## **OVERVIEW AND SCRUTINY COMMITTEE**

Task and Finish Group Title	
Membership of Working Group:	
Area for Investigation: (Directorate and Service Area)	
Key Officer Contacts:	
Scoping form completed by:	
Scrutiny requested by:	
Criteria for inclusion in work programme	(If yes please provide details)
Customer Feedback	Yes/No
Poor performance	Yes/No
Area requiring policy development	Yes/No
Value for Money Concerns	Yes/No
Emerging issues; Executive Referral, CAA etc	Yes/No
Long term financial benefit anticipated	Yes/No
Corporate priority	Yes/No
Summary of overall anticipated benefits and intended outcomes	
[Give a brief description of what we hope undertaking the review will achieve e.g. Improved performance, amended policy, efficiencies or increased footfall]	
Indicators of success	
[Include details of desired indicators of success and how these can be measured]	
Policy Context	
National or Regional Policy Implications	
Impact on local people	
Scope	
In Scope	
[Define what the scope of review]	
Excluded from Scope	
[Define the exclusions from the scope of the review]	

Council and Partner Involvement	
Who would need to be involved from the Council?	
Which of our partners, stakeholders and Members of	
the community should we seek to engage?	
Review Resources	
Evidence	
[Background Information and documents to look at]	
Witnesses	
[Who to see and when]	
Site visits	
[Details of site visits and when they will be held if	
appropriate]	
Dangers/ Barriers/Risks	
What are the risks to the review?	
Timescales	
Anticipated Review Start Date	
Anticipated Reporting Date	
Frequency of Meetings	
Date to evaluate impact	
[A review in six to twelve months (dependent on	
outcomes) at this point deciding to either re	
scrutinise this matter, with a different task and finish	
group, or sign it off as the indicators of success have	
been achieved.]	