

# AGENDA



For a meeting of the
<b>SCRUTINY COMMITTEE</b>
to be held on
<b>TUESDAY, 22 JANUARY 2013</b>
at
<b>10.00 AM</b>
in
<b>THE WITHAM ROOM, COUNCIL OFFICES, ST. PETER'S HILL, GRANTHAM. NG31 6PZ</b>
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: <a href="mailto:j.toomey@southkesteven.gov.uk">j.toomey@southkesteven.gov.uk</a>

**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 27 NOVEMBER 2012**

**(Enclosure)**

**6. UPDATES FROM PREVIOUS MEETING**

**7. FEEDBACK FROM THE EXECUTIVE**

**8. MEMBER TRAINING**

Presentation from the Human Resources and Organisational Development Manager.

**(Enclosure)**

**9. DEFIBRILLATOR/FIRST AID WORKING PROVISION**

Report number ENV578 by the Environmental Health Service Manager.

**(Enclosure)**

**10. POLICY DEVELOPMENT GROUP ARRANGEMENTS**

Verbal update from the Community Engagement and Policy Development Officer.

**11. REPORTS FROM WORKING GROUPS**

Proposals for reporting on Council members' attendance on outside bodies (Councillors Michael King and Bob Sampson).

**(Enclosure)**

**12. WORK PROGRAMME**

**(Enclosure)**

**13. REPRESENTATIVES ON OUTSIDE BODIES**

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

## ACTION NOTES

SCRUTINY COMMITTEE

TUESDAY, 27 NOVEMBER 2012



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### COMMITTEE MEMBERS PRESENT

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)  
Councillor Frank Turner

### OFFICERS

Head of Development and Growth (Mark Williets)  
Head of Housing and Neighbourhoods (Ian Richardson)  
Head of HR Customer Service and Performance (Sue Griffiths)  
Community Engagement and Policy Development Officer (Carol Drury)  
Principal Democracy Officer (Jo Toomey)  
Performance Management Officer (Sam Selby)  
Team Leader Operations (Mike Smith)  
Grounds Maintenance Supervisor (Lynne Le Conte)

### OTHER MEMBERS

Councillor Michael Cook  
Councillor Ian Selby

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### 38. DISCLOSURE OF INTERESTS

No interests were disclosed.

### 39. ACTION NOTES FROM THE MEETING ON 9 OCTOBER 2012

The action notes from the meeting held on 9 October 2012 were noted and agreed as a correct record subject to the following amendments:

- The addition to action note number 33 ('Being the Best' – East Midlands Ambulance Service NHS Trust Consultation) of: "Committee members

highlighted the importance of local knowledge and local drivers particularly in the Fenland area.”

#### **40. UPDATES FROM PREVIOUS MEETING**

##### Relationship Between Portfolio Holders, Officers And Policy Development Groups

One Councillor queried the third action point at action note 34: “That a progress report be presented to the Scrutiny Committee in October 2013, including a summary of the progress of recommendations”. This related to operational improvements in the workings of the policy development groups. These were introduced following the appointment of the Community Engagement and Policy Development Officer. Councillors suggested that they should be involved in any changes before they happened instead of reviewing them when they had been operating for a year.

##### ***Action Point:***

***Include an item on how policy development groups’ work to the agenda for the Committee’s next meeting on 22 January 2012.***

##### Work Programme

A Councillor requested that the names of working group members be included in the work programme to provide points of contact for any other Member with information or ideas.

##### ***Action Point:***

***Include details of working group membership in the Committee’s work programme.***

#### **41. EAST MIDLANDS AMBULANCE SERVICE - 'BEING THE BEST' CONSULTATION**

The Chairman welcomed three representatives from East Midlands Ambulance Service (EMAS) to the meeting:

- Jon Sargent – Director of Finance
- Lynn Rutland – Service Delivery Manager
- Greg Cox – Operational Support Manager, Lincolnshire

Mr Sargent gave a presentation on EMAS’ ‘Being the Best’ consultation. The programme comprised a package of changes in respect of asset management, service provision, deployment and staff management. The document, which constituted an estate strategy comprised changes aimed to make the most of clinical staff and improve performance against key targets.

As part of the consultation, EMAS was talking to patients, the public and stakeholders. Key proposals included replacing 66 ambulance stations with 13 hubs/super stations and introducing 118 Community Ambulance Posts (CAPs). Five hubs were planned for Lincolnshire. The hubs would be the start and end point of the working day, providing a base for vehicle maintenance and the clinical cleaning, stocking and preparing of ambulances; these activities currently carried out by ambulance crews would be undertaken by dedicated staff. There would also be an educational facility, which would replace regional facilities, so that staff could be trained locally. Management/supervisory staff would also be available at hubs to brief and debrief teams as appropriate.

CAPs would replace standby points (points at which ambulances park in laybys, car parks, etc.) All CAPs would include a building which provided facilities for crews to rest. These would either be shared facilities with other local stakeholders, or when this option was not available, modular buildings. The location for CAPs was based on modelling work that identified the best places from which to respond to help EMAS provide a better service.

Councillors were reassured that the number of ambulances and the level of cover would stay the same. Throughout the strategy period, EMAS was working to reduce the age of the fleet from ten years to five years.

Deployment systems were also under review so that callouts received a proportional response appropriate to the incident. This would mean sending the most skilled paramedics to the most serious incidents. Shift patterns would also be staggered so that not all ambulances were off the road for changeover simultaneously.

The model proposed by EMAS had been successfully introduced by West Midlands Ambulance Service who reported good results, and the South Coast Ambulance Service. The model was also used internationally.

So that the feedback of local people could be fully incorporated within detailed proposals, Mr Sargent explained that the consultation was on the broad principles only. When local views had been fed in, more detailed plans would be developed. Consultation had taken a variety of formats which included public meetings, general meetings, media releases, EMAS' website, social networking sites, free phone and free post. Consultation with staff was also underway.

Mr Sargent advised the Committee that EMAS hoped that all changes could be achieved from within existing resources.

The Committee was advised that proposals would be formally submitted to the EMAS board in January 2013 and changes would be implemented between April 2013 and April 2018. Mr Sargent summarised that by making the changes, EMAS aimed to ensure patients received the right clinical care, response times

were improved, the Trust would be the best it could be providing a modern service fit for the future with increased support for staff.

Members of the Committee were invited to ask questions. A summary of discussion is provided below:

- Citing a document produced by Unison one Councillor questioned whether it was correct in stating the future plan was the existing plan. The 'Being the Best' programme was not the same as existing arrangements; no current station was big enough to turn into a hub. It was noted that some existing ambulance stations could be turned into community ambulance points.
- The map included in the presentation which showed proposed hubs and CAPs in relation to key road networks did not include the A1. Councillors highlighted the importance of quick access to the A1. CAPs were planned for Stamford and Grantham which would provide this access.
- Ambulances with the most highly trained paramedic staff would be deployed on the same basis as present. Units would go to the nearest call and despatch would be based on priority need.
- While travelling to and from hubs increased the mileage at the start and end of shifts, the number of miles travelled during the day should reduce because of the strategic location of CAPs.
- Local maintenance should ensure that a lower percentage of the ambulance fleet is off the road than under the current provision of two regional garages.
- Rural police stations were suggested as possible CAPs.
- As hubs needed to be eco-friendly, councillors suggested including solar panels and rain reservoirs in designs. It was suggested that the Trust might be able to access grant funding to provide these.
- One councillor and former paramedic commended the proposals and in response to concerns about sufficient cover in the event of a major accident stated that all resources would redeploy to ensure sufficient cover across the whole area.
- Existing arrangements provided for staff to choose whether they were available for call during meal breaks. Negotiations were underway in respect of ongoing arrangements.
- Councillors noted that initial consultation was based on broader principles and computer modelling and were pleased that the input of local stakeholders received through the consultation would define the detail of proposals.
- The location of CAPs was based on modelling. Councillors were assured that decisions would not be based on the re-sale value of the land on which current ambulance stations were sited.
- The full range of hub staff may not be available 24 hours a day however there would be sufficient coverage to allow round the clock operation, which was as efficient for crews as possible.
- EMAS was funded for each journey undertaken; pricing was subject to

national rules but based on local prices. EMAS was working with commissioners to try and identify ways in which funding could be increased, particularly in Lincolnshire.

- East Midlands Ambulance Service was running a programme to train people as paramedics. In response to a councillor's question, officers explained that when former army medics applied and their skills matched, they were appointed as paramedics.
- Councillors expressed concern that in the construction of hubs, improvements to the fleet should remain a top priority. EMAS officers reassured the Committee that continued improvements were planned to the fleet with an annual capital spend of approximately £5m (£4m on ambulances and £1m on IT equipment within ambulances and for despatch purposes). All of the vehicles that the Trust was buying were capable of carrying bariatric patients.
- Concern was expressed about the proposal to locate a CAP in Morton and not Bourne. Councillors highlighted the benefit of using Bourne, noting particularly that it was a growing town with a higher volume of people. They hoped this local knowledge would be used to inform the final location of the CAP. It was also suggested that Grantham would be a more suitable location for a hub than Sleaford.
- The Eastern region was exploring adopting the same model of operation. Both Trusts were liaising with other Ambulance Trusts in the UK, including neighbouring Trusts.

The Chairman thanked the representatives from EMAS for attending the meeting and answering the Committee's questions.

*The meeting was adjourned between 11:43 and 11:55*

#### **42. QUARTER 2 PERFORMANCE REPORT: SUPPORT GOOD HOUSING FOR ALL**

The Performance Management Officer presented the quarter 2 performance report which had a focus on the council priority 'support good housing for all'. The reports listed projects that had been successfully completed; three projects had been signed off (the purchase of a new electoral registration/elections software system, 'tell us once' and the outsourcing of careline alarms). It was hoped that the Gravity Fields Festival project would be signed off by the Performance and Programme Board by the time the Scrutiny Committee received its next update.

Performance in development management, the abandoned call rate, the percentage of the housing stock which met the decent homes standard and sickness levels were highlighted and updates provided. Councillors questioned why, despite improved performance, the sickness level showed as red and questioned whether it should be amber. Because of previous performance in this area, the tolerance between achieving a target and not achieving a target was tight. It was up to the service manager and head of service to determine

how performance should be represented.

The Head of Development and Growth provided an updated on actions that had been taken to improve performance against development management planning targets. A performance clinic had been held which led to a number of recommendations. Performance measures were based on the average amount of time it took to determine planning applications unlike the old best value performance indicator measure which had a single target. It was recognised that ways of working needed to reflect this change.

Officers were becoming more proactive in respect of applications chasing up applicants required to submit additional information. Development officers were also working more closely with statutory consultees to improve the speed with which applications are determined. Additional meetings of the Development Control Committee had been called to help catch up with the backlog of applications.

It was hoped that by quarter 1 in 2013/14 performance would be meeting targets and could be maintained for the full year.

Councillors asked questions about the circumstances under which officers could refuse applications because additional information was required but not supplied promptly. It was suggested that officers could issue a deadline for the applicant to provide responses; failure to meet that deadline would see that application being put forward for decision on the facts available. There was some risk attached to determining applications without sufficient information.

The Head of Development and Growth explained that the determination period through which performance was measured, began when an application was validated. An application was validated when it was received with all information required within a local checklist. When officers found an application that did not include sufficient information, the applicant was contacted immediately.

In response to a question from a Committee member, the Head of Development and Growth provided an update on Section 106 officer. The Council had a dedicated officer who monitored trigger points and ensured that payments were made to the appropriate place at the correct time.

The Head of HR, Customer Service and Performance explained the roles of the Performance and Programme Board (this monitored the development and progress of projects in support of the council's priorities) and how performance clinics operated (peer challenge by officers outside the service).

The Head of Housing and Neighbourhoods talked to the Committee about the Council's 'good housing for all' priority and associated projects. He explained that following the completion of careline alarm outsourcing, the monitoring of calls was undertaken in Lincoln while the despatch of officers to calls had not

changed.

The Localism Act required a review of the Housing Programme. Councillors noted in particular new opportunities to develop new affordable housing which was a result of the refinancing of the Housing Revenue Account. Council tenants would have more input into provision of services through the introduction of a dedicated tenant's scrutiny panel. Performance against targets in respect of void properties had improved; the target for the number of days a property was void was 29 and was running in November at a rate of 23.88 days. In total approximately 1.81% of the Council's housing stock was void (including minor and major voids) however a stretch target of 1% had been set.

An increase in the number of approaches from households presenting as homeless was reported. Referrals were often made to landlords in the private rented sector. On a number of occasions the Council's rent deposit scheme had supported people finding accommodation (81 households year to date against a full year target of 100). 16% of approaches travelled through the statutory homelessness route, a real terms increase against previous year performance.

Councillors were also advised of potential impacts resulting from welfare reform. Specifically highlighted was the change to housing benefit entitlement for under-occupancy (reducing benefits for people living in accommodation beyond what they need). Pensioners were exempt from this change. Estimates showed approximately 1,000 households in district council housing were likely to be affected. The Council had put in place contingencies where households classed as overcrowded or under-occupied could swap to properties of a suitable size.

Councillors were given the opportunity to ask questions and make comments. In so doing, the Committee was advised that the council had a duty to provide housing advice and a general duty to house people who met statutory criteria laid down in the Homelessness Act.

Councillors were advised that the Council had a duty to ensure its properties met the Decent Homes Standard. Current performance against a target of reaching 100% properties by 2015 was running at 97%. This work was covered in the capital programme and mapped within a rolling programme of improvements. Stock condition surveys also helped inform this.

The Committee was advised that although void properties were brought up to the highest standard, they were still, on occasion, turned down; this was particularly the case for some older persons' accommodation. Councillors suggested that this could be because the accommodation did not sit on public transport routes, which made them less attractive, particularly in respect of older people.

Councillors were advised that electrical testing was responsible for some of the

delays turning round void properties. This was necessary work and officers were working closely together to meet the needs of all concerned.

In response to a question from a councillor, the Head of Housing and Neighbourhoods stated that the market for flats had tailed off. He suggested that despite appearing more affordable, they were still above the means of some people wanting to get into the housing market possibly because lenders were wary and first time buyers were unable to secure a deposit. It was suggested that there could potentially be good news for the private-rented sector as landlords could buy cheaper; it was hoped that they would pass on their savings to tenants by reflecting this in their rents.

Committee members noted changes in the demands of tenants; people wanted properties with an additional bedroom so that they could have visitors. Mr Richardson suggested that the Council might need to investigate the configuration of adaptable properties. The attention of members was redrawn to housing benefit changes in respect of the 'bedroom tax'.

The Head of Housing and Neighbourhoods summarised the housing programme of work and explained that the Council must have a Tenancy Strategy in place by 15 January 2012. To complement the programme, additional work would include consideration of how the Council controls the housing register and the allocations policy.

The call centre service had been outsourced and was being carried out by City of Lincoln Council. Responding to a question on the involvement of Procurement Lincolnshire Mr Richardson explained that they had only been involved in the Supporting People Contract. He further answered that the Council needed to recover costs on services provided and the districts were at the beginning of the tendering process.

#### **43. GROUNDS MAINTENANCE CONTRACT MONITORING**

The Team Leader for Operations from Property and Facilities and the Grounds Maintenance Supervisor gave a brief presentation which outlined the current grounds maintenance contract in relation to grass verge cutting and flower maintenance. This contract was due to end in 2013 and work was underway to develop a new, more robust contract, which would cover the whole county. The countywide contract would begin in 2014, so officers were negotiating with the current contractor to extend their contract to fill the gap.

Councillors were advised that Lincolnshire County Council paid SKDC to cut verges; this was then contracted out to Veolia. Officers added that historically SKDC had cut verges more often than was paid for by the county council.

Officers explained that the Council had received a number of reports over the summer when the contractors had not performed the cutting of verges within the contract specification; this was partially attributed to bad weather. While

officers had brought failings to the attention of the contractor, it was felt the current contract was too lenient in times of contractor failure. Councillors felt that monitoring had been an issue and acknowledged the work that officers had undertaken.

Members of the public and parish councils had helped considerably in the monitoring of the contract by directly contacting the Council with their complaints and had assisted officers challenging the contractors for not fulfilling the requirements of the contract.

Some concern was expressed about the gap between the cessation of the current contract and the start of a new contract, and negotiating with the existing contractor to continue work in the interim. Officers explained that Procurement Lincolnshire was developing the new contract, which had to fit with other authorities in the county. Working with Procurement Lincolnshire offered the opportunity of economies of scale. Councillors emphasised the importance of providing a quality service.

One village in the district had taken over the maintenance of open spaces; they were paid by the district council at the same rate as the current contractor. The village had, through its parish council, increased the precept so it could make further improvements to this service in the local area. In response to a question about whether parish councils could take on the responsibility in their areas following the implementation of the new contract, the Council would do everything it could to ensure those that wished to do so could. This would involve serious negotiation with parishes to make sure they were aware of the level of commitment they would be taking on and to also make sure that they had sufficient resources in place.

The chairman thanked the officers for their presentation.

#### **44. REPRESENTATIVES ON OUTSIDE BODIES**

The Committee was advised that officers were now in place at the Welland Deepings Internal Drainage Board.

Councillor Russell had attended the last meeting of the Lincolnshire Health Scrutiny Committee. The committee asked that the Council appoint him as an authorised substitute.

#### **45. CLOSE OF MEETING**

The meeting was closed at 14:30.



# Unlocking our potential

Engagement PDG  
30<sup>th</sup> November 2012

Member Development  
Programme





# Unlocking our potential

## Historical Context

A framework for Member Development over 4 years according to role

Front loaded programme in year 1

County wide / Regional programmes / externally funding





# Unlocking our potential

Year 1 / 2

SKDC Induction

Core Skills

Quasi Judicial Training

Scrutiny committee

Media Training

Total training delivered **426** interventions  
(equivalent of over **7** days per councillor)





# Unlocking our potential

## Core Skills Programme

### Constitution

Introduction to Local Government

Finance 1 & 2

IT Training

Staying within the law

Ward Profiles

Health & Safety

PR & Reputation Management





# Unlocking our potential

## Post Induction

role based needs

### Tiered Approach

Level 1 - Core training for all members

Level 2 - Committee based specialist training

Level 3 - PDG based training

Level 4 - Chair/ vice chair of Committee/ PDG

Level 5 - Cabinet





# Unlocking our potential

## Level 1 All councillors

Community leadership

Supporting constituents /managing case work

Risk management

Ethical governance

Speed reading

Research methods

IT training

Current issues updates

Working with Equalities Impact Reports

Emergency planning update





# Unlocking our potential

## Level 2 Committee based specialist training

Scrutiny  
Development Control  
Licensing  
Constitution  
Standards  
Governance and audit



*Your council working for you*



# Unlocking our potential

## Level 3 PDG

PDG specific update briefings topical / needs/ issues

## Level 4 Chair Vice/Chair

Chairing Skills

Understanding Overview and Scrutiny from the Chair



*Your council working for you*



# Unlocking our potential

## Level 5 Cabinet

Topical updates

Leadership development

Effective partnership working



*Your council working for you*



# Unlocking our potential

## Meeting Learning Requirements

Collaborative working with Lincolnshire Authorities & East Midland Councils – update

SKDC programme

a blend of traditional face to face delivery

+ Shadowing /Coaching

+ Peer mentoring

+ Self study opportunities



*Your council working for you*

## REPORT TO SCRUTINY COMMITTEE

**REPORT OF: SERVICE MANAGER –ENVIRONMENTAL HEALTH**

**REPORT NO: ENV578**

**DATE: 22 JANUARY 2013**

<b>TITLE:</b>	Defibrillators and first aid provision	
<b>KEY DECISION OR POLICY FRAMEWORK PROPOSAL:</b>	N/A	
<b>PORTFOLIO HOLDER: NAME AND DESIGNATION:</b>	Councillor John Smith Healthy, Green and Arts Portfolio Holder	
<b>CONTACT OFFICER:</b>	David Price - Service Manager Environmental Health 01476 40 6328 Email <a href="mailto:d.price@southkesteven.gov.uk">d.price@southkesteven.gov.uk</a>	
<b>INITIAL IMPACT ANALYSIS:</b>  Equality and Diversity	Referred to in paragraph (7) below	Full impact assessment Required:
<b>FREEDOM OF INFORMATION ACT:</b>	This report is publicly available via the Your Council and Democracy link on the Council's website: <a href="http://www.southkesteven.gov.uk">www.southkesteven.gov.uk</a>	
<b>BACKGROUND PAPERS</b>		

## **1. RECOMMENDATIONS**

- 1.1 That the Scrutiny Committee consider the possible benefits of providing defibrillation equipment at suitable locations at council owned facilities and compare this option with alternative provision that is currently available. It is recommended that no changes to the current arrangements are made.

## **2. PURPOSE OF THE REPORT**

- 2.1 To set out the background to first aid provision required by law and describe how this is met at the council.
- 2.2 To provide a background to the use of defibrillators, existing 999 arrangements and some alternative options for possible deployment across the council

## **3. DETAILS OF REPORT**

- 3.1 The requirement for first aid provision that the council has to meet is set out in The Health and Safety (First-Aid) Regulations 1981
- 3.2 Aimed at all industries, this document sets out the aspects of first aid at work regulations that employers need to address in the workplace.
- 3.3 It provides guidance on:
- managing the provision of first aid (first-aid kit, equipment, rooms etc)
  - requirements and training for first aiders
  - requirements for appointed persons
  - making employees aware of first-aid arrangements
  - first aid and the self employed
  - cases where first-aid regulations do not apply
- 3.4 The legislation suggests the following numbers of first aiders
- 0 – 50 staff = one appointed person
  - 50 – 100 staff = one first aider (with an additional first aider for every additional 100 staff) .
- 3.5 The council has arrangements in place to meet the requirements of the regulations with first aid provision both of equipment and trained staff at suitable locations. 23 trained first aid staff are distributed across the organisation (appendix 3).
- 3.6 Defibrillation equipment is not covered by nor specified within the regulations.

### Defibrillation

- 3.7 In the UK one person suffers a heart attack every two minutes on average. Electrical defibrillation is well established as the only effective therapy for cardiac arrest caused by ventricular fibrillation or pulse less ventricular tachycardia. The use of CPR will help to maintain some blood and oxygen distribution. But the Resuscitation Council state that the chances of a

successful defibrillation decline at a rate of about 10% every minute. The scientific evidence to support early defibrillation is overwhelming and the delay from collapse to delivery of the first shock is the single most important determinant of survival.

- 3.8 Automated External Defibrillators (AED) have grown in use outside of hospitals and can be used by non medical persons. They are sophisticated and computerised devices that analyse the victims need for a shock. Fully automated devices are available and literature states they will not deliver a shock if this is contra-indicated.
- 3.9 Although some literature suggests that minimal or no training is required to operate AED, there are several providers of both the equipment and training to support it. It would be very understandable if untrained individuals were reluctant to use AED.
- 3.10 This reluctance to use the equipment is an issue that needs to be carefully considered when weighing the options. Even if willing volunteers can be found and training is provided it is possible that a lack of experience will delay the application of shock. It is also very possible that existing first aiders will be reluctant to accept the additional responsibility of using an AED.
- 3.11 An organisation called LIVES has been formed and covers the whole of Lincolnshire. It provides a suitable option with trained personnel experienced in the use of AED and with a target response time of 5-6 minutes. This organisation is automatically contacted when a 999 call is made and aims to be at the patient's side within 5-6 minutes and on average sooner than the emergency services. See Appendix 1.
- 3.12 It is therefore recommended that the council make no changes from the existing first aid provision which meets legal requirements and relies on persons delivering CPR making a 999 call and awaiting the arrival of LIVES / emergency medical staff to deliver a shock.

#### **4. OTHER OPTIONS CONSIDERED**

- 4.1 A further option for the committee to consider would be to provide an AED at locations where larger numbers of staff/the public are present and where there are already staff trained in basic first aid and who may be willing to take on this additional responsibility. Possible locations might be
  - SKDC offices at Grantham
  - The Depot , Alexandra Road, Grantham
  - Bourne CAP
  - Grantham Arts Centre
  - Stamford Arts Centre
- 4.2 It is understood that the leisure centres have their own arrangements via Leisure Connection and defibrillators are available at these sites.

**5. RESOURCE IMPLICATIONS**

- 5.1 If the recommendation is accepted there are no specific resource implications.
- 5.2 However if the alternative option in 4 above is adopted there will be some resource implications. Defibrillators typically cost in the region of £800 each. It is recognised that staff will require training to be confident to use the equipment. Some typical costs including training are shown in appendix 2. These costs relate to St John Ambulance but several other providers are available. Volunteers may be sought from within the group of existing first aiders but it is unknown whether they would want to accept this responsibility. It may also be necessary to recognise this additional responsibility with a payment and there will be ongoing training commitments.

**6. RISK AND MITIGATION**

- 6.1 Risk has been considered as part of this report and any specific high risks are included in the table below:

Category Risk	Action / Controls
Allegations that the administration of shock was contributory to an individual's death	Use of fully automated AED <u>only</u> and delivery by trained experienced personnel from LIVES.

**7. ISSUES ARISING FROM IMPACT ANALYSIS**

- 7.1 Not applicable

**8. CRIME AND DISORDER IMPLICATIONS**

- 8.1 Not applicable

**9. COMMENTS OF FINANCIAL SERVICES**

- 9.1 If the proposed recommendation is accepted then there will be no cost implications as a result, however if any of the options outlined in appendix 2 are chosen these will result in additional costs which are not part of the budget framework. Therefore, suitable funding will need to be identified in order to meet this.

**10. COMMENTS OF LEGAL AND DEMOCRATIC SERVICES**

- 10.1 As stated within the report The Health and Safety (First-Aid) Regulations 1981 do not place a legal obligation on the Council to introduce an Automated External Defibrillators (AED) system within Council buildings.
- 10.2 If the alternative option is preferred (i.e. the introduction of AED) then it would be advisable prior to its introduction to consider and discuss with the provider of the AED system the issue of liability and where liability may fall if the system is 'wrongly administered'. In addition we may also need to consider the issue of liability and reputation if a trained member of staff, when faced with the reality of

someone seemingly requiring shock treatment, is unable to administer the treatment, yet it is subsequently proven that if it were administered there was a real possibility that a life may have been saved. This may also impact adversely on the member of staff's health and well-being.

## **11. COMMENTS OF OTHER RELEVANT SERVICES**

11.1 Not applicable

## **12. APPENDICES:**

- Appendix 1 – LIVES details from their website
- Appendix 2 – Example costs
- Appendix 3 – First Aid at Work Guidance issued by Environmental Health to inform provision at the Council

Appendix 1 - LIVES details from their web site

## Lincolnshire Integrated Voluntary Emergency Service



Living in Lincolnshire gives us many pleasures. Being surrounded by rural countryside and living in quiet communities is what we enjoy about Lincolnshire. However when someone you know needs urgent medical attention, you need to be sure of a rapid 999 emergency response. Getting there quickly can give those extra few minutes that are vital to the patient, and it could mean the difference between life and death.

LIVES Medics & First Responders are all volunteers who give up their time to respond to emergencies in their community. So when you dial 999, not only will an ambulance be mobilised, but at the same time, the LIVES Medic or Responder on call in your area will also receive notification that you need their help.

**LIVES aims to be at your side within 5-6 minutes of you making that 999 call!**



***LIVES really does help to save lives, attending over 16000 calls a year. There are over 160 Responder Groups across the county, with around 700 active Responders and Medics.***

## Appendix 2 - Example Costs

<p><b>Option 1</b></p> <ul style="list-style-type: none"><li>• Powerheart® G3 Automated External Defibrillator*</li><li>• Including wall bracket, carry case and responder kit</li><li>• Plus one person trained FREE on a scheduled four-hour AED course.</li></ul>	<p><b>£1195 plus VAT</b></p>
<p><b>Option 2</b></p> <ul style="list-style-type: none"><li>• Powerheart® G3 Automated External Defibrillator*</li><li>• Including wall bracket, carry case and responder kit</li><li>• Plus up to eight people trained on a two-hour <a href="#">AED Regualification course</a>.</li></ul> <p><i>Previous four-hour AED training required. For groups larger than eight people call us to discuss options.</i></p>	<p><b>£1495 plus VAT</b></p>
<p><b>Option 3</b></p> <ul style="list-style-type: none"><li>• Powerheart® G3 Automated External Defibrillator*</li><li>• Including wall bracket, carry case and responder kit</li><li>• Plus up to eight people trained on a comprehensive four-hour AED course.</li></ul> <p><i>For groups larger than eight people, call us to discuss options.</i></p>	<p><b>£1695 plus VAT</b></p>

## **Appendix 3 - First Aid at Work Guidance issued by Environmental Health to inform provision at the Council**

# **FIRST AID AT WORK**

### **General**

Under The Health and Safety (First Aid) Regulations the Council as an employer is required to make provision for first-aid. First-aid means “in cases where a person will need help from a medical practitioner or nurse, treatment for the purpose of preserving life and minimising the consequences of injury and illness until such help is obtained, and treatment of minor injuries which would otherwise receive no treatment or which do not need treatment by a medical practitioner or nurse.” First aid at work covers the arrangements that need to be made to ensure this happens, that is the initial management of any injury or illness suffered at work.

### **First-aid Personnel**

The work of the Council within its premises is categorised as of lower risk rating due to the nature of the work activity being in the main office type activity including the public as visitors. Staff, in the main, work from premises which are centrally located with easy access to emergency services. It is imperative that staff selected to carry out this function are primarily office based and ideally full time. It is also recommended that although in most cases the minimum suggested is 1 that an additional 1 is also trained to cover absences. Details of first aid provision will be displayed on health and safety notice boards which are planned as part of the duties of the H&S co-ordinators.

In accordance with the legislation the following are the numbers of first aid personnel which are suggested:

<u>Numbers of employees</u>	<u>Suggested number of first aid personnel</u>
Fewer than 50	At least 1 appointed person
50-100	At least 1 first aider
More than 100	One additional first aider for every 100 employees

### **For example:**

**Main Council Offices** - minimum 1 + 2 first aiders based on 250 staff

**Area Offices** - (incl Stamford, Bourne, Deepings, Mowbeck House, \*DWO and \*Refuse depot) – minimum 1 appointed person at each.

\*Although the workshop/maintenance aspect of the work activity carried out at these premises would categorise the activity as higher risk because of the low employee numbers involved in that activity the first aid personnel need would remain the same although it is recommended that the nominated person is not involved in the high risk activity.

**Art Centres** - (incl. Guildhall, Stamford Arts Centre and Bourne Corn Exchange) – minimum 1 appointed person at each plus 1 additional to cover out of office hours opening. When there are public activities / entertainments there may be the need for first aiders as required under a specific risk.

## South Kesteven District Council

### Summary report of members attending outside bodies

Name of Councillor:

Name of Outside body:

Date of meeting/event:

Key points arising for South Kesteven District Council:

Who should a copy of this report be sent to within the Council for action?

In the light of this meeting /event and previous ones is it worthwhile for the Council to continue to have a representative/representatives on this body?

Any other comments?:

Signature:

Date:

This completed form should be sent to Jo Toomey who will send copies on to other Council members/officers if necessary and then place it in the folder in the Members' room for up to 6 months. Further copies of this form (electronic or paper) are available from Jo Toomey.

Completed forms will be analysed by Scrutiny Committee annually against the official list of members acting as representatives on outside bodies.

# Agenda Item 12

## SCRUTINY COMMITTEE WORK PROGRAMME 2012-15

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	<p>Representatives from the South West Lincolnshire Clinical Commissioning Group and Grantham Hospital gave committee members a presentation on the Shaping Health Mid Kesteven, 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 Executive should be asked to facilitate the following</p> <ol style="list-style-type: none"> <li>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</li> <li>2. Request that the chairmen of the Procurement Advisory Board and the Strategic Procurement Board attend a</li> </ol>

		future meeting of the Scrutiny Committee to go through their feedback
9 October 2012	East Midlands Ambulance Service Consultation	Resolution agreed: "This committee believes that the principle of reorganisation advocated, based on a system of dispersal, is very sound however there are a number of errors and problems with presentation. Presentation needs to be much clearer (including the feedback form and the maps) if the public is to understand it. The committee also felt that given the principle of dispersal and fast response more information on the number and types of ambulances and investment in them is required. The committee also stressed concerns about catering for major emergencies for example on the A1 road and east coast mainline railway or tourism along the coast in the summer (seasonal adjustment). The Committee expressed concern that consultation sessions may not be available to people who work because of their timings and suggested that additional events should also be scheduled to allow all interested parties to take place in the consultation exercise." Rep to be invited to the next meeting
	Procurement Lincolnshire	The Strategic Director, Corporate Focus explained that the Committee's Scrutiny Review of Procurement Lincolnshire was sent to the Procurement Advisory Board in April/May 2012. The report was resubmitted for consideration by the board at its meeting in September 2012. It was also scheduled that the Procurement Steering Board would consider the report at its meeting in October 2012. The chairmen of both boards had been invited to attend a future meeting of the Scrutiny Committee to present their feedback.
	Relationship between portfolio holders, officers and PDGs	A presentation was given by the Community Engagement and Policy Development Officer and the Principal Democracy Officer. As a result a recommendation was made that the Schedule of Decisions (which replaced the Forward Plan) should cover a 4-month period.  The Strategic Director Corporate Services and the Community Engagement and Policy Development Officer were tasked to devise a feedback mechanism. It was also agreed that

		an update would be provided for the Committee in October 2013.
	Ratification of work programme	The Committee ratified the draft work programme and the membership of working groups
27 November 2012	Performance - Q2 report	<p>The Performance Management Officer (Sam Selby) summarised report number PPMO3, which provided a summary of performance and project progress during the second quarter.</p> <p>The Head of Development and Growth summarised work that had been done to improve performance within Development Management.</p> <p>The Head of Housing and Neighbourhoods (Ian Richardson) talked about work around the 'Good Housing for All' priority.</p>
	<p>Grounds maintenance – contract monitoring</p> <p><i>Issue raised by Bourne Town Council and through Resources PDG</i></p>	<p>The Team Leader for Operations from Property and Facilities and the Grounds Maintenance Supervisor outlined the current grounds maintenance contract, which was due to end in 2013.</p> <p>Over the summer officers received reports that there were occasions when the contractor had not performed the cutting of verges within the contract specification. Officers were working on developing a new, more robust and enforceable contract.</p>
	East Midlands Ambulance Service	<p>Three representatives from EMAS attended the meeting:</p> <ul style="list-style-type: none"> <li>• Jon Sargent – Director of Finance</li> <li>• Lynn Rutland – Service Delivery Manager</li> <li>• Greg Cox – Operational Support Manager, Lincolnshire</li> </ul> <p>They outlined their 'Being the Best' consultation which proposed changes to the way EMAS operates.</p> <p>Councillors were reassured that the changes would not see a decrease in cover in the district and that the location of Community Ambulance Posts should be based on statistical analysis of possible strategic deployment points. Members were keen that representatives should take advantage of local knowledge.</p> <p>Councillors discussed the proposals and</p>

		asked a number of questions of the representatives who attended.
22 January 2013	Presentation in preparation for first stage report of defibrillator/first aid working group	
	Member training	Summary of feedback of Councillor training programme run after 2011 election
	Representatives on Outside Bodies	Report from working group
	Update on relationship between Cabinet, officers and PDGs	
19 February 2013	Performance - Q3 report	
	Presentation on CCTV to scope purview of CCTV working group	
9 April 2013	Procurement Lincolnshire	Manjeet Gill, Alan Thomas and Sharon Cuff will attend the meeting and answer the Committee's questions on procurement Lincolnshire on behalf of the strategic and steering boards.
	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	Update on relationship between Cabinet, officers and PDGs	
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

Working Group Membership

<b>Working Group</b>	<b>Members</b>
Defibrillator/First Aid Working Group	Councillor Paul Cosham Councillor Mrs Rosemary Kaberry-Brown Councillor Mrs Judy Smith
Planning matters	Councillor Helen Powell Councillor Paul Cosham Councillor Alan Davidson Councillor David Nalson
CCTV working group	Councillor Helen Powell Councillor Alan Davidson Councillor Reg Howard
Representatives on Outside Bodies Working Group	Councillor Michael King Councillor Bob Sampson