

The Frinton Residents' Association

REPORT on the Open Meeting held after the AGM on Saturday, 18 April 2015

The Chairman introduced Petrina Murphy (PM), Area Station Manager, **Abellio Greater Anglia**, who would be providing a presentation entitled 'An Update on our Franchise'. PM explained that now that Abellio wholly-owned all stations, it meant that steps could be taken to make them more attractive, and that Crossrail services would commence at the end of May 2015. She reported that Abellio served 175 stations across the region, ran over 1,900 trains each weekday, carried over 2 million passengers a week, covered around 9% of UK rail passenger journeys, and offered a complete mix of services (short and medium distance commuting, airport express, intercity services and local/regional services). They were one of the larger train operators and employed around 3,000 people. She added that their current franchise had been extended to run until October 2016; the second short franchise had run from July 2014 after an initial term from February 2012.

With regard to performance, PM explained that punctuality was measured by means of a Public Performance Measure (PPM) with trains having to arrive at their destinations within five minutes for commuter services and within ten minutes for long-distance (Intercity) services. She reported that for period ending 28 February 2015 this was 91.8%, in the previous four-week period ending 31 January 2015 it had been 91.9%, and in Period 12 the route-by-route punctuality for West Anglia was 93.9%, Rural was 92.7%, Stansted Express was 91.6%, Metro & Southend 91.1%, and Mainline 88.9%. Summing up, she stated that the average punctuality for Period 12 was 91% compared with a national average performance of all Britain's railways of 89.7%.

PM then stated that Abellio were continuing to work positively with Network Rail to address infrastructure issues on the network, and that this year's performance was an improvement on last year's. She reported on improvements that had already taken place as being:

- An Inspire Customer Service Programme for Employees, the idea of which was to focus on customer service, which was now beginning to improve – they were also now recruiting for behaviour, ie trying to assess and ensure future employees would work well in their environment and give good customer service;
- Better information supplied to employees who had all been given Samsung S4s on which they could check up on journeys, train running times, trains affected by delays, etc, and give updates, plus there was an extended Twitter service with over 43,000 followers;
- Mobile Public Address systems on some stations to provide customer information when there was disruption, thus avoiding customers having to wait for automated, or manual messages;
- Major station upgrades at Ipswich, Norwich and Colchester starting this year – in Colchester it would be in the maintenance office;
- Other stations having a part refresh, including Colchester, with waiting rooms being upgraded and new benches;
- Free WiFi at 120 stations and more ticket vending machines;
- Better integrated transport and cycle parking facilities across the network, including cycle hire at Colchester and Clacton – it is possible to register online for bicycles and hire them for £3.80 per day;
- New off-peak weekday Cambridge – Stansted service.

PM then explained upcoming customer service investments, stating that in November 2014 it was announced that over £10million would be invested in a new programme of customer-focused improvements across the network, which was in addition to the £20million programme of enhancements announced earlier in the year as part of the new short franchise to October 2016.

The planned investments included:

- New seat covers for both standard and first class seating compartments on the 360 fleet that goes to Clacton;
- Ability for commuters who hold an annual or monthly season ticket to claim compensation via the website (www.abelliogreateranglia.co.uk/delayrepay) thereby removing the inconvenience of using paper forms;

- Recruitment of an additional 56 cleaning staff – staff work in teams of four and do deep-cleans on a monthly basis which was making a huge difference;

PM reported that on 31 October 2014, Abellio had submitted 14 bids for the latest round of Department for Trade (DfT) cycle parking funding which amounted to a national total of £14.5m, and last month it had been announced that all Abellio had won all their bids. The bids had to come with a minimum of 10% third party funding and she thanked Essex County Council for their generous contributions. The bids included stations on the Crouch Valley Line, Chelmsford, **Frinton**, Harwich Town, Hatfield Peverel, Hythe, Ingatestone, **Kirby Cross**, South Woodham Ferrers, Stansted Mountfichet, **Thorpe Le Soken** and Wivenhoe. Abellio had also bid for additional cycle storage, CCTV coverage at 33 stations, and were hoping to hear early in 2015 if they had been successful; all successful bids having to be delivered by 2016.

PM then pointed out considerations for the next franchise that would crucially determine service upgrades for the next decade. She explained that it was a premium franchise, which contributed £100millions to the Government, meaning that in the first 29 months the train operator made less than 0.25% profit. Our region was one of two regions that contributed to the GDP and which it was felt deserved a fair share of enhancement investment, especially in terms of rolling stock. She added that it was essential for Abellio to make a compelling business and economic case now for a high quality, ambitious and transformative contract in order to be awarded the next franchise.

PM explained that in order to make their case they were now agreeing priorities, lobbying the DfT, political parties and Government. It was felt that rolling stock and journey times should be key priorities, but they were also looking at service frequency issues, developing the Cambridge-Stansted service and early morning/late night issues. They needed to build and promote their business case to include the wider benefits. It was realised that it was crucial to maintain a co-ordinated approach as the launch of the East Anglian Rail Prospectus was having a real impact on DfT and Ministers. Therefore, she asked those present to inform the DfT and shortlisted bidders of what they wanted to see included in the next franchise.

Q: I have heard a rumour that Crossrail will be serviced in Clacton. Will that improve the service? I am also worried about whether or not the cleaners who collect cans, etc, recycle them.

A: I do not know as I have not been party to Crossrail and Abellio discussions, but I will find out. The Crossrail trains might be serviced by Ilford. Yes, we collect newspapers and tins, etc, and they are recycled. All station rubbish is put in separate bins and waste contractors do separate the rubbish if necessary. NB: Subsequently, we were informed that Crossrail's fleet would be maintained by Ilford Depot, who will resume management of the depot from the end of May 2015.

Q: Regarding customer information given out on trains travelling from Frinton to Thorpe-Le-Soken, the lady on the train says change here for connecting services to Clacton. People would go from Frinton to Clacton on the bus. What the lady does not say is that from Thorpe you can get a fast train to London when that is where passengers changing at Thorpe are probably travelling to.

A: On the train the message announcements are automated, but I will take that question back with me. NB Subsequently, we were informed that investigations were in hand to see if operations could update the service message.

Q: Is Abellio an English company? Who is it owned by?

A: It is Dutch.

Q: The lady at the Frinton ticket office is very helpful and friendly, but I would like to say that last year there were a lot of announcements that there would not be any engineering works. If you want to see a show in London, you have to obtain tickets for the matinee performance because there are no late trains back to Frinton. I did so. Then there were infrastructure repairs meaning there were no trains Saturday to Sunday and that meant a three-hour journey each way to and from London. Do you think they could make it very clear that we are not going to have any trains at the weekend?

A: We do put information on the website and the minimum notice would be three months as we have now started producing this information three months in advance. I do sympathize, but unfortunately we do have to have engineering works in order to maintain the infrastructure to continue running the service. The lines have to be closed by Network Rail on a frequent basis.

There is always something that has to be repaired on the railway. Having a single line also causes problems because the power has to be turned off. The work now being done is to replace infrastructure which is more than 20 years old.

Q: I have a question regarding timetabling and connections between Thorpe and Frinton concerning trains during commuter times that do not have connections. It would be very helpful if we had more trains going through to Frinton etc rather than the low service at present.

A: During peak times there are more trains. As it is a single track, it is difficult to have more trains on the line to Frinton. Additional trains should be connecting with some of the Clacton trains. It is something I will speak to Train Planning about, but changes will not take place until December at the earliest. The other problem is availability of stock.

Q: With regard to the single track, we used to have two lines. Will they put the second line back?

A: I cannot answer that one. NB Subsequently, we were informed that Network Rail were currently assessing stakeholder feedback from their Anglia route study. However, Abellio did not think double tracking was part of their proposals.

Q: The Government has stated that the train journey to London should take one hour. It takes us in excess of 90 minutes.

A: Will take this information away with me. NB Subsequently, Abellio asked for the source of this comment from the Government as the 1 hour 28 minute travel journey had been agreed by the DfT when their timetables were reviewed.

Q: A Gold Card costs in excess of £5,500 pa and now Travel Club has gone up to £10. The website says that this is an Abellio benefit.

A: The annual discounts for Gold Card are aligned to the Network Card Area; it is not something we can change as it is only available in what was Network South East. The conditions of use are set by ATOC.

Q: With regard to engineering works, there are 5-6 hours every night when trains are not running. Why can't engineering works be undertaken then?

A: There are works taking place at that time and a lot is done during the night. However, there has to be a period after the power is switched off before the men can get on the track and then the system has to be re-energised afterwards. Currently, there are works being carried out overnight with a special train which operates by lifting out, cleaning and dropping back the ballast, and this is done on weekday nights – one mile a night. It is done out of hours.

Q: I understand the issues and restrictions; Network Rail drive the Agenda. For your information, Essex Rail, Ontrack and MPs have asked for a host of measures to improve the rail service. That will take time to be accepted. It will not be immediately available. The biggest issue is short-term measures as an interim contract is now in force.

A: That is correct.

Q: If we have more trains going through Frinton, won't that cause more delays at the barriers.

A: Delays are being looked at. The delays are longer now that they are automated than they were with the Gates because of safety and how automation comes about.

Q: If I get on a train at 10.00 am it is an 8-carriage train, but at later times it is only a 4-carriage train and people have to stand from Colchester to Liverpool Street. Also, why is it that the fare is so different on the other side of London?

A: The length of trains is governed by the number of train sets we have available because trains have to go in for maintenance. In order to do that trains have to be split, and a decision is made on four coaches. We do try to ensure that there are 8 coaches during the holiday season/in the summer, ie that there are sufficient carriages. I believe we would need more trains to be able to provide 8 coaches on a permanent basis.

Q: Are you responsible for the car park? Most of the time it is empty and roads are jam-packed with commuters' cars. Instead of an empty car park, NCP could make more money if they charged less. If you just stop in the car park in order to buy a ticket, you can receive a parking fine.

A: NCP run car parks on behalf of Abellio. They have to pay Abellio to do so, but I do not know how this is set up. The prices for parking are set by NCP. The proposal is to have two bays for 20-minute parking. This is under negotiation with NCP at present.

In conclusion, PM stated that nice changes would be taking place along the line in the next few months. Station adopters were also making improvements and she congratulated Trevor and Diane Cobb at Frinton. She added that Abellio worked closely with ECC and the Community Rail Partnership, and would be putting artwork on station platforms, for example a mosaic at Clacton.

The Chairman thanked PM for an interesting presentation.

He then introduced Louise Notley (LN), Associate Director of Nursing and Allied Health Professionals, who provided a presentation entitled 'Developments at **Colchester Hospital**'.

LN thanked the FRA for the invitation to Dr Barbara Stuttle, Director of Nursing at Colchester Hospital, for whom she was deputising. She explained that there had been many changes over the last twelve months and they were still going on. During this presentation she intended to highlight issues and challenges, and she had included the move from Essex County Hospital to Turner Road plus car parking changes.

However, initially she was going to give an overview stating that the Trust currently provided acute healthcare services to approximately 370,000 people from North East Essex and South Suffolk plus Radiotherapy and Oncology Services to 690,000 people across North and Mid-Essex. They employed over 4,400 staff and had over 6,700 public members. Over the last 30 years, the hospital had grown enormously. Colchester District General Hospital was officially opened by Queen Elizabeth II on 17 May 1985, with 283 beds situated in nine wards, and various departments were built in groups around landscaped courtyards. Personally, she had seen changes over the last 10-15 years. When she had started working there had been about 19 wards, excluding A&E. Now there was a big Outpatients facility, Radiotherapy, many different units and other services, and it was still growing.

LN stated that in 2013/14 Outpatient attendances had been 498,994, together with 77,757 Accident & Emergency patients, 95,819 inpatient and day case admissions and 3,926 babies had been delivered. The A&E Department was very busy and challenging, and there were difficulties with delays in treatment. However, they had reached their four-hour target of 95% of patients being seen, but it had been difficult to achieve.

She then listed Colchester Hospital's aims for the future as:

- acting in the best interests of patients
- valuing the workforce
- achieving financial sustainability and organisation resilience

and explained that this meant it was a challenging time, with the added issues of external reviews and special measures, but phenomenal changes had been the result ensuring that the hospital delivered safe care and put patients at the centre of everything they did. She added that it had been a difficult time for the high number of staff they employed as when morale was high then they felt better, and when the staff felt happy then the care they delivered would improve. Not only had Colchester Hospital been facing a challenging time, but it was a difficult time for the NHS as a whole.

She pointed out the challenges they had faced whilst being in the media spotlight, especially for staff, together with the issues of improvement notices, financial and recruitment difficulties, and having to complete staff surveys. Failings within the organisation had become apparent, the Care Quality Commission (CQC) had come in and identified improvements, lots of work had gone on to achieve a higher level of quality of care, but it had been difficult for both nursing and medical staff working on a day-to-day basis in such a climate. It was vital to ensure adequate, safe nursing levels, but there were a high number of vacancies at the moment.

LN reported that the work that had been done over the last twelve months included:

- acknowledging the issues whilst focusing on the positives;
- extending the Emergency Department and installing a new Surgical assessment unit – the ED was now much larger and has a large resuscitation facility, paediatric units, and a medical decisions unit has just opened for those who need not necessarily be admitted to hospital;
- better governance – lessons had been learnt from things going wrong, such as how information was fed up to the Trust Board and how information was shared;
- fifty additional healthcare assistants recruited in the last couple of months – another 17 were starting in May. (These were not registered nurses, but were healthcare assistants because of a national shortage of registered nurses.) They were needed because workforce planning had been unable to meet the needs of hospitals. Colchester, like other local Trusts, was finding it difficult to recruit, but had managed to recruit quite a large number of local nurses who were trained at CGH and there was a programme of overseas recruitment, both European and International. LN pointed out that although it would be nice to recruit locally, unfortunately they had to go further afield, but they had a support programme for foreign nurses. They were also working with Essex and Anglia Ruskin Universities, and were encouraging nurses who qualified in the past to come back; they had a 'Return to Nursing' programme for more mature nurses who were very wise. Other resources included degree-level health care assistants, particularly those who had a healthcare background. She added that there were a lot of extremely skilled nurses both locally and nationally;
- establishing a stable board, which meant strong clinical leadership - there had been changes at the top over the last 18 months, and every time someone new came in, they had new ideas. Now CGH had excellent, established Executive Directors, which she believed would make a real difference. LN added that Dr Barbara Stuttle was a very experienced Director of Nursing and she would be at Colchester Hospital for the next couple of years;
- investment in staff engagement - the leadership team had been focusing on staff engagement and now the staff felt more involved; they were proud to work with the organisation.

LN then gave an update on the transfer of services from Essex County (ECH) to Colchester General Hospital (CGH) explaining that there would be clinical efficiencies from operating on a single site and patients were no longer able to receive the same level of care at ECH because:

- it was increasingly difficult to provide 21st century healthcare in obsolete facilities;
- parts of ECH dated from 1820 and it had been developed piecemeal through to the 1960s – from then on it had only been maintained rather than receiving any long-term investment;
- historically there had been under-investment because of the long-standing term plans to move services from ECH to CGH.

LN reported that all cancer services had now been centralised – two wards from ECH had now come over to CGH and were accommodated in one large ward (West Bergholt), plus there was a Radiotherapy Centre, Mary Barrow Chemotherapy, and Oncology Outpatient Clinics. Contraception & Sexual Health Services had moved to High Street Clinic (the former post office) in December 2014. Community services such as chronic pain and community dietetics would move to a non-hospital setting, and currently they were working on detailed plans with the clinical teams based at ECH to identify space needs for Primary Care and how these could be addressed either within the Primary Care Centre or at CGH. She added that there were still Outpatient services at ECH, but a lot of other services had moved over to CGH where the Outpatients Department was currently being extended to improve the waiting facilities and the service offered. Other benefits of the move included an improved quality of service to patients overall, improving the estate to make it fit for purpose, lower estate annual running costs, provision of more workforce opportunities and two new CT scanners.

She explained that in order to address issues raised by residents in the vicinity of ECH, plans were in hand for decommissioning and decontamination of a site that had been used as a hospital for nearly 200 years. A full sign-off would be obtained from the Environment Agency when it was sold, all loose items would be cleared from the site, but it was unlikely that any buildings would be demolished prior to the sale. She added that it was a listed building, and especially the front of the hospital and the nurses' home were of historical interest. All empty buildings would be secured, and essential services, such as fire detection and lighting, would be retained in order to ensure safety.

LN then covered the difficulties of finding a parking space at CGH and agreed that it was no wonder that people were stressed. She stated that currently they were building an additional 191 parking spaces (to be completed by June 2015) bringing the total available to 584. Eleven additional disabled parking bays were also being built bringing the total to 86, but it was important that the misuse of disabled bays was avoided. There would also be additional parking for staff and there were proposals to change the parking technology to avoid members of the public having to queue at machines in order to obtain a ticket to exit; possibly it would become a Pay & Display facility.

Secretary's Note: After the meeting, a resident suggested that a bus service for visitors to Colchester Hospital could be run from the Park & Ride situated off the A12, as this could reduce the amount of traffic. This suggestion has been passed onto LN.

In conclusion, LN summarised the future for Colchester Hospital as being to:

- ensure openness and public transparency, as everyone who comes into the hospital deserves a good experience, as well as ensuring that people feel confident about the care they will receive;
- close the past, but ensure lessons that have been learnt;
- focus on priorities and deliver high quality, safe care for patients;
- have tight cost controls to ensure financial stability;
- retain strong and stable leadership – well trained and effective leaders, talented individuals, able to take the organisation forward as good leadership was the key;
- listen to our patients and staff – listen to experiences and learn from them.

Q: Could you please give us the latest information on the Clacton Maternity Unit?

A: There has been a consultation going out around this, the outcome of which is not yet known. It is my understanding that Clacton Maternity Unit functions on an as and when required basis with the majority of deliveries occurring at Colchester General Hospital. At Clacton and Harwich it is on demand. It appears to be running quite well and I will provide an update.

Q: A lot of problems boil down to overcrowding. Do you keep statistics regarding the international health care you provide as opposed to local?

A: We do have those statistics as we keep data on all hospital attendances, ie that information is collected. There is an individual who deals specifically with overseas visitors and the charges for them. John Smock (Chairman of Ontrack) added that like many areas of the SE we were facing overcrowding.

Q: Recently driving to the North of Colchester, I saw the building developments there – there are a huge number of homes being built. It is also worrying that our Councillors are being encouraged to allow for development of a huge number of houses. I understand Colchester Hospital also covers the South Suffolk area. Will the hospital be able to cover future demand?

A: I know what you are referring to. The Hospital works very closely with the Clinical Commissioning Group and it is through that relationship that planners are looking at future services and requirements. It is an extremely demanding time for the organisation and we are seeing an increasing number of attendances. We are looking at different ways that service can be provided as acute hospitals are not the only ones who can deliver care. Care elements which deal with more chronic illness could be managed in a different setting, such as a care closer to home approach which will be able to provide elements of care that do not need to be from a hospital site.

Q: What are you doing to streamline administration costs? Are you providing a bus station in the hospital as that would reduce the pressure on hospital car parks?

A: There are no plans for a bus station in the hospital car park, but with the changes to the car parking, they are looking at best access to the hospital, responding to such issues as to where buses come into the hospital. A lot of work is going on around efficiency and savings in administration by removing some non-clinical posts. There is a cost improvement programme.

Finally, LN pointed out that more information was available on the CGH website:

www.colchesterhospital.nhs.uk and the Chairman thanked her for providing so much information.

He then introduced David Gillies (DG), **Crime Prevention Officer**, who spoke on the topics of protection of premises from burglary and how to deal with doorstep callers, and said that he would be around after the meeting so that individuals could ask questions. With regard to concerns about doorstep callers, he displayed a list of Do's and Don'ts for dealing with Nottingham Knockers, but added that if the caller was not a known individual, do not even the door, or alternatively, use a viewer, or chain. He also displayed a notice to callers that could be positioned on doors, or windows. He suggested contacting Trading Standards regarding these individuals, or telephoning the local police (07850 631017), especially if their behaviour was threatening. A further leaflet that he had with him covered a self-assessment of home security, and he recommended that people visit the 'Secure by Design' garden at Parker's Nursery, which demonstrated how layout of a garden could help with keeping a home a safe place.

DG stated that he could come back on another occasion to deal with issues such as nuisance telephone calls and Internet fraud, which was now a huge problem and hard to combat as fraudsters preyed on the elderly and vulnerable. He added that scam mail was horrendous, and provided an example that at Heathrow Airport 8 tons of scam mail had been seized in one day; scam mail was flooding into the country from overseas. He then explained that the Royal Mail had a duty to deliver all mail that was personally addressed, so the situation of it being delivered through the letterbox could not be avoided.

His final advice was that people should watch out for each other, and he pointed out that a new service was available – Essex Community Messaging provided advice on local crime. (Details were available in the FRA Spring 2015 Newsletter, page 79.) NB All the leaflets that DG left out at the end of the meeting were taken by residents.

The Chairman of the **Patient Participation Group** (PPG), Neil Churcher (NC), then reported on the current situation at Caradoc Surgery, pointing out that all the PPG Committee members were present at this meeting. Any patients registered with Caradoc can join the PPG for free. The next meeting was taking place in St Mary's Church Hall, Old Road, from 7.00 pm on the 21 May 2015, and patients were welcome to attend.

NC felt that the situation at the surgery had improved, but he pointed out that residents needed to help as approximately 30 'no-shows' occurred each week. If people could not make an appointment, the surgery should be informed so that doctors' time was not wasted and more appointments were available for those who needed them. He suggested that, where possible, residents talk to everyone about the problems this situation causes.

NC reported that Caradoc now had a computerised patient access procedure, which provided facilities to order drugs, make appointments, etc, online. However, the previous week the surgery had been cut off for 24 hours, phones had gone down completely and staff had to use mobile phones because BT changed the connection in the Exchange. Unfortunately, Caradoc were no nearer employing permanent doctors, but the Locums were working well, ACE was liaising with the local hospital, and PPG representatives would be talking to NHS England the following week.

Q: I understand ACE was appointed for a year. What will happen after their contract ends?

A: This will be discussed at the talks with NHS England next week. It is still a one-year contract, but we do not know what the plans are.

The Chairman then introduced **Residents' Issues** and explained that an email had been received from a resident reporting that at 3.00 pm (school closure time) on 16 April 2015 lorries delivery aggregate to the building site blocked Wittonwood Road despite the fact that there were conditions in place restricting deliveries during school start and end times. (At one point four lorries were parked up behind each other and when they were turning to come back up the road, they had to mount the pavement as other lorries were taking up what had become a one-way road.) This had been referred to TDC Head of Planning and Councillors, and a reply had been received from Councillor Iris Johnson agreeing that this was an appalling situation, and that she would endeavour to attend the site during those times on the following week to speak to lorry drivers, if necessary.

Councillor Nick Turner added that as of the previous day he had contacted the Planning Department and an investigation has been opened. He had raised questions regarding the Construction Method Statement and stated that the contractors would be held to account.

Q: What is the current situation regarding the proposals for The Spinney?

A: (Councillor Nick Turner) There are ongoing negotiations with the Town Council, but with the looming elections nothing will be decided until after 7th May. There are funds from the District for doing up The Spinney and we will then put in a good scheme, which will be maintained.

Q: Once planning permission has been given and a housing development started, can you reassure me and other parents that there will be enough places at local schools?

A: (Councillor Nick Turner) Infrastructure comes under ECC, but Councillors are well aware of this issue. I assure you that I will do everything in my power to ensure spaces are available.

Councillor Nick Turner then added that he was very pleased to report that the owners of Kings Alleyway had now lost their Appeal to the Secretary of State, have had to pay costs and will have to reinstate the alleyway. He confirmed that he would make sure enforcement followed up and made sure it was opened up. He also pointed out that where the road surface was collapsing in Ferndown Road, plans for its repair were going forward.

Q: I am concerned about the number of planning applications that have been approved for drinking establishments?

A: (Councillor Nick Turner) I completely agree, but there is very little TDC can do about the granting of alcohol licences unless there is a public nuisance. Then there is the possibility of objecting. Only the police and health service can object beforehand. Once permission has been given it can be brought before a committee.

Q: I would just like to thank the FRA for their work on monitoring the state of the pavements and pressing for improvements. However, lorries working on the development in Raglan Road have damaged the pavements and they are now dangerous. Who is responsible for the repairs?

A: (Councillor Nick Turner) It is the responsibility of those who are caught. I suggest photographs are taken and forwarded onto to either myself, or the FRA Secretary, then those who have caused the damage will be prosecuted. If we can prove that contractors have damaged pavements, they will replace them.

Q: There were two power cuts over the Easter period for three hours and the reason given was that the sub-station was very old. Can anything be done?

A: (Councillor Nick Turner) I cannot answer that question as the electrical supply is the responsibility of the electricity supplier, but I will look into it.

Q: The FRA supported the ECC proposal to keep Connaught Avenue as tidy as possible, and work has taken place to tidy up the sea end. That policy was not adopted by TDC. Now permission has been granted by TDC Officers for tables and chairs with barriers around them to be put outside Greggs coming out to a width of 2 metres when the policy was a maximum of 0.8 metres from the shop front. It is a ridiculous situation that Officers have given approval and now we are stuck with it.

A: (Councillor Nick Turner) There has to be 2 metres of clear space from the curb and stainless steel nubs show how far from the shop front, shops can use the public highway.

Alan Eldret added that the nubs showed the curtilage of the shop, but pointed out that street café policy was not being adhered to in this instance. NT agreed to go back and investigate, but added that once planning permission had been given it could not be rescinded.