement of the council's legal services department and involves placement of advertisements in newspapers, is vital to the quality of enforcement work, the report says.

Authorities are also advised to set up electronic databases of TROs, it adds. "Parking staff will certainly be better equipped to undertake enforcement work efficiently and effectively if they have ready access to the TROs at their computer screens and can make immediate checks when dealing with representations."

It is also important, says the report, that local people are fully involved in the review of TROs. □

The Blue Badge Scheme



Parking concessions for disabled and blind people

Additional copies of this leaflet are available quoting ref T/INF/222 from:

Department of the Environment, Transport and the Regions

DETR Free Literature

PO Box No 236

Wetherby

LS23 7NB

Tel: 0870 1226 236

Text phone: 0870 1207 405

Fax: 0870 1226 237

E-mail: detr@twoten.press.net

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on paper comprising 100% post consumer waste.

Product Code T/INF/222

This leaflet is available in large print, Braille and audio tape formats. Contact 020-7944 6800 or see page 15 for details.

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1 WHAT IS THE BLUE BADGE SCHEME?

The Blue Badge Scheme provides a national arrangement of parking concessions for people with severe walking difficulties who travel either as drivers or passengers. The Scheme also applies to registered blind people, and people with very severe upper limb disabilities who regularly drive a vehicle but cannot turn a steering wheel by hand. It allows badge holders to park close to their destination, but the national concessions apply only to **on-street** parking. Details are set out in section 9 of this leaflet. In addition, other concessions may be available to badge holders – see section 17.

2

The Blue Badge Scheme is effectively a replacement for the Orange Badge Scheme. The new European style Blue Badge will be introduced from 1 April 2000, as existing badges come up for renewal, or as new applications are processed. Orange Badges will therefore continue to be recognised until 31 March 2003.

3 YOU CAN GET A BADGE IF:

- you receive the higher rate of the mobility component of the Disability Living Allowance
- you receive a War Pensioners' Mobility Supplement
- you use a motor vehicle supplied for disabled people by a Government Health Department
- you are registered blind
- you have a severe disability in both upper limbs, regularly drive a motor vehicle but cannot turn the steering wheel of a motor vehicle by hand even if that wheel is fitted with a turning knob
- you have a permanent and substantial disability which means you are unable to walk or have very considerable difficulty in walking. In this case you may be asked to answer a series of questions to help the local

authority determine whether you are eligible for a badge. People with a psychological disorder will not normally qualify unless their impairment causes very considerable, and not intermittent, difficulty in walking.

(Note: Children under two years of age do not qualify for a badge because they would not normally be expected to be able to walk independently. Organisations caring for disabled people meeting one or more of the above criteria may be able to get a badge, but this is entirely at the local authorities' discretion and the conditions for using such a badge must be strictly observed – see point 3 in section 11.)

4 WHERE TO APPLY

If you think you may be entitled to a badge you should apply:

In England and Wales

To the Social Services Department of your County, Unitary, Metropolitan District or London Borough Council.

In Scotland

To the Chief Executive or Social Work Department of your local Council.

Your local authority will decide if you are eligible for a badge. There is no right of appeal against their decision if you do not meet the eligibility conditions.

5 PHOTOGRAPHS

The Blue Badge is a two-sided card with space for a photograph of the badge holder on the back of the card. Your application should, therefore be accompanied by 2 reasonably recent photographs, which you should sign on the back. You may send passport-type photographs taken from self-service booths or any suitable photographs cut down to a passport photo size.

6 WHERE THE SCHEME DOES NOT APPLY

- The Scheme does not apply on private roads.
- The Scheme does not apply in off-street car parks. However, some may provide spaces for disabled people. You should check the signs to see what concessions are available, and whether Blue Badge holders have to pay. Always display your Blue Badge when occupying one of these spaces.
- The Scheme does not apply in certain town centres, where access is prohibited or limited to vehicles with special permits issued locally.
- The Scheme does not apply in Central London, but some facilities are provided (see sections 7 & 8).
- The Scheme does not apply on the road systems at some airports (e.g. Heathrow, Gatwick and Manchester). You should therefore contact the airport concerned in advance to check the car parking arrangements.

7 CENTRAL LONDON

- The Scheme does not apply in the following areas in Central London – the City of London, the City of Westminster, the Royal Borough of Kensington and Chelsea and the part of the London Borough of Camden south of, and including, the Euston Road. This is because these areas experience particularly acute parking problems. The four authorities do, however, operate their own independent concessionary schemes for disabled people who live or work in their areas.
- They also offer a limited range of concessions to other disabled people. These generally consist of parking spaces reserved for Blue Badge holders and some form of concessionary parking at meters in Westminster and Kensington and Chelsea after the initial period of parking has been paid for.

- If you are planning to visit Central London and intend to use your badge you may wish to check first with the authorities concerned. Details of the concessions provided in each authority can be obtained from:

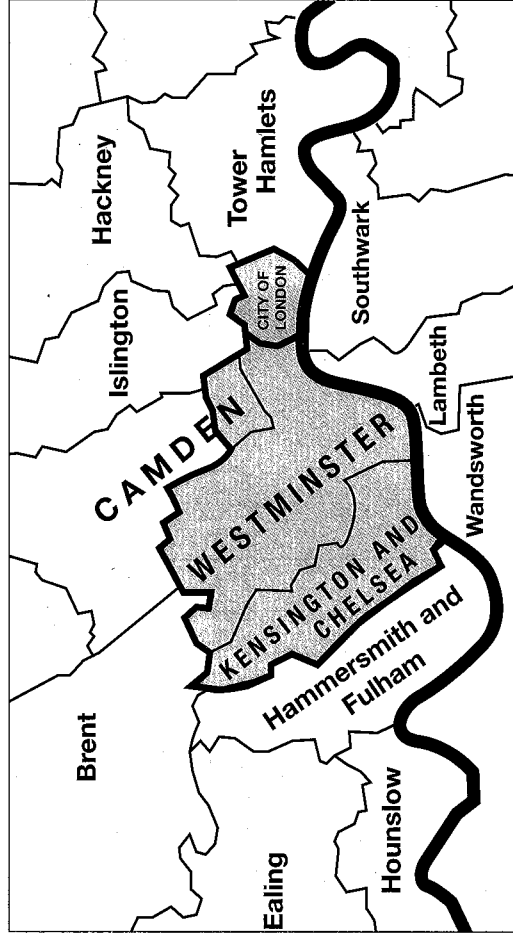
Corporation of London
 Parking Services
 Department of Technical Services
 Corporation of London
 2 White Lyon Court
 Barbican, London EC2Y 8PS
 Tel: 020-7332 3360 or 1548

Kensington & Chelsea
 Information Office
 Parking shop
 19-27 Young Street
 London W8 5EH
 Tel: 020-7361 4258

Camden
 Disabled Permits Section
 PO Box 20219
 London NW1 1WS
 Tel: 020-7681 4655

Westminster
 Disabled Parking Office
 PO Box 6100
 London SW1E 6XB
 Tel: 020-7641 1785

More information about parking in London for Blue Badge holders can be obtained from the Transport Committee for London on 020-7747 4700.



8 RED ROUTES

- Red routes are main roads in Greater London where stopping (for parking or loading) is not allowed except at designated times and in specially marked places. Some of these places are specifically reserved for Blue Badge holders, but you should always check the signs to see what concessions are available. A vehicle displaying a Blue Badge may stop, but only to pick up or set down the badge holder.
- The Traffic Director for London has general information on concessions for Blue Badge holders on roads subject to priority (Red) route controls. This can be obtained by telephoning 020-7222 4545.

9 WHERE TO PARK

Parking Benefits	Conditions
Badge holders may park free of charge and without time limit at parking meters on-street and "pay-and-display" on-street parking unless a local traffic order, specifying a time limit for holders of disabled parking Badges, is in force.	The Blue Badge must be displayed.
Badge holders may be exempt from limits on parking times imposed on other users. (Check local signs for information).	The Blue Badge must be displayed.
Badge holders may usually park on single or double yellow lines for up to three hours in England and Wales, or without any time limit in Scotland except where there is a ban on loading or unloading, and at a few locations where local schemes apply – e.g. the area of Central London coloured light blue in the map in section 7.	The Blue Badge must be displayed, and in England and Wales the special blue parking disc must also be displayed showing the time of arrival. There must be an interval of at least one hour from a previous period of waiting before the same vehicle can be parked in the same road or part of a road on the same day.

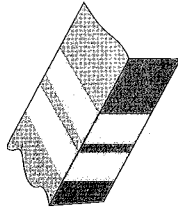
IF IN DOUBT, DISPLAY THE PARKING DISC (see section 12).

10 WHERE NOT TO PARK

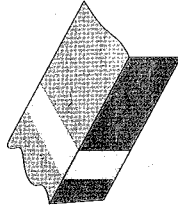
The Blue Badge is not a licence to park anywhere. You must NOT park:

- during the time a ban on loading or unloading is in force (normally indicated by one or two yellow marks on the kerb at the times shown on post mounted plates).

For example:



No loading
at any time



No loading
Mon - Fri
8.00 - 9.30 am
4.30 - 6.30 pm

Loading prohibited
24 hours a day,
7 days a week, for at least
4 consecutive months.

Loading prohibited for any
lesser period. The arrow
indicates the direction
in which the prohibition starts.

However, in pedestrian areas, waiting and loading restrictions may be in force even where there are no yellow lines shown on the road or kerb. Details of any restrictions in force will be shown on plates displayed at the kerb side of the road.

- where there are double white lines in the centre of the road even if one of the lines is broken
- in a bus or tram lane during its hours of operation
- in a cycle lane
- on any clearway, double or single red lines during their hours of operation
- on Zebra, Pelican or Toucan crossings

- on zig-zag markings before and after Zebra, Pelican or Toucan crossings
- in parking places reserved for specific users e.g. loading bays, taxis, cycles
- on a residents parking bay, unless there are signs showing that you may do so, or you have checked with the local authority's Highway Department that you may do so
- in suspended meter bays or when use of the meter is prohibited
- where temporary restrictions on parking are in force along a length of road e.g. as indicated by no-waiting cones
- on school "keep clear" markings during the hours shown on a yellow no-stopping plate.

You must also NOT park where it would be obstructive or cause a danger to others. The following are likely examples:

- at school entrances, bus stops, on a bend, or near the brow of a hill or hump bridge
- where it would make it difficult for others to see clearly e.g. close to a junction
- where it would make the road narrow e.g. by a traffic island or where roadwork is in progress
- where it would hold up traffic e.g. in narrow stretches of road or blocking vehicle entrances
- where emergency vehicles stop or go in and out e.g. hospital entrances
- where the kerb has been lowered or the road raised to form a pedestrian crossing
- on a pavement unless signs permit it.

REMEMBER

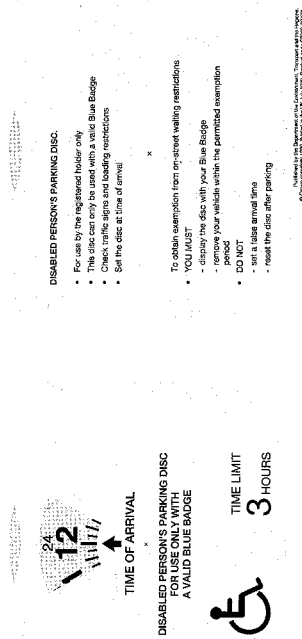
- If you park where it would cause an obstruction or danger to other road users your vehicle could be removed by the police. You could also be prosecuted and your badge withdrawn.
- Vehicles cannot legally be wheelclamped on the public highway for parking offences provided a valid Blue Badge is correctly displayed on the vehicle. But you should be aware that if you park improperly on privately owned land you may risk having your vehicle wheelclamped.
- The vehicle must be moved if a police officer or a traffic warden in uniform requests it.

11 HOW TO USE THE BADGE

- You must display the badge on top of the dashboard or facia panel of a vehicle with the front of the badge (i.e. the side showing the wheelchair-user symbol) facing forward so that the relevant details are legible from outside of the vehicle when using the parking benefits. If the vehicle does not have a dashboard or facia panel you must exhibit the badge in a conspicuous position on the vehicle so that the relevant details are legible from outside the vehicle when using the parking benefits.
- The badge should only be displayed when using the parking benefits under the Scheme, except if the vehicle is being driven by someone other than the badge holder for the purpose of entering or leaving an area (which is accessible only to vehicles displaying a Blue Badge) in order to pick up or drop off the badge holder (see section 15).
- Similar badges given to organisations caring for disabled people must not be used by non-disabled members for their own benefit. These badges must not be on display except when the vehicle is being used for the benefit of disabled people.
- Badges last for three years only. When you need a new one apply to the issuing authority for reassessment some weeks before the badge expires.
- You must return the badge to the issuing authority if you no longer need it.

12 HOW TO USE THE SPECIAL PARKING DISC

In England and Wales you will need a parking disc (which you can get from the authority issuing the badge) when you park on yellow lines or in a reserved parking place for badge holders which has a time limit. The disc must be displayed every time you park and set to show the time of arrival. Disabled people living in Scotland who intend to visit England or Wales should be able to get this disc from their local Council.



13 YOUR DUTIES AS A BADGE HOLDER

The purpose of the Scheme is to allow you to visit shops and other places. You must ensure that you use your badge with care and attention to the rules.

- **It is your responsibility to ensure that the badge is used properly.** It is in your own interest that the badge should retain the respect of other motorists. Please play your part.
- **You must not allow other people to use the badge.** To reduce the risk of this happening accidentally, you should remove the badge whenever you are not using the parking concessions except in the circumstances listed at the end of section 15.
- **You must ensure that the details on the front of the badge remain legible.** If they become unreadable, the badge must be returned to the local authority for re-issue.

- **You should not use the badge to allow non-disabled people to take advantage of the benefits while you sit in the car.** Although it is not illegal for a badge holder, or a non-disabled person waiting for the badge holder to return, to remain in the vehicle while the Blue Badge is displayed, consideration should be given to using a car park wherever possible.

14 IF YOU ARE A DISABLED DRIVER

Remember that if you are a disabled driver and your disability is such that it is likely or may become likely to affect your ability to drive (even if your car is adapted) the law requires you to inform the Driver and Vehicle Licensing Agency, Swansea SA99 1TU.

15 MISUSE OF A BADGE

Misuse of a Blue Badge is a serious offence.

- Your badge can be withdrawn if you misuse it or allow others to misuse it.
- It is a **criminal offence** for non-disabled people to use a badge. If they do so, they are liable to a fine of up to £1,000.
- It is a **criminal offence** to drive a vehicle displaying a Blue Badge unless the badge holder is in the vehicle, or the vehicle is being driven by someone other than the badge holder for the purpose of entering or leaving an area (which is accessible only to vehicles displaying a Blue Badge) in order to pick up or drop off the holder.

16 MISUSE OF A DESIGNATED BLUE BADGE BAY

Non-disabled people who park in a bay designated for Blue Badge holders are liable to a parking fine.

17 OTHER CONCESSIONS FOR BADGE HOLDERS

- In many areas local authorities provide reserved parking places for badge holders. You should use these spaces in preference to parking on yellow lines. Local authorities may impose a time limit on the use of such spaces. You must always display a valid badge when occupying one of these spaces, and if a time limit is in force a parking disc must also be displayed.
 - Some local authorities also waive charges in their own off-street car parks. You are advised to check the notices in the car park to see if, and where, you can park free of charge.
 - Badge holders are exempted from tolls at certain river crossings. Further details of these concessions may be obtained by writing to the Department of the Environment, Transport and the Regions, Disability Policy Branch, Mobility Unit, Zone 1/11, Great Minster House, 76 Marsham Street, London SW1P 4DR, or by calling 020-7944 6800.
 - With the introduction of the new European-style blue badge, badge holders will be able to take advantage of the applicable disabled motorists parking privileges wherever they are in the European Union. Further details of the benefits available may be obtained by contacting the Department as shown below.
- Department of the Environment, Transport and the Regions
Disability Policy Branch, Mobility Unit
Zone 1/11, Great Minster House
76 Marsham Street
London SW1P 4DR.
- or by calling 020-7944 6800.

18 NEW TRAFFIC SIGNS

Revised Traffic Signs Regulations are in the process of being introduced, which include new sign designs – this means any new or replacement signs erected after the revised Regulations come into effect will have to incorporate the blue badge symbol, but **existing orange badge signs will continue to be valid until 1 January 2010.**

This leaflet can also be made available in Braille, large print and audio cassette formats. You can contact the Department at the address below for further details.

Department of the Environment, Transport and the Regions
Disability Policy Branch, Mobility Unit
Zone 1/11, Great Minster House
76 Marsham Street
London SW1P 4DR.

or by calling 020-7944 6800.

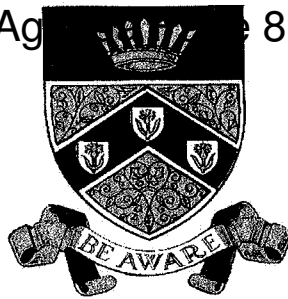
For enquiries in respect of Scotland and Wales, please contact:

National Assembly for Wales
Transport Policy Division
Cathays Park
Cardiff CF10 3NQ.

or by calling 02920 826501

Scottish Executive Development Department
Transport & Local Roads Division
Area 2E
Victoria Quay
Leith
Edinburgh EH6 6QQ.

or by calling 0131 244 0860/0869



www.chorley.gov.uk

Our Ref: ICPSCMD
Date: 10 August 2005

Dear [REDACTED],

Road Traffic Act 1991

Penalty Charge Notice Number: [REDACTED]

Vehicle Registration Number: [REDACTED]

Date of Issue: [REDACTED]

I am in receipt of your challenge concerning the above Penalty Charge Notice. Having looked into the issues raised, I am pleased to inform you that I have accepted your explanation in response to the issue of the above Penalty Charge Notice.

I must however advise you that the parking attendant did not make an error by issuing your vehicle with a penalty charge notice. You will note from the enclosed photograph taken of your vehicle that you displayed the badge incorrectly.

You are required to display the badge wheelchair symbol showing uppermost ensuring that the expiry date and serial number is clearly visible. If a parking attendant is unable to check this information they are unable to determine if the badge is valid.

This information is clearly stated in "The Blue Badge Scheme" booklet.

I would advise you in future to be vigilant and ensure that you clearly and correctly display the blue badge and clock card.

Please bear in mind that I will be unable to waive any further penalties issued for a similar contravention.

Yours sincerely

Representations Office

ParkWise

"Your Council Parking Centre"

PO Box 1023
Preston
PR1 3ZA
www.parkwise.org.uk
payments: 0845 117 2924
enquiries@parkwise.lancsc.gov.uk

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LA

ParkWise **Chorley** **ParkWise**
 Borough Council
 PENALTY CHARGE NOTICE PENALTY CHARGE NOTICE

It is an offence for an unauthorised person to remove or interfere with this notice.
Road Traffic Act 1991 (as amended)
 PCN Number: **CY30380932**
 Vehicle Registration Number: **T1EST**
 Make of Vehicle: **Vauxhall** Colour: **Silver**
 Which was seen at location:
Bengal Street
At 11:44
On 26/05/05
 By Parking Attendant: **CY006**

Signed: _____
 Who had reasonable cause to believe that the following parking contravention had occurred:
 02 Parked or loading/unloading in a restricted street where waiting and loading/unloading restrictions are in force
 Contravention Code: **02**
 You are therefore required to pay a penalty of £60.00 within 28 days.
 This charge will be reduced to £30.00 if payment is received within 14 days.

Issued by National Car Parks Limited on behalf of Chorley Borough Council.
 Detach here Detach here

Payment Slip
 PCN Number: **CY30380932**
 Vehicle Registration Number: **T1EST**
 Date of issue: **26/05/05** Time: **11:44**



For instructions on payment see overleaf

ParkWise **Chorley** **ParkWise**
 Borough Council

.N004

LF



**INSTRUCTIONS FOR PAYMENT
ON THE INTERNET**

www.parkwise.org.uk

BY PHONE

If you wish to pay by credit/debit card call 0800 195 2774.

BY POST

If you are paying by cheque or postal order, please make this payable to **Parkwise**.

Ensure that it is crossed with the account payee only. Please fill in the section below and write the PCN number & your address on the back of the cheque. You can pay by credit/debit card by completing the section provided below. Please send your payment to:- ParkWise, P.O. Box 1023, Preston, PR1 3ZA.

Do not send cash through the post.
We do not accept post-dated cheques.

If you require a receipt, please enclose a stamped addressed envelope.

IMPORTANT

You have 28 days to pay this £60 Penalty Charge or alternatively you may pay a discounted amount of £30 if payment is received within 14 days of the date of issue.

If payment has not been received within 28 days from the date of issue the registered keeper will be served with a Notice to Owner that will confirm:

- ❖ The reason why the PCN was issued and the amount payable.
- ❖ How to make representation objecting to the issue of the Penalty Charge Notice.
- ❖ The grounds on which you can base your case.

Should the Penalty Charge Notice remain unpaid for a further period of 28 days after the Notice to Owner has been served the charge will automatically increase by 50% to £90.

If you have any queries regarding this Penalty Charge Notice please write to us at ParkWise, P.O. Box 1023, Preston, PR1 3ZA or visit our website www.parkwise.org.uk

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Detach here ----- Detach here

Please complete details below before returning slip with your payment.
 Name:(Mr/Mrs/Miss/Ms).....
 Address.....
 Postcode.....
 Tel. No.

Only complete the details below if you are making payment by credit/debit card.

Please debit my credit/debit card. (delete as appropriate)

Amount £.....

Card Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiry Date Card Issue No
(Switch Only)

Name of Cardholder
Signature

Data Protection Statement
Under the Data Protection Act 1998 any information you provide may be disclosed to other organisations in connection with the recovery of the Penalty Charge, associated costs or the prevention and detection of fraud

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N004

OVERVIEW AND SCRUTINY WORK PROGRAMME – 2005/06

Function/topic	Assigned to	J	A	S	O	N	D	J	F	M	A	M	J
1. Holding the Executive to Account	OSC												
Annual Budget/Council House Rents								3					
Annual Budget Consultation						3		3					
Provisional full year Performance Indicator										3			
Business Plan and Performance Indicator Updates	ESP				✓			✓	✓	✓	✓		✓
	Com SP				✓			✓	✓	✓	✓		✓
	Cust SP				✓			✓	✓	✓	✓		✓
	OSC				✓			✓	✓	✓	✓		✓
BVPP (Corporate Plan overall performance)		✓											
Monitoring of Sickness Absence (6 monthly update)							✓						✓
Housing Maintenance Budget							3						
Corporate Building Maintenance & Repair Service (6 monthly update)					3						3		
2. Policy Development and Review													
Other to be identified													
3. External Scrutiny/Community Concern Full Scrutiny Inquiry													
Public Participation/Communication	ComSP												
LCC's arrangement for the Scrutiny of health	CustSP												
function - Periodic Review													
Accessibility of Cycling as a Leisure Pursuit	ESP												
Parkwise Scheme	CustSP												
4. Monitoring of Inquiries													
Housing Maintenance Appointments System	CustSP			✓						✓			
Flooding, Flood Prevention and Contingency Plan/Proposals	ESP						✓						✓
Chorley Markets - Occupancy of Stalls & Associated Matters	CustSP			✓						✓			
Friday Street for the Chorley Town Centre Fair	ComSP									✓			
Juvenile Nuisance	ComSP			✓									
Grass Cutting	ESP						✓						✓
Provision of Youth Activities in Chorley	ComSP							✓					
One-Stop Shop	CustSP							✓					
5. Other													
O & S Training Programme	OSC			3						✓			

OSC - Overview and Scrutiny Committee Panel

ESP - Environment Overview and Scrutiny Panel

ComSP - Community Overview and Scrutiny Panel

CustSP - Customer Overview and Scrutiny Panel

Overview and Scrutiny Topics/Issues to be Programmed

Ref	Topic/Issue Title	Date Included	Priority Score	Source	Brief Description
	<p><u>Full Scrutiny Inquiries</u> Priority List IEG Measurement of Council's progress (Cust SP)</p>	26/06/03	4 and 4	Overview and Scrutiny Committee A	Referred to Customer O & S Panel
	<p>Reserve List</p>				
	<p><u>Policy Development/Review</u> Priority List</p>				
	<p>Reserve List</p>				