

AGENDA



For a meeting of the
SCRUTINY COMMITTEE
to be held on
TUESDAY, 9 OCTOBER 2012
at
10.00 AM
in
THE WITHAM ROOM, COUNCIL OFFICES, ST. PETER'S HILL, GRANTHAM. NG31 6PZ
Beverly Agass, Chief Executive

Committee Members:	Councillor Paul Cosham, Councillor Alan Davidson, Councillor Reginald Howard (Chairman), Councillor Mrs Rosemary Kaberry-Brown, Councillor Michael King, Councillor David Nalson, Councillor Helen Powell, Councillor Bob Russell, Councillor Bob Sampson, Councillor Mrs Judy Smith (Vice-Chairman) and Councillor Frank Turner	
Scrutiny Support Officer:	Jo Toomey	Tel: 01476 40 61 52 E-mail: j.toomey@southkesteven.gov.uk

Members of the Panel are invited to attend the above meeting to consider the items of business listed below.

1. COMMENTS FROM MEMBERS OF THE PUBLIC

To receive comments or views from members of the public at the Committee's discretion.

2. MEMBERSHIP

The Committee to be notified of any substitute members.

3. APOLOGIES

4. DISCLOSURE OF INTERESTS

Members are asked to disclose any interests in matters for consideration at the meeting.

5. ACTION NOTES FROM 28 AUGUST 2012

(Enclosure)

6. UPDATES FROM PREVIOUS MEETING

- Procurement Lincolnshire

7. FEEDBACK FROM THE EXECUTIVE

8. 'BEING THE BEST' - EAST MIDLANDS AMBULANCE SERVICE NHS TRUST CONSULTATION

(Enclosure)

9. RELATIONSHIP BETWEEN PORTFOLIO HOLDERS, OFFICERS AND POLICY DEVELOPMENT GROUPS

The Committee will receive a brief presentation on current arrangements.

10. REPORTS FROM WORKING GROUPS

11. WORK PROGRAMME

12. REPRESENTATIVES ON OUTSIDE BODIES

13. ANY OTHER BUSINESS, WHICH THE CHAIRMAN, BY REASONS OF SPECIAL CIRCUMSTANCES, DECIDES IS URGENT

ACTION NOTES

**SCRUTINY COMMITTEE
TUESDAY, 28 AUGUST 2012**



COMMITTEE MEMBERS PRESENT

Councillor Bob Adams	Councillor Michael King
Councillor Paul Cosham	Councillor David Nalson
Councillor Reginald Howard (Chairman)	Councillor Bob Russell
Councillor Mrs Rosemary Kaberry-Brown	Councillor Bob Sampson
Councillor Vic Kerr	

OFFICERS

Strategic Director – Development and Growth (Ian Yates)
Head of Legal and Democratic Services (Lucy Youles)
Head of HR, Customer Services and Performance (Sue Griffiths)
Development Management Service Manager (Pat Reid)
Community Engagement and Policy Development Officer (Carol Drury)
Principal Democracy Officer (Jo Toomey)

John Randall – Medical Director for Peterborough and Stamford Hospitals NHS Foundation Trust
Marie Kaempfe-Rice – Procurement Lincolnshire
Mark Harvey – Procurement Lincolnshire

1 member of the public

17. MEMBERSHIP

The Committee was notified that Councillor Adams was substituting for Councillor Mrs Smith and Councillor Vic Kerr was substituting for Councillor Powell for this meeting only.

18. APOLOGIES

An apology for absence was received from Councillor Turner.

19. DISCLOSURE OF INTERESTS

No interests were disclosed.

20. ACTION NOTES - 12 JUNE 2012 AND 11 JULY 2012

Subject to the following amendments, the action notes from the meeting held on 12 June 2012 were agreed as a correct record and noted:

- Page 3, minute number 6: sentence 3 should read: “Based on the session, the Committee expressed some concerns about the workload of the [Economic Development] portfolio holder.
- Page 5, minute number 9: bullet point 11 should read “Wind energy Supplementary Planning Document”.

The action notes from the meeting held on 11 July 2012 were agreed as a correct record and noted.

21. STAMFORD AND RUTLAND HOSPITAL CLINICAL STRATEGY

John Randall, the Medical Director for Peterborough and Stamford Hospitals NHS Foundation Trust gave a presentation on the proposed Clinical Strategy for Stamford and Rutland Hospital.

Mr Randall reported that the hospital was popular with patients, general practitioners, the public and staff. Stamford was seen as core to the Trust’s future, as 30% of patients came from South Lincolnshire. Mr Randall noted that the Stamford site was in need of urgent redevelopment. The Trust wanted to redevelop Stamford hospital as a health campus encompassing health and social care, which would entail establishing the clinical services on site and the estate required to support them.

Proposals had been discussed with the Welland and South Lincolnshire Clinical Commissioning Groups (CCG) together with GPs in Stamford, Bourne and the Deepings and CCGs and GPs in neighbouring counties (Rutland, Leicestershire and Northamptonshire).

Mr Randall provided a breakdown of current service provision on the Stamford hospital site and patient numbers from 2008/9 through to 2011/12.

The proposed clinical strategy included:

- Redeveloping the John Van Geest ward to provide intermediate care in a nurse/therapy-led facility
- Outpatients as today but probably expanded treatment options
- Nurse-led minor injuries unit
- Oncology and haematology (plus chemotherapy)
- Day treatment unit – two procedure rooms (for endoscopy, one-stop haematuria clinic, dermatology, gynaecology and pain management)
- Endoscopy service
- Pain management
- Ante-natal services to continue

- Imaging (ultrasound and plain x-ray)
- Expanded therapy provision
- Phlebotomy plus point of care testing (on-site blood testing and results)

No decisions or proposals had been made in respect of the operating theatre. The Trust was out to tender for a primary care surgical service. Any proposals would take account of the sustainability and capital costs of upgrading or replacing facilities. The risks and costs of providing general anaesthetics in hospitals with one theatre and cross-trust theatre requirements would also be taken into account.

Mr Randall summarised the next steps in respect of developing a business case in support of proposals and stakeholder engagement. A public consultation evening would be held in Stamford on Monday 3 September 2012.

Councillors asked questions on the presentation:

- Any oncology and chemotherapy service in Stamford would provide a local service and complement provision in Peterborough. Similar units were in operation in Oundle and Spalding.
- The minor injuries unit would service walk-in patients and some GP referrals.
- When considering the viability of the operating theatre, the Trust needed to establish whether demand for day case surgery was sufficient to justify investment.
- Any operating theatre provision would need to have a long term future; currently contracts were only awarded for a year.
- It was possible, following a full tender process, that private healthcare advisors would be interested in working from the site.

Councillors commented that Stamford hospital was well-loved locally and complimented the quality of care provided. They suggested that as part of a review, the Trust should look at providing single-sex wards.

The Chairman thanked Mr Randall for attending the meeting and his presentation.

22. QUARTER 1 PERFORMANCE REPORT

The Head of HR, Customer Services and Performance summarised report number PPMO2, which provided a summary of performance and project progress during the first quarter. Three projects had been fully implemented: green waste charging, the Olympic torch relay events and the Local Authority Mortgage Scheme.

The report highlighted performance indicators that were not meeting targets (working days lost due to sickness absence, number of days taken to determine minor planning applications and number of days taken to determine other

planning applications) and an indication of the direction of travel and a summary of action that was being taken to address these issues.

Councillors questioned performance in respect of determining planning applications, in particular the determination of straightforward applications as performance had deteriorated from April 2012 when targets were achieved. Officers explained that the Council was still following the lean system that had led to the initial improvement. The Committee noted that delays were caused when officers requested further information from applicants, which was not forthcoming. Further information was often requested when applicants had not followed or not taken pre-application advice from officers. To develop a more customer focused service, officers had not given applicants deadlines by which information needed returning, which delayed determination.

Measures had been put in place to proactively manage applications and follow-up requests with customers. Committee members indicated that if an applicant did not meet deadlines for submitting further information, they thought applications should automatically be put forward for determination. Officers also explained that straight forward applications could include developments with up to 9 properties; further delays were subsequently experienced negotiating community benefits. It was noted that the time it took to determine applications did not affect performance figures until after the matter had been determined. This meant that performance figures were skewed whenever a longstanding application was resolved.

Councillors suggested that additional meetings of the Development Control Committee could be called to deal with the backlog of information. The Development Management Service Manager explained that a new forward plan of applications had been developed which helped predict the number of applications that would be considered at a particular meeting. Councillors referred to previous arrangements when Development Control Committee meetings were held on a 3-week cycle and suggested that a return to these arrangements could help clear the backlog.

Committee members questioned the terminology used in the performance report and suggested that the “direction of travel” aspect of the report could prove difficult to understand. It was suggested that the heading could be adjusted to “is performance improving”, with a yes/no option.

The Strategic Director for Development and Growth gave a presentation which summarised progress against the projects within the “Grow The Economy” priority, including: station approach, the Grantham Business Innovation Centre, Wide Westgate, Market Place planters scheme, southern quadrant, the shop front improvement scheme and the Grantham Gateway.

23. PROCUREMENT LINCOLNSHIRE

Marie Kaempfe-Rice and Mark Harvey presented the Procurement Lincolnshire

Annual Report for 2011/12, which was circulated with the agenda. They explained that Procurement Lincolnshire had two main priorities: efficient, effective sustainable procurement and socially responsible procurement. Following a district council contribution of approximately £40k, Procurement Lincolnshire reported savings of £366k for South Kesteven.

The officers emphasised the benefits of collaborative working and explained that undertaking a spend analysis of contracts and identifying common vendors highlighted potential opportunities.

The preferred method for tendering was electronic. Procurement Lincolnshire used a secure web-based system and was preparing the rollout of further software which provided an electronic contract management tool, on which the council's contract register would be maintained.

Procurement Lincolnshire had been a case study in a review of shared service by the Local Government Association, from which officers reported positive feedback.

During 2011/12, work continued to support supplier development. Training had been delivered to suppliers in conjunction with the Federation of Small Businesses and the Chamber of Commerce. A recent buyer event had attracted over 150 suppliers.

Two major initiatives for Procurement Lincolnshire during 2011/12 were a local small and medium sized enterprise policy which suggested that for contracts under £25k officers needed to obtain one quote from a local supplier and the development of a community purchasing plan. The community purchasing plan had five key themes:

- Identify opportunities
- Establish and manage contracts
- Build capacity for local small and medium enterprises
- Monitor and evaluate strategy
- Organisational improvements

Procurement Lincolnshire's governance arrangements had been altered; the Procurement Advisory Board was unchanged, however work undertaken through the Lincolnshire Finance Officers Group was now directed through a Strategic Procurement Board. Officers reported this was working better than previous arrangements.

Key performance indicators for Procurement Lincolnshire included:

- Value for money
- Training and development
- E-procurement
- Collaboration

- Community and customer involvement and regeneration

The officers were thanked for their presentation and left the meeting.

Councillors expressed their disappointment that the recommendations made as part of their scrutiny review had not been addressed, particularly highlighting the methodology for calculating savings and the sustainability of savings. It was proposed, seconded and agreed that Councillor King should approach the Chief Executive to do the following:

Action Point:

1. ***To confirm the Scrutiny Committee's recommendations had been put to a meeting of the Procurement Advisory Board and the Strategic Procurement Board for discussion and to make resolutions***
2. ***Request that the chairmen of the Procurement Advisory Board and the Strategic Procurement Board attend a future meeting of the Scrutiny Committee to go through their feedback***

24. DRAFT SCRUTINY COMMITTEE ANNUAL REPORT 2011/12

A copy of the Committee's draft report for 2011/12 was circulated with the agenda. It was proposed, seconded and agreed that the report should be put forward to Council.

Action Point:

The Scrutiny Committee's annual report for 2011/12 should be put forward for consideration at Council on 18 October 2012.

25. REPORTS FROM WORKING GROUPS

An update was provided on the progress of the working group looking at the process for developing the wind energy supplementary planning document (SPD). A presentation was made to the Communities Policy Development Group on 19 July 2012, which explained the process that would be followed. The Cabinet was due to consider whether to approve the draft document for consultation at its meeting on 3 September 2012. As the draft document would not have been ready for consideration on this date, the decision was deferred to the meeting on 1 October 2012.

A member of the public, Mr Worth, asked for permission to make a statement to the Committee. He suggested that the Committee could use its powers to question planning policy officers and urged the council to defer the consideration of any applications until the SPD had been adopted. The Head of Legal and Democratic Services advised the Committee that it could not direct the Development Control Committee as it had delegated authority from the

Council to determine planning applications in accordance with the law and the policies of the council.

Members of the committee questioned the status of a recommendation made at the meeting held on 12 June 2012, where Councillors recommended that “the process to adopt a wind farm supplementary planning document should not continue until all parish councils have been given the opportunity to participate in the consultation.” After the meeting officers had verified that correspondence had been sent to all parish clerks in respect of the SPD’s terms of reference. Councillors reported that parishes within their Wards had received the document and feedback had been submitted.

The Chairman explained that he was going to see the Head of Development and Growth on a related matter and was asked by the Committee for a progress update and find out whether there would be an opportunity for the Committee to consider the draft document when it became available.

26. WORK PROGRAMME

A working group meeting to consider the Committee’s work programme was scheduled for Monday 17 September 2012. Two additional items had been proposed for inclusion: contract monitoring of the grounds maintenance contract (particularly grass verges) and the consultation on proposed changes to ambulance provision by the East Midlands Ambulance Service. The final work programme would be presented to the Committee for its approval on 9 October 2012

27. REPRESENTATIVES ON OUTSIDE BODIES

Councillor Mrs Kaberry-Brown advised the Committee that the next meeting of the Lincolnshire Health Scrutiny Committee would take place during the week commencing 3 September 2012. Items the committee was considering and in which it had been involved included the performance of the East Midlands Ambulance Service and support for alcoholics, dementia sufferers and those with Parkinson’s disease. The committee had also submitted a representation about the proposed closure of the paediatric coronary unit in Leicester, to which the Minister had responded.

Representatives from the Welland and Deepings Internal Drainage Board had gone to another area to see a modern system for water management which had been introduced.

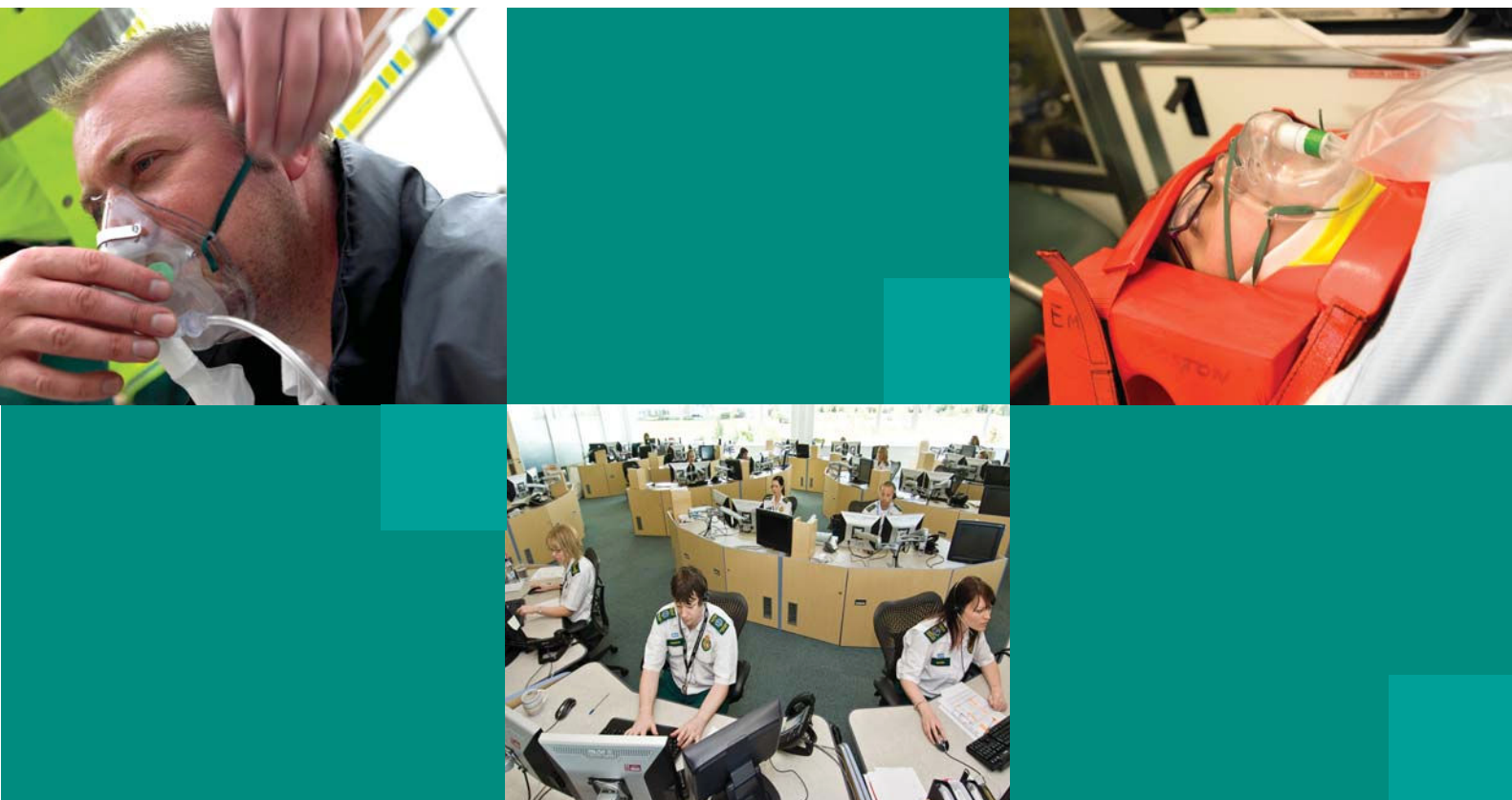
28. CLOSE OF MEETING

The meeting was closed at 12:54pm.



**Have your say on your
ambulance service**

'Being the Best'



**Formal consultation runs:
17 September–17 December 2012**



Who we are...

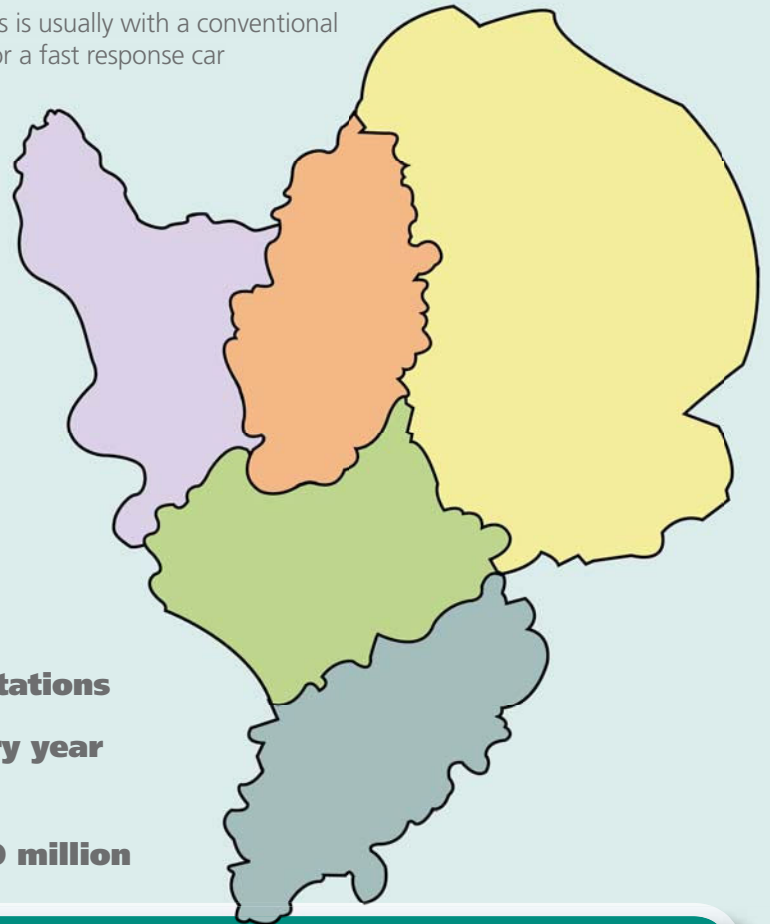
We are East Midlands Ambulance Service NHS Trust.

We provide emergency and urgent care to patients. The care we provide can be at the scene of incidents, in people's homes but fundamentally, we are the first to provide healthcare and treatment in an emergency or when it is most urgently needed, following a 999 call.

We have a number of ways to respond to 999 calls. This is usually with a conventional patient-carrying ambulance (with two crew members) or a fast response car (normally with one paramedic on board).

We cover the following areas:

- Derbyshire
- Nottinghamshire
- Lincolnshire
- Leicestershire
- Rutland
- Northamptonshire



Did you know?

- ▶ **We run a round the clock service**
- ▶ **We currently have 66 ambulance stations**
- ▶ **We receive over 776,000 calls every year and this is growing**
- ▶ **Our budget is in the region of £150 million**

What happens when we receive a 999 call?

As each emergency call is processed in our Control Room, the nearest available crew is identified and tasked to attend that call.

For example, a crew from location X may attend their first call in location X and take the patient to the nearest major trauma centre – location Y. When this call is complete, the crew now being available in location Y can be tasked to the next emergency or be deployed to a Standby Point. This is dependent on the service needs at the time. Whilst the crew are dealing with the call, another vehicle could be sent to provide cover in location X. If we didn't do this, location X would have no cover.

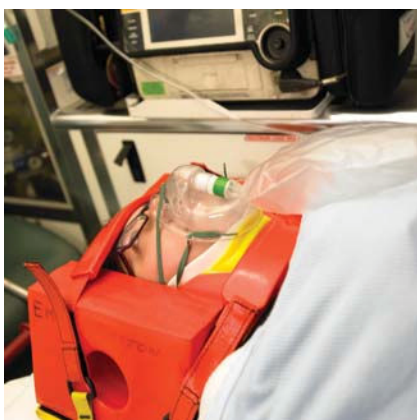
This is happening to all the crews across the East Midlands 24/7.

To help us provide cover throughout our region, staff are constantly monitoring 999 activity levels and moving vehicles to standby locations.

So, the vehicle you may see in your local town might well have started their shift from a base many miles away. Getting help to you quickly is what matters and ambulance vehicles are staffed by highly skilled clinicians with life-saving equipment. Where they started their shift is of no relevance.

The perception of crews sitting in ambulance stations waiting for the next call is simply not the reality and has not been the case for over twenty years or more.

What is this review about?



A word from Phil Milligan, Chief Executive



At East Midlands Ambulance Service (EMAS), we know we need to change and develop the way we deliver care and our services.

We have launched a 'Being the Best' programme to improve the way we work as an organisation; to become

the best ambulance service we can be. We have worked with highly trained, skilled and committed clinical colleagues – both internal and external to the ambulance service – to develop this approach. As such, we are truly committed to being an ambulance service that provides the best possible emergency and urgent care for all those living and working in the East Midlands.

We are looking at the clinical care patients receive and the time it takes to deliver that care, whether 'on scene' or 'over the phone'. We know that our performance needs to get better and we want to do that by changing the way we work, including engaging and involving the public and partners on this journey. This consultation document is about

putting those proposals to you, to understand your thoughts and ideas. It focuses on the way we deliver our services and we would like your help in shaping our future.

** Throughout the document we refer to clinicians, clinical colleagues and similar. These terms refer to medically trained individuals with various levels of education and specialisms.*



What are we proposing to change?

Community Ambulance Posts and Standby Points supported by state of the art Hubs: Fit for the future

We currently have 66 ambulance Stations based across the East Midlands. To realise the *'Being the Best'* programme, we are planning to have Community Ambulance Posts. These would be throughout the region in police, fire, or other healthcare and partner establishments. They will be where our crews can respond from when calls come through, make contact with local communities, keep in touch with our 999 call centre and use rest facilities.

We will continue to use Standby Points, which are where our crews wait for calls but will not have rest facilities. We are proposing to have a total of 131 Community Ambulance Posts, Standby Points and Hubs across the region.



We are proposing to have 13 Hubs. These will be purpose built. They will be where our staff start their shift and collect a fully equipped, well maintained and clean vehicle. They will also be a base for providing training and support for clinicians and support staff. The Hubs will be energy efficient and reduce our carbon footprint. We expect about 120 clinicians to be based at each Hub.

Clinicians will lead the way in defining what should be incorporated into the Hubs to improve the overall working environment, making for a more productive workforce.





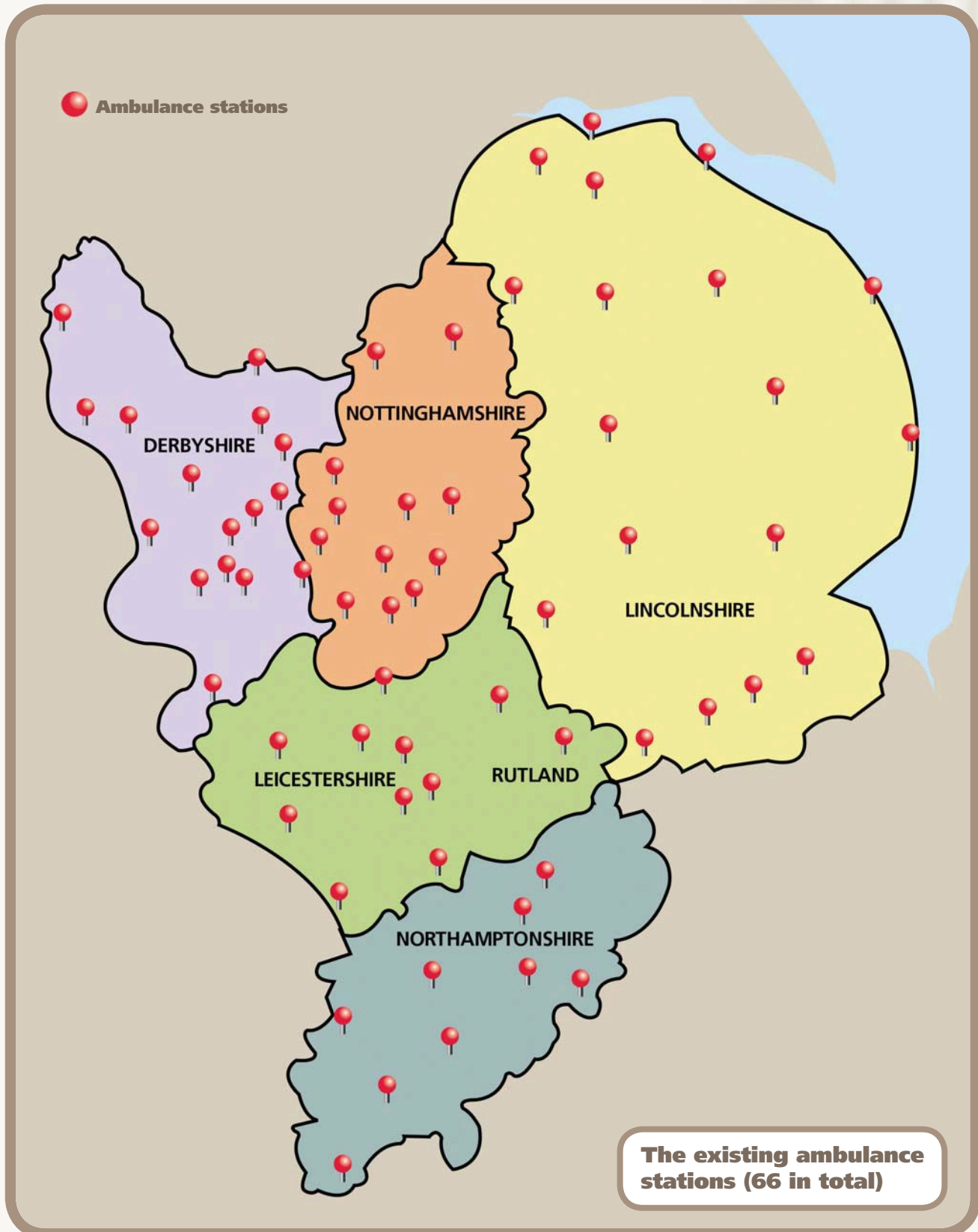
The Community Ambulance Posts, Standby Points and Hubs will be sited according to where they are most able to respond to calls received. This is based on information across a number of systems as well as local knowledge of road networks and requirements. We expect that the new sites will be flexible and close to the existing areas and that there will be more of them.



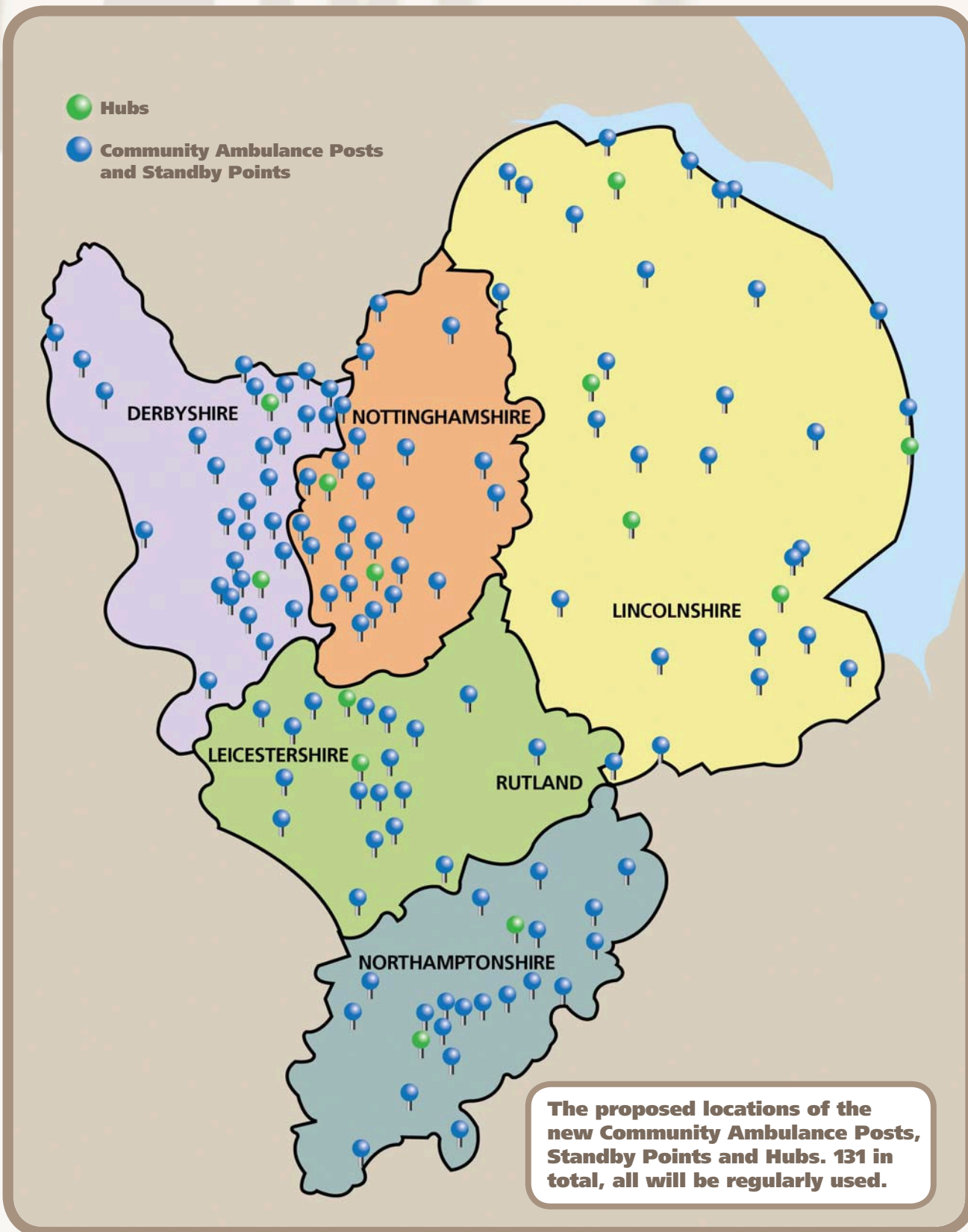
A case in point...

In Nottinghamshire, the West Bridgford Station was built in the 1960s. The number of 999 ambulance calls at that time was 75% lower than we receive today, so ambulances would spend a lot more time on the station. This is no longer the case. The station is also in the heart of a busy retail area and at peak time, traffic prevents clinicians from responding to your calls quickly. Under the new proposals, a Community Ambulance Post would be based at the corner of Loughborough Road and Boundary Road. Throughout the consultation we will be finding the best locations.

Where would the new facilities be?



More detailed maps for your area will be available at the public consultation meetings, online or by contacting us (see details on page 14).



Why are these changes needed?

Quality and safety: A clinical case for change



Changes happen every day in the NHS. As an ambulance service we need to respond to those changes. This means getting to patients as soon as possible to ensure we are taking full advantage of the treatment, care and

technological advances available to us and across the wider healthcare community e.g. trauma care, heart attacks and strokes. This is often termed getting patients to the 'right care, right place, first time'. We have a commitment within EMAS to ensure our service is able to deliver this, working with all our partners.

I am leading the clinical case for the changes we need to make. I will continue to work with lead professional clinicians from across the region, wider UK and internationally to understand what *'Being the Best'* looks like for patient care and clinical quality.

The changes we are proposing are all about improving our performance, that is, how quickly we respond to all life-threatening 999 calls.

To provide the fastest response possible, we have to make simple decisions. Do we spend our money on buildings or frontline services? Do we design

services to cut out the waste, so that our clinicians have more time to spend on patient care?

The fact is there is no direct link between clinical care and ambulance stations because we don't treat patients in our stations.

Our emergency ambulance vehicles are our mobile emergency treatment centres. The more money we can spend on the vehicles, and our colleagues who work on the frontline, the better.

The proposals for our estate mean that we will operate from 131 Community Ambulance Posts, Standby Points and Hubs. These will be sited in locations where we know they are needed, using historic and current data. Areas which have never had a local ambulance station will benefit too because the number of locations where crews are routinely on standby will actually increase.

The Hubs are purpose-built premises offering facilities such as 'make ready' teams. This means staff will be available to respond to 999 calls as soon as they come on duty; it is altogether a more productive and efficient approach.

Dr James Gray
EMAS Medical Director

What do our frontline clinicians think?

Part of the *'Being the Best'* programme involves a full scale review of how the service is managed. These changes will improve the care and speed of response. We are not changing what we do when we get to patients, we are just going to get better and faster at it.

Colleagues across the organisation will be involved and affected by the managerial changes and we are going to be talking directly to the groups and individuals concerned to ensure everybody understands the reasons for the proposals. We also want to understand different points of view and make sure we are making the right changes. So, all colleagues – managerial and clinical – will have the opportunity to feedback on the proposals in this consultation and ask more questions.

The proposals are as a result of listening to the concerns and wishes of our frontline staff.

Well maintained and clean vehicles, ready to respond to patients' needs



Why are these changes needed?

Effectiveness and efficiency



We want our ambulances closer to you and where you make the calls from to ensure you get the best service possible. Most of our stations were built, or started to be used, over 50 years ago, and clearly a lot has changed in that time. They do not reflect the growth and changing landscapes of our towns and cities.

For the vast majority of time during a 24 hour period, due to the nature of the modern day ambulance service, the buildings are left empty and are fundamentally garages. They no longer provide a fit-for-purpose solution to a modern ambulance service, which responds on average to a new 999 call every 45 seconds. Stations do not provide a direct role in improving response times or clinical care – indeed it is proven that ambulances are able to respond faster from standby locations.

Our ambulance crews work in pressurised environments, away from many of their colleagues. The Hubs will provide a location for more facilities and support when needed. This would include routine vehicle checks, cleaning and restocking items used for patients and would prevent any delays. This is currently done by clinicians before they respond to calls.

The current stations are also not in a good state of repair. An independent survey of all our buildings found that it would cost around £13 million to bring them up to the required standards. This is funding,

which in today's NHS we believe would be better invested in frontline care. We also have to pay for the security, heating, lighting and associated costs of buildings which are not utilised. The new purpose-built Hubs and Community Ambulances Posts would be paid for by no longer paying the bills for the existing larger, less efficient stations and selling off the land and old buildings.



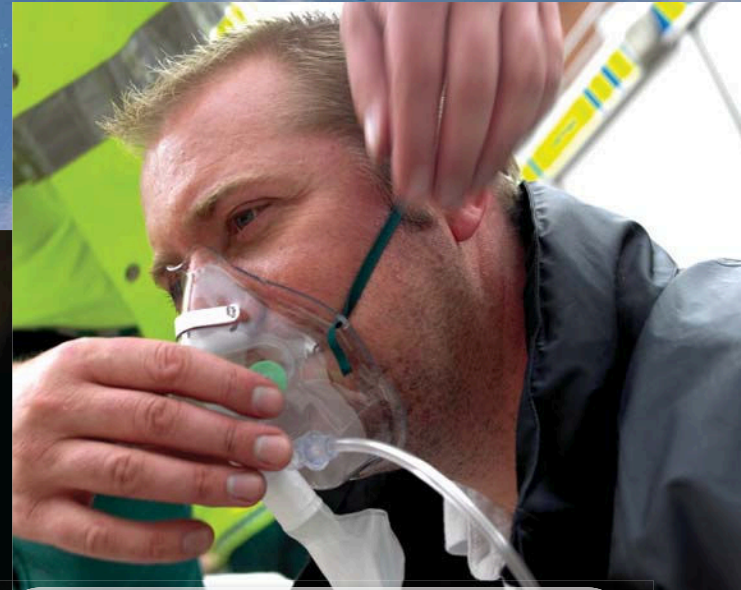


Paramedics will focus on frontline patient care under the new proposals, not vehicle maintenance

Top ten reasons for change

1

We don't treat patients in ambulance Stations – we are a mobile emergency health provider. Staff travel in ambulance vehicles to where help is needed.



2

Our current buildings are in need of major repairs and refurbishment – it will cost us about £13 million to put them right.

3

Our existing buildings are empty most of the time and we spend thousands of pounds each year on unnecessary lighting, heating and ground maintenance (grass and hedge cutting) costs.



4

We want crews to be available to respond to 999 calls as soon as they come on duty – not spending the first 20-30 minutes of their shift checking the vehicle's oil, water and tyres and restocking it with medical supplies.

5

Most of our buildings are old and are not in the best location to respond to calls.

6

We know that the number of 999 calls we receive will continue to increase in the coming years and we have to plan for the future – no change is not an option.

7

We are not changing the way we respond to 999 calls.

8

Every year, for the past five years, we have received around 5 per cent more 999 calls (last year we received over 776,000 emergency calls). To continue to meet demand, we need to use our resources better.

9

Creating Community Ambulance Posts which include facilities for frontline staff, including toilets, an area to make hot drinks and a seating area where they can rest and have a meal break, will be a vast improvement to the current location of many standbys currently used i.e. a car park, lay-by without any facilities.

10

Unlike current Ambulance Stations and the challenges we face because of their location and condition, our new Community Ambulance Posts can be flexible. This means that we can be ready for any change in the future to road networks or the size of communities.



Have your say



Next steps

Now you have read the consultation document, we invite you to complete the form at the end and return to us by midnight on **Monday, 17 December 2012**.

This will allow us to co-ordinate all the responses and analyse them. We will consider all the responses and the Board will receive a report on the views of the public and our staff before a decision is made in January 2013.

As you know, to meet the needs of patients and our staff we have to change. We want your views and for you to have your say and to influence the proposals. We will ensure we keep you informed. We expect the changes to be made between April 2013 and April 2018. During that time, we want to continue to work with you to help us get things right. Please let us know if you would like to become a Foundation Trust member so we can keep you informed and engaged with our work.

You can feedback your views by completing the form, tearing it off and sending to (no stamp required):

**Freepost RSBA-EETC-TGYH
‘Being the Best’ Consultation
East Midlands Ambulance Service NHS Trust
Trust Headquarters
1 Horizon Place
Mellors Way
Nottingham Business Park
Nottingham NG8 6PY**

- ▶ You can also find more information and give your views online at: **www.emas.nhs.uk**
- ▶ Email: **beingthebest@emas.nhs.uk**

You can attend one of our public meetings or a local action group where we are presenting our proposals. If you would like us to attend a meeting or interest group, please contact us and let us know. We'll do our best to accommodate any invitation.

- ▶ You can call us on **0800 917 9911**

**The consultation period runs from:
Monday 17 September until 0:00 on Monday 17 December 2012**

Feedback form

About you:

Although you can respond anonymously, your name, address and contact details are very important as it will help us analyse the results.

Name:
Address:
Postcode:
Email:

Your details will not be shared.

1. Are you happy for us to keep your details for future health development news or consultations through our Foundation Trust membership?

- Yes
 No

2. Please indicate your ethnicity:

- White British Irish Polish
 Asian Asian British
 White & Black Caribbean
 White & Black African
 White & Asian
 Black Black British Chinese
 Any other ethnic group

3. Preferred form of contact, (please tick):

- By email
 By post

4. Are you responding as, (please tick as appropriate):

- Staff
 Public
 Carer
 Organisation/Group

Other (Please state):

5. Are you responding as a result of

- Public meeting Group meeting
 Media Website link
 Word of mouth Other (Please state):

6. Is this document easy to understand and are there clear reasons shown for the proposals? See page 3.

- Yes No Don't know

7. The proposed plans are designed to ensure we are providing the best ambulance service possible. What do you think? See page 4-5.

- Yes No Don't know

8. Do you agree that we should establish Community Ambulance Posts and move away from the old ambulance stations? See page 10.

- Yes No Don't know

9. Do you agree that 'Super Stations' would mean that our ambulances are well maintained, clean and fully stocked? See page 10.

- Yes No Don't know

10. Do you agree with what we are proposing to call the new Hubs/Super Stations, Community Ambulance Posts and Standby Points?

- Yes No Don't know

Do you have any comments on this:

11. Our Medical Director, Dr James Gray, said:

"The fact is there is no direct link between clinical care and ambulance Stations because we don't treat patients in our Stations."
See page 8.

Do you have any comments on this:

If you have any additional comments, please write them in the box overleaf...

Your additional comments:

**This information is available in different languages and formats.
For more information, please contact 0800 917 9911.**

Agenda Item 11

SCRUTINY COMMITTEE WORK PROGRAMME 2012/13

12 June 2012	Future service provision at Grantham hospital	<i>A special meeting scheduled on 11 July 2012</i>
	Performance - Q4 report	<p>The report included a summary of measures, performance against them and direction of travel</p> <p>The Committee noted in particular, the indicators which related to: long-term sickness absence, fly-tipping, ticket sales for live events, market occupancy in Grantham and the collection of non-domestic rates.</p>
	Procurement Lincolnshire - feedback	<p>Consideration of report by Strategic Director – Corporate Focus which summarised responses to recommendations made in the Committee Scrutiny Review.</p> <p>The Committee asked for clarification of the governance structure and that representatives from Procurement Lincolnshire’s boards attend a future meeting to directly respond to the recommendations made in the Committee’s review.</p>
	Wind energy	<p>A question was received from a member of the public, which Committee members considered.</p> <p>The council was in the process of developing a supplementary planning document.</p> <p>There were concerns that parish clerks had not received consultation documents and the Committee recommended that the process to adopt an SPD should not continue until all parish council were given the opportunity to participate in consultation.</p> <p>The Committee set up a working group to scrutinise the process used to develop the SPD.</p>
11 July 2012	Future service provision at Grantham	Representatives from the South West Lincolnshire Clinical Commissioning Group and Grantham Hospital gave committee members a presentation on the Shaping Health Mid Kesteven,

		<p>which included information on services at Grantham hospital's accident and emergency department. They gave a further presentation on the provision of mental health services across Lincolnshire.</p> <p>Councillors asked questions of the panel on subjects including: possible reasons for public concerns, service delivery models, ambulance provision, paediatric services, staff recruitment and retention, governance, customer satisfaction, stroke care and consultation.</p> <p>Committee members agreed after the meeting to produce a press release which stated they felt reassured by what they were told. Reference was made to the release in the Grantham Journal on 13 July 2012.</p>
28 August 2012	Performance - Q1 report	<p>The Head of HR, Customer Services and Performance (Sue Griffiths) summarised report number PPMO2, which provided a summary of performance and project progress during the first quarter.</p> <p>The Strategic Director – Development and Growth (Ian Yates) gave a presentation on the progress of work within the Grow the Economy priority.</p>
	Scrutiny Committee annual report 2011/12	<p>The draft annual report was approved for submission to the council meeting on 18 October 2012.</p>
	Stamford and Rutland Hospital Clinical Strategy	<p>The Medical Director for Peterborough and Stamford Hospitals NHS Foundation Trust (John Randall) gave a presentation on the proposed Clinical Strategy for Stamford and Rutland Hospital.</p> <p>Councillors asked questions on the presentation and Mr Randall explained the next stages in producing the proposed Clinical Strategy.</p>
	Procurement Lincolnshire	<p>Representatives from Procurement Lincolnshire presented their 2011/12 annual report.</p> <p>The Committee agreed that the Chief</p>

		<p>Executive should be asked to facilitate the following</p> <ol style="list-style-type: none"> 1. To take the Scrutiny Committee's recommendations to a meeting of the Procurement Advisory Board and the Strategic Procurement Board for discussion and to make resolutions 2. Request that the chairmen of the Procurement Advisory Board and the Strategic Procurement Board attend a future meeting of the Scrutiny Committee to go through their feedback
9 October 2012	East Midlands Ambulance Service Consultation	
	Procurement Lincolnshire	
	Relationship between portfolio holders, officers and PDGs	
	Ratification of work programme	To ratify the draft work programme and the membership of Committee working groups
27 November 2012	Performance - Q2 report	
	Member training	Summary of feedback of Councillor training programme run after 2011 election
	Grounds maintenance – contract monitoring	
22 January 2013	First stage report of defibrillator/first aid working group	
	Grantham Area Action Plan & Site Allocations DPD (if required)	
19 February 2013	Performance - Q3 report	
	Final report of CCTV working group	
9 April 2013	Final report of the defibrillator/first aid provision working group	
June 2013	Performance – Q4 report	
	Impact of the self-financing of the HRA	

August 2013	Performance – Q1 report	
October 2013		
November 2013	Performance – Q2 report	
January 2014		
February 2014	Performance – Q3 report	
April 2014	Improving Broadband in rural areas	Review work undertaken by onLincolnshire
June 2014	Performance – Q4 report	
	Conclusion of work on Member Development	
August 2014	Performance – Q1 report	
October 2014		
November 2014	Performance – Q2 report	
January 2015		
February 2015	Performance – Q3 report	

April 2015		

Specific topics from the housing programme of work and items relating to planning matters will be programmed in as they emerge

MEMBER WORKING GROUP RECORD

GROUP/COMMITTEE	Scrutiny Committee
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MEMBER WORKING GROUP (Name)	Defibrillator/first aid
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MEMBERSHIP OF WORKING GROUP	Councillor Cosham
	Councillor Mrs Kaberry-Brown
	Councillor Russell
	Councillor Mrs Smith

NAME OF LEAD MEMBER	
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NAME OF LEAD OFFICER	
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TIME LIMIT FOR REPORT/DELIBERATIONS	
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DATES OF MEETINGS	

REPORTS TO POLICY DEVELOPMENT GROUP/SCRUTINY COMMITTEE	
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MEMBER WORKING GROUP RECORD

GROUP/COMMITTEE	Scrutiny Committee
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MEMBER WORKING GROUP (Name)	Planning matters
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MEMBERSHIP OF WORKING GROUP	Councillor Powell
	Councillor Cosham
	Councillor Davidson
	Councillor Nalson

NAME OF LEAD MEMBER	
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NAME OF LEAD OFFICER	
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TIME LIMIT FOR REPORT/DELIBERATIONS	
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DATES OF MEETINGS	

REPORTS TO POLICY DEVELOPMENT GROUP/SCRUTINY COMMITTEE	
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MEMBER WORKING GROUP RECORD

GROUP/COMMITTEE	Scrutiny Committee
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MEMBER WORKING GROUP (Name)	CCTV provision
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MEMBERSHIP OF WORKING GROUP	Councillor Powell
	Councillor Davidson
	Councillor Howard

NAME OF LEAD MEMBER	
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NAME OF LEAD OFFICER	
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TIME LIMIT FOR REPORT/DELIBERATIONS	
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DATES OF MEETINGS	

REPORTS TO POLICY DEVELOPMENT GROUP/SCRUTINY COMMITTEE	
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MEMBER WORKING GROUP RECORD

GROUP/COMMITTEE	Scrutiny Committee
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MEMBER WORKING GROUP (Name)	Representatives on outside bodies
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MEMBERSHIP OF WORKING GROUP	Councillor King
	Councillor Sampson

NAME OF LEAD MEMBER	
NAME OF LEAD OFFICER	
TIME LIMIT FOR REPORT/DELIBERATIONS	

DATES OF MEETINGS	

REPORTS TO POLICY DEVELOPMENT GROUP/SCRUTINY COMMITTEE	
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