AGENDA

For a meeting of the
SCRUTINY COMMITTEE
to be held on
TUESDAY, 11 JUNE 2013
at
10.00 AM
in
WITHAM ROOM - COUNCIL OFFICES, ST. PETER'S HILL, GRANTHAM. NG31 6PZ
Beverly Agass, Chief Executive

Committee Members:	Councillor Paul Cosham, 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 Ian Selby, 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 THE MEETING HELD ON 9 APRIL 2013

(Enclosure)

6. UPDATES FROM PREVIOUS MEETING

7. FEEDBACK FROM THE EXECUTIVE

8. PRE-APPLICATION PLANNING ADVICE

The Chairman of the Development Control Committee and the Development Management Service Manager to attend the meeting.

9. PROCUREMENT LINCOLNSHIRE GOVERNANCE ARRANGEMENTS

10. ANNUAL REVIEW OF POLICY DEVELOPMENT GROUPS

Report by the Community Engagement and Policy Development Officer.
(Enclosure)

11. REPORTS FROM WORKING GROUPS

Final report from defibrillator working group. **(Enclosure)**

12. WORK PROGRAMME

(Enclosure)

13. REPRESENTATIVES ON OUTSIDE BODIES

(Enclosure)

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

ACTION NOTES

SCRUTINY COMMITTEE
TUESDAY, 9 APRIL 2013

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 Bob Russell
Councillor Bob Sampson
Councillor Mrs Judy Smith (Vice-Chairman)

OFFICERS

Strategic Director, Corporate Focus (Daren Turner)
Community Engagement and Policy Development Officer (Carol Drury)
Principal Democracy Officer (Jo Toomey)

OTHERS

Alan Thomas – Chairman of Procurement Lincolnshire Strategic Procurement Board
Sharon Cuff – Head of Service for Procurement Lincolnshire

1 Member of the public (Mr Worth)

66. COMMENTS FROM MEMBERS OF THE PUBLIC

At the Committee's last meeting on 18 February 2013 Mr Worth had asked a question on planning pre-application advice charges. A charge for pre-application advice was approved by Council on 1 March 2013 as part of its budget. Any requests for advice and the advice given would not be entered onto the public record.

Action point:

A written response answering questions on pre-application advice to be sent to Mr Worth.

67. APOLOGIES

Apologies for absence were received from Councillors Powell and Turner.

68. DISCLOSURE OF INTERESTS

No interests were disclosed.

69. ACTION NOTES FROM THE MEETING HELD ON 19 FEBRUARY 2013

The action notes from the meeting held on 19 February 2013 were noted.

70. UPDATES FROM PREVIOUS MEETING

A sheet summarising responses to actions that had arisen at the Committee's meeting on 19 February 2013 was circulated (appended to the action notes).

Pre-application planning advice was thoroughly debated and Members raised a number of concerns about its potential to increase the number of poor quality applications, retrospective applications and the process that was followed. Members stated that the Development Control Committee should have been consulted on the proposals.

The Development Management Service Manager was involved throughout. The Section 151 Officer assured Members that the correct constitutional process was followed for the introduction of a new charge (through the Resources Policy Development Group via Cabinet to full Council).

Members of the Committee said that they did not agree with the introduction of the charge.

Action Point:

To invite the Development Management Service Manager and the Chairman of the Development Control Committee to the Committee's next meeting (June 2013) to discuss charging for pre-application advice.

71. PROCUREMENT LINCOLNSHIRE

The Committee welcomed Alan Thomas (Chairman of the Strategic Procurement Board) and Sharon Cuff (Head of Service for Procurement Lincolnshire (PL)) and noted apologies from Manjeet Gill (Chairman of the Procurement Advisory Board). The PL representatives addressed the recommendations made by the Committee in its scrutiny review of the shared service.

<u>Structure and Governance of PL</u>

- PL had two boards:
    - Procurement Advisory Board - membership included councillors from two authorities. It advised on strategy and reported to Lincolnshire Leaders and Chief Executives.

    - Strategic Procurement Board – membership: directors from all partner authorities. Responsibilities: performance monitoring, priorities and making recommendations on policy and strategy to the Procurement Advisory Board.
- The Committee considered PL's governance arrangements. There was general consensus that officers should be involved in the day-to-day running of the service.
- When PL was created officers reported to an elected member management board; this was disbanded and replaced by the Procurement Advisory Board.

Scrutiny of PL

- Members suggested that internal performance monitoring might be more effectively conducted by people without specialist finance knowledge
- Historically the joint Lincolnshire Scrutiny Panel commissioned a scrutiny review of PL; this had previously been circulated to the Committee.
- Since the Joint Lincolnshire Scrutiny Panel was disbanded responsibility for scrutinising PL on behalf of Lincolnshire County Council transferred to the Value for Money Scrutiny Committee.
- Individual partners were responsible for conducting their own scrutiny.

Action Point

Circulate any scrutiny reviews carried out by other partners to Scrutiny Committee members.

Collaborative procurement

- SKDC enjoyed a good collaborative relationship with PL.
- Any partner that chose not to participate in a collaborative procurement exercise was required to submit a written explanation and business case supporting their decision.
- Director-level representation on the Strategic Procurement Board assisted buy-in to collaborative working across partner authorities.

Defining savings

- The baseline on which savings were calculated for the first five years of PL's operation had been agreed by all partners.
- PL representatives agreed that the way in which savings were defined needed to be more easily understood.
- A sub-group of the Strategic Procurement Board was reviewing definitions; all partners would need to subscribe to any changes.
- The Committee recommended that the definition should be amended to: *"savings achieved or expected to be achieved by all current contracts or the latest contracts to be let) compared with the costs of the previous*

comparable contracts".

- PL acknowledged the limits to recording savings only and recognised the need to demonstrate value added through other activities.

Target-setting

- PL acknowledged the importance of realistic challenging targets to motivate staff and enhance the credibility of the service.
- Cut-off dates in respect of year end had been introduced.
- Scrutiny Committee members recommended there should be a clear distinction between targets, estimates and actual savings.
- The methodology for calculating targets was being reviewed by the Strategic Procurement Board working group.
- Councillors suggested that targets should have been reviewed annually.

Calculating savings

- PL had previously used the definition of national indicator 179 on value for money to calculate savings.
- Councillors were critical of this methodology as it only measured contracts when money was saved. Members suggested the calculation should be the net value.

Representatives from PL broadly supported the Committee's recommendations but advised that all 8 partners would need to approve any changes in methodology or definition. PL said they would provide a written report addressing the Committee's recommendations and updating them on what had been agreed as part of the refresh.

Action Points

1. ***Procurement Lincolnshire to provide a written response to the Committee's recommendations following its five-year review (September 2013)***

The Scrutiny Committee to consider Procurement Lincolnshire's governance arrangements at its next meeting (June 2013)

72. REPORTS FROM WORKING GROUPS

The Chairman of the defibrillator working group provided an update on its activity. Considerations included medical papers, litigation, training and ease of use. It had also conducted interviews with the Council's Environmental Health Services Manager and the Operations Manager from the Meres Leisure Centre. Further planned work included an interview with a representative from LIVES and a survey of first aiders. Members of the working group acknowledged the support they had received from officers.

Members discussed potential logistics of siting defibrillators in Council buildings

and whether there was a universal sign the Council would display to show there was defibrillation equipment within.

73. WORK PROGRAMME

The work programme was noted and a number of additions and alterations made:

- Move self-financing of the HRA to a meeting that complements the Resources PDG work programme
- Procurement Lincolnshire – governance – June 2013
- Pre-application planning advice – June 2013
- CCTV in Lincolnshire – invite Superintendent Vickers from Lincolnshire Police – June/August 2013
- Procurement Lincolnshire – feedback on recommendations – October 2013
- Gravity Fields Festival – review of long-term outcomes – March 2014

74. REPRESENTATIVES ON OUTSIDE BODIES

The Council's representative on the Lincolnshire Health Scrutiny Committee gave an update on meetings she had attended. Key items considered by the Committee included hospital mortality indicators, Peterborough and Stamford Hospitals NHS Foundation Trust, creation of and arrangements relating to clinical commissioning groups, county hospital targets and paediatric cardiology provision.

75. CLOSE OF MEETING

The meeting was closed at 12:42pm

Annual Review – 2012/13

South Kesteven Policy Development

1. Background

1.1 This paper provides an update on the progress made by the Policy Development Groups since the introduction of the dedicated support role in May 2012. This role was developed to establish and assist the prioritization of relevant work plans for the Policy Development Groups (PDG) and Scrutiny Committee (SC).

1.2 The role was designed to ensure effective liaison between the Chairmen of the PDGs, the Cabinet and Senior Management Team. Through facilitating meetings with relevant members and officers, the support role assists in the development of and delivers work plans, consequently assisting in the development of policy options by the PDGs.

1.3 Effective relationships and cohesive methods of working are cultivated through a series of meetings ranging from assisting in the determination of items for consideration by PDGs through to ensuring PDG Chairmen and Vice Chairs have the knowledge and information required of the items being put before their PDG.

1.4 Throughout the year bi-monthly meetings were held between the Cabinet and Chairmen and Vice Chairs of the PDGs. This pilot Cabinet/PDG Liaison Group has informally reviewed the PDGs' remits and work programmes. The Group has considered the development of work programmes, the development of policies, items to be researched and evidence to be collected through working groups. The Liaison group has also examined how policies and procedures that impact on the people of the district must be supported by robust equality analysis. A key consideration was the importance of feedback:

- from the Cabinet and SMT to the PDGs – to agree items for consideration
- from the Cabinet/PDG Liaison Group to relevant officers so they can support PDGs in forming recommendations
- from the PDGs to the Cabinet – to put forward robust recommendations
- from the Cabinet to the PDGs – on decisions made (including information on inclusion of recommendations or the rationale behind decisions that do not take account of PDG recommendations)
- from the Cabinet to relevant officers to enable effective implementation of decisions

1.5 The Terms of Reference for the pilot Cabinet/PDG Liaison Group were based on those developed for the Policy Development Coordination Group as listed on page 46 (point 7.5) of the Constitution. Two small adjustments were made: 1) meetings would be chaired by the PDG chairmen instead of the Chairman of the Council and 2) the whole Cabinet was included in the membership rather than the Leader and Deputy Leader attending meetings by invitation only. The purpose of this change was to provide a formal mechanism for Portfolio Holders to feed in items and actions to the work plans of the individual PDGs.

1.6 Items for consideration can come to PDGs from a variety of sources: the Schedule of Decisions, Cabinet, Senior Officers, from members of the PDG itself or from other members of the Council. PDGs meet in public to make recommendations to Cabinet and council on development of policies and in private to consider development of policies by working groups. Liaison between Cabinet members and the PDGs is vital to the successful delivery of their work programmes. The table below shows the correlation between each PDG and the Cabinet portfolios.

Cabinet Member	Portfolio	PDG
Cllr Linda Neal	Policy	As appropriate
	Strategy	As appropriate
	Strategic Partnerships	Engagement (and any other PDG as appropriate)
Cllr Mrs Frances Cartwright	Grow the Economy: Economic Development	Communities (and any other PDG as appropriate)
Cllr Paul Carpenter	Governance and Communication	Engagement(and any other PDG as appropriate)
Cllr John Smith	Green, Healthy and Arts	Communities(and any other PDG as appropriate)
Cllr Mike Taylor	Strategic Resources: Well Run Council	Resources(and any other PDG as appropriate)
Cllr Terl Bryant	Good Housing	Communities/Resources(and Engagement PDG as appropriate)

*Resources PDG crosses all Portfolios in relation to Fees and Charges

1.7 As a way of encouraging effective liaison between senior officers and the Chairmen and Vice Chairs of the PDGs, meetings were developed to agree the agenda for forthcoming meetings. These pre-agenda meetings take place at least one week prior to report deadline (which is two weeks before the scheduled PDG meeting date). Items from the work plan are added to the agenda and through the meetings members of the PDG and Senior Management Team have the opportunity to suggest other items for inclusion pertaining to the business of the PDGs including extended lists of attendees.

1.8 Officer liaison has also been important in the development of work programmes for the PDGs. It provides the link between the Cabinet/PDG Liaison Group, SMT and other officers of the Authority who have items for discussion and input by the PDGs. The Community Engagement and Policy Development Officer continues to liaise with officers to ensure the date-line within the work plan will be met and that Members and SMT have relevant information about each item during pre-agenda meetings and pre-meeting briefings.

1.9 Pre-meeting briefings have taken place prior to each PDG meeting. They involve the Chairman and Vice Chair, the assigned member of SMT and any officer presenting a substantive item at the PDG meeting. These meetings provide an insight to the Chairman of all items and give Members and officers an opportunity to discuss potential issues and share information.

2. Detail

2.1 Communities PDG

2.1a During the municipal year 2012/13 Communities PDG met on seven occasions. This includes an additional meeting to those scheduled to allow the PDG to consider the Council's Housing Programme of Work. At its meetings the PDG considered eighteen substantive items including:

Lincolnshire County Homelessness Strategy	**Right to Buy**	National Planning Policy Framework
Car Parking Strategy	Wind Energy Supplementary Planning Document	Rural Broadband
Sustainable Communities Act	Consultation on Intercity East Coast Franchise	**Localisation of Council Tax**
Community Right to Bid	**Tenancy Strategy**	**Allocations Policy**
Housing Strategy	Community Right to Challenge	**Waste and Recycling - Missed Bin Policy**
Waste and Recycling – New Contract and Contamination	**Planning Enforcement Policy**	Question without Discussion referred by Council: Biodiversity Duty

2.1b Of these items, one, relating to the Council's statutory duty in relation to Biodiversity, was a question referred by Council. The response to this question was presented by the Service Manager for Planning Policy and Partnerships.

2.1c Communities PDG also received updates throughout the year on items such as the Sustainable Communities Act and rural broadband, looking at rollout of fibre optic provision; sign-up by individuals, community groups and business to ONLincolnshire and developments relating to the increase of BT exchange boxes. Further updates were presented about ongoing work looking at car parking issues which included: civil parking enforcement, car park provision, resident parking schemes and alternative methods of payment for parking.

2.1d The PDG put forward recommendations to officers concerning the Wind Energy Supplementary Planning Document and the Housing Strategy and made nine recommendations to Cabinet. The substantive items to which these recommendations refer are shown in bold in the table above.

2.1e Members of the Communities PDG took an active role in two working groups this year. The first worked closely with the Head of Property Development to review car parking across the district which ultimately led to the implementation of a Car Parking Strategy. The second working group worked with the Service Manager and officers from Waste and Recycling Services on the education programme to reduce the amount of contaminated dry recyclable waste left for collection in light of an impending change of contract.

2.1f The PDG's response to a consultation on the East Coast Intercity Franchise took account of the Council's plans for growth within the district with a primary focus on Grantham.

2.2 Engagement Policy Development Group

2.2a Members of the Engagement PDG met a total of six times during the municipal year 2012/13. During these meetings fourteen substantive items were considered:

Means of Engagement – Local Forums and Community Drop In	Means of Engagement – communication with Parish and Town Councils	Question without Discussion referred by Council: Leader's Activity Report
Means of Engagement – Customer Access Strategy	**Members Code of Conduct**	Bourne Community Access Point
Community Focus Forum	Means of Engagement – Citizens Panels	Customer Feedback
Protection of Freedoms Act	ICT Provision for Members	Communications Strategy
Councillor Training Programme	Review of Governance Arrangements	Tenant Involvement

2.2b The question without discussion on a Leader's activity report put to Council on 3rd May 2012 was referred to the Engagement PDG for response. This was given in the form of a letter to the elected member who put the question.

2.2c The items considered by Engagement PDG during this year have, for the most part, been in the form of reports and presentations for information and not requiring recommendations to be put forward. The only recommendation made to Cabinet in 2012/13 related to the Members' Code of Conduct as shown in bold in the table above.

2.2d Engagement PDG has worked closely with the Head of People, Projects and Performance on a wide range of actions relating to improving and increasing the Council's means of engagement with its customers and staff.

2.2e Members have been particularly keen to ensure effective communication channels exist between the district council and the parish and town councils across South Kesteven and requested that they be circulated with copies of the newly developed Parish and Town Council Newsletter.

2.2f Regular updates have been provided by the Head of Finance on the refurbishment of Bourne Corn Exchange and its development into the South Kesteven Community Access Point.

2.2g Members received a presentation on the Community Focus Forum – the Council's consultation and network group in July 2012. This group was established to help fulfil the Council's commitment to equality and diversity. The Chairman has regularly attended meetings of the Community Focus Forum and as a result of the information given in the presentation an additional member of the PDG has begun attending.

2.2h The Policy Development Coordinating Group was asked to consider a question requesting a review of Governance arrangements. The Group determined that Engagement PDG was the most appropriate to carry out this review. This item is ongoing.

2.3 Resources Policy Development Group

2.3a Resources PDG has met a total of six times during the municipal year 2012/13 with one meeting being held earlier than was originally scheduled in order to finalise its recommendations in relation to the implementation of fees and charges for 2013/14. The PDG considered eleven substantive items including:

Void Properties	**Fees and Charges Strategy**	Localisation of Council Tax Support Scheme
Car Parking Strategy	Financial Settlement 2013/14	Cycle Centre, Grantham
Implementation of Fees and Charges	HRA Business Model	Local Authority Mortgage Scheme
Medium Term Financial Strategy	Discretionary Council Tax Payment Scheme	

Items where recommendations were made are highlighted in bold in the table above.

2.3b The PDG worked closely with officers and external advisors in the development of the Fees and Charges Strategy in 2012/13.

2.3c Workshops were held with service managers on the determining of fees and charges for the forthcoming year and subsequent proposals were put to the PDG. The PDG's recommendations were then made to Cabinet. Recommendations relating to fees and charges were broken down by service area.

2.3d The PDG formed two working groups during the municipal year to concentrate on fees and charges and the localisation of Council Tax support (including the development of a new scheme for South Kesteven).

2.3e Members of Resources PDG made several suggestions and recommendations to officers during the year. Items which may have been secondary to the substantive items became recurring items throughout the year. These included the investigation into the possibility of using a single energy supplier for all council properties, bulk purchasing of fuel oil to assist council tenants, Car Park charges, use and publicising of the Cycle Centre and an Accredited Agent Scheme and charging for pre-application advice from Development Management.

3 Conclusion

3.1 The three Policy Development Groups work in very different ways. Content for Resources PDG generally focuses on issues relating to the financial strategies and plans of the Council. This has become increasingly important given the testing economic environment. Whilst all three PDGs overlap in terms of content it should be acknowledged that the potential for crossover is greater between Communities and Engagement.

3.2 It has however been a productive year for the three Policy Development Groups. Collectively the PDGs have considered forty-three substantive items, made thirty-two recommendations to Cabinet and helped to develop seventeen policies, strategies and schemes for the Authority. It is interesting to note that for the first time since 2009 no PDG has had to be cancelled due to lack of items. The production and distribution of work programmes within agenda packs further assists in the Council's accountability and transparency in the development of policy. Ensuring that reports and presentations were prepared and distributed within the agenda management timetable meant Members consistently had the appropriate information to allow for informed deliberation and subsequent recommendations to officers and Cabinet. Improved systems for following up action points have ensured that members of PDGs are fully aware of milestones and achievements throughout the process of policy development to decision.

3.3 The Cabinet/PDG Liaison Group is still in its infancy however its continued development will enable officers and members to increase the effectiveness of the Policy Development Groups and ensure that work programmes going forward will contain appropriate content. Early involvement of the PDGs in the development of policies and procedures, working closely with officers, will ensure that recommendations put forward to Cabinet are robust.

4. Moving Forward

4.1 During meetings of the Cabinet/PDG Liaison Group there has been some discussion over the remit of the PDGs. Issues raised have included the allocation of items and the limited topics for allocation to Engagement PDG. This led the group to question whether three PDGs were needed. The broad scope of Communities PDG was noted together with the cross-cutting nature of Resources PDG. Going forward there are opportunities available to address the parity of the PDGs workloads: reviewing the remit of each PDG and reviewing the operational function of each PDG.

4.2 A review of the remits of the PDGs could see realignment against Portfolios or priority themes to balance the workload. The report has identified that a considerable number of substantial topics are allocated to the Communities PDG whereas items considered by the Engagement PDG are for noting only. Adjusting the scope for each PDG would increase the number substantial items and consequently the number of councillors actively participating in policy development.

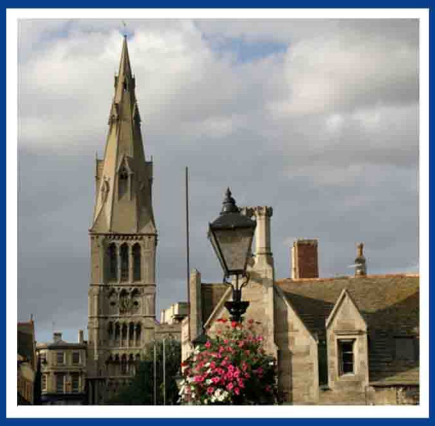
4.3 The different remits of each PDG can affect how business is transacted. Varying operational approaches suit these differences and mean the system, though not uniform, is fit for purpose.

4.4 Cross-over between Policy Development Groups should be encouraged to ensure we work effectively in the future. A joined-up approach to the development of policies and procedures has the potential to involve greater numbers of elected members in a policy's path from proposal through to recommendation and ultimately decision making. This approach has been shown to be effective this year with both Resources PDG and Communities PDG working on the development and implementation of the Car Parking Strategy. This approach could be further enhanced through the use of joint (cross-PDG) working groups so that the different components of policy development could be addressed simultaneously.

Agenda Item 11

Defibrillator provision within South Kesteven District Council

Scrutiny Review



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Foreword and Acknowledgements

Following the high profile resuscitation of footballer Fabrice Muamba during a football match using a portable defibrillator, we wanted to find out whether South Kesteven District Council had any defibrillators and if not, whether it should have.

The Scrutiny Committee set up this working group to investigate the issue. After an introductory report (ENV578) at its meeting on 22 January 2013 the committee agreed key lines of enquiry which we subsequently investigated and addressed. This has formed the basis of our recommendations.

Thanks to...

The working Group would like to thank the following individuals, groups and organisations who gave up their time and shared their experience and knowledge by providing evidence and answering questions:

- Professor Douglas Chamberlain (cardiologist and Editor Emeritus of 'Resuscitation' the official journal of the European Resuscitation Council)
- David Price (Environmental Health Services Manager)
- Michael Chester (Operations Manager from Grantham Meres Leisure Centre)
- David Hickman (Clinical Trainer, LIVES) and Stephen Hyde (Marketing and Fundraising Manager, LIVES)
- John Armstrong (Legal and Democratic Services Manager)
- Tracey Elliott (Governance and Risk Officer)
- Staff first aiders who responded to the working group's questionnaire

Councillor Paul Cosham (Chairman)
Councillor Mrs Rosemary Kaberry-Brown
Councillor Bob Sampson
Councillor Mrs Judy Smith

1.0 Introduction

When the heart beats at an abnormal rhythm (arrhythmia), it can beat too fast, too slow or stop beating. When an arrhythmia causes the heart to stop beating, a patient suffers a cardiac arrest. Causes of cardiac arrest include: coronary heart disease, heart attack, electrocution, drowning or choking.

Without medical attention, the patient will die within a few minutes. People are less likely to die if they have early cardiopulmonary resuscitation (CPR) and defibrillation, which means delivering an electric shock to restore the heart to its normal rhythm. Electrical defibrillation is the only effective therapy for cardiac arrest caused by ventricular fibrillation.[1]

Every year, more than 100,000 people in England alone die from cardiovascular disease[2] and 83,000 across the UK die of a heart attack[3]. Around 30,000 people each year have a cardiac arrest outside of hospital[4].

Survival rates for patients who suffer cardiac arrest decrease by 10% with every minute that passes. Chances of survival are optimised through rapid intervention including defibrillation within 4-6 minutes. After that time brain damage begins to occur.[5]

[1] NIH: National Heart, Lung and Blood Institute, viewed 1 February 2013, http://www.nlm.nih.gov/medlineplus/cardiacarrest.html
[2] Boots Health, viewed 4 February 2012, http://www.webmd.boots.com/heart-disease/guide/automated-external-defibrillators
[3] British Red Cross, viewed 11 February 2013, http://www.redcross.org.uk/About-us/Media-centre/Press-releases/2012/November/Lifesaving-fundraisers-coming-to-a-street-near-you
[4] St John Ambulance, 11 February 2013, htt://www.sja.org.uk/sja/training-courses/training=news/guide-to-defibrillators.aspx
[5] The DeFib Centre, viewed 8 February 2013, http://www.thedefibcentre.co.uk/defib_work_place.htm

2.0 What is the Council's Current Provision

2.1 Legislative requirements

Requirements for first aid provision in the work place are set out in the Health and Safety (First Aid) Regulations 1981.

The legislation 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

2.2 Current cover

The council has arrangements in place to meet the requirements of the regulations with first aid provision (equipment and 19 staff) at suitable locations. Defibrillation equipment is not covered by nor specified within the regulations.

In the event of a cardiac arrest on site, first aiders would be relied on to give CPR while awaiting a response which would be provided by East Midlands Ambulance Service and the Lincolnshire Integrated Voluntary Emergency Service (LIVES).

The breakdown of first aiders across the organisation is as follows:

Location	Section(s)	Number of trained staff
Main offices	Customer Services Housing Management Revenues & Benefits Property Services	3 1 1 2
		Total 7
Guildhall Arts Centre	Cultural	5
Bourne Community Access Point	Leisure & Amenities	1
Markets	Leisure & Amenities	1
CCTV	Community Safety & Licensing	1
Depot	Waste & Recycling	2
Miscellaneous	Property Services	2

First aiders have all completed a first aid at work certificate. This is refreshed every three years.

During the group's interview with the district council's Environmental Health Services Manager, Mr Price advised the group that records showed a very small number of incidents that required the attendance of a first aider (one incident each year between 2009 and 2011).

The working group learned that while there was no category for recording cardiac incidents within health and safety statistics there were no recorded incidences of heart attacks. Excluding the leisure centres, there were no reports of cardiac arrests at council-operated venues between 2008 and 2013.

2.3 Beyond the legislation

A number of individuals from whom the working group received evidence challenged legislative provision and gave an analogy between defibrillators and fire extinguishers. They stated that fire extinguishers were required by law yet the risk of being killed by a fire was lower than suffering a cardiac arrest.

An e-petition created by the Oliver King Foundation, which called for the Government to take action on Sudden Adult Death Syndrome, included a request that the Government introduce defibrillators to all public buildings by 2017. When it closed on 10 February 2013 the petition had received 110,657 signatures. As the petition achieved over 100,000 signatures it would be debated by the House of Commons Backbench Business Committee. The issue was debated on 25 March 2013 where a resolution for the Committee to further consider the question was agreed.

A government response was also supplied by the relevant government department, which included:

"With regard to providing defibrillators in all public buildings, the National Defibrillator Programme, which was coordinated by the Department of Health from 2000, began placing automated external defibrillators in public places. From February 2007, responsibility for continuing the legacy of the National Defibrillator Programme was devolved to ambulance trusts. Most of the ambulance trusts across the UK have community resuscitation departments or similar, which work to place defibrillators in the community, and in areas of need."[6]

[6] The Oliver King Foundation – SADS (2013) HM Government e-petition, viewed 22 February 2013, http://epetitions.direct.gov.uk/petitions/29399e-petition

Section 3 of this report will include investigations into static automatic external defibrillators and the community schemes which run alongside the Ambulance Trust.

3.0 Community Provision

3.1 What are the different community defibrillator schemes?

The group's research identified several different examples of community defibrillator schemes.

- LIVES-style first responder schemes where volunteers provide cover in their local communities
- Arrangements within individual organisations (e.g. business, school, college, etc)
- Public access defibrillators: defibrillators positioned at strategic points in public places (e.g. airports, railway stations and villages, town and city centres)

3.2 LIVES First Responders

The Lincolnshire Integrated Voluntary Emergency Service (LIVES) is a collection of medics and first responders who volunteer their time to respond to emergencies in their communities.

When a 999 call is placed, the LIVES medic or responder on call in the area will receive notification of incidents when an ambulance is despatched. LIVES responders attend patients with breathing difficulties, strokes, heart attacks, collapse, chest pain or cardiac arrests and provide basic life support before the ambulance arrives.

LIVES aims to support First Responder groups in every community in Lincolnshire. They are managed by an elected local co-ordinator and plan their own on-call rota.

A minimum of five volunteers is required to set up a scheme. Ideally every community would have 24-hour cover 365 days a year but this might not be possible if there are only a few volunteers. The group established through its interviews that it was often harder for Community First Responder groups to provide cover during working hours, because many of the volunteers would themselves be working.

It costs approximately £4,000 to train and equip a group of volunteers. First Responder training is carried out over three days covering all the skills a first responder would need including basic life support and use of a defibrillator. Training is provided by experienced trainers and reflects the best of current first aid and emergency care practice in the UK. Each first responder has to complete written and practical tests and must undergo annual requalification.

On 25 April 2013, the LIVES website reported that there were 158 First Responder groups operating throughout Lincolnshire with 20 groups in South Kesteven (Allington, Barkston, Bourne, Carlby, Caythorpe and Fulbeck, Claypole, Colsterworth, The Deepings, Folkingham, Grantham East, Grantham West, Langtoft, Long Bennington, Morton, Pontons, Ropsley and Welby, South Witham, Stamford West, Swayfield and Woolsthorpe by Belvoir).

During its evidence gathering, the working group discovered that North Kesteven District Council had three staff members who were trained as LIVES responders who formed a local scheme. Defibrillation equipment is kept within the Council Offices. The authority makes provision for those staff members who are First Responders to attend emergencies off-site.

3.3 Arrangements within individual organisations

Some organisations have defibrillators on-site for use within that organisation including larger businesses, schools and colleges (including Grantham College). Also of note was the defibrillator kept for use at the Meres Leisure Centre, Grantham.

3.4 Public Access Defibrillators (PADs)

Representatives from LIVES identified Heathrow Airport as an example of a good practice in respect of public access defibrillator scheme; LIVES representatives cited a survival rate of 76%. Automatic External Defibrillators (AEDs) were placed at the airport so that wherever a patient might be, they would be within two minutes of a defibrillator.

Similar arrangements are made in railway and underground stations. A number of European countries were cited where defibrillators are placed in public squares and buildings. In this country, there are increasing numbers of rural villages which have publicly accessible defibrillation equipment.

The Community Heartbeat Trust, a national charity focused on provision of defibrillation services to local communities, is approaching parish councils within the district. They support the locating of defibrillation equipment in a range of public spaces including disused telephone boxes, on the side of village halls, sports pavilions and pubs.

Examples of public access defibrillators within the district include Pickworth and Colsterworth with Folkingham and Sapperton both interested in PADs.

3.5 Community provision V public access defibrillators

While it is difficult to quantify the impact of defibrillation on survival rates, a number of studies have shown a positive correlation. The Public Access Defibrillation trial which covered 24 sites in the USA and Canada between July 2000 and September 2003 attempted a direct comparison of the application of CPR against CPR with defibrillation by varying the treatment provided across the test sites. The percentage of patients who survived to discharge from hospital was higher when a combination of CPR and defibrillation was used (14 of 97 (14.43%) patients in the CPR only group opposed to 29 of 139 (20.86%) patients in the CPR and defibrillation group)[7].

In a study which ran from April 2000 to November 2002 on the Department of Health's National Defibrillator Programme, Whitfield *et al* reported that "[t]he 25% observed survival was appreciably higher than is generally obtained with out-of-hospital cardiac arrests treated by conventional ambulance systems."[8] In this study resuscitation was considered successful if a patient was discharged alive from hospital.

A clinical paper by Colquhoun *et al* (2008) further compared the rate of resuscitation when defibrillation was applied in a number of different circumstances including by laypeople using static automatic external defibrillators and mobile defibrillators by community responders.

Table 1 at appendix 1 to the report shows the outcome in three groups of patients defined according to responder and location. It demonstrates that a patient's survival rate is improved in circumstances when a defibrillator is used (from an average of 1.6% when no shock is applied to 18% when a shock is applied).

The table also shows a correlation between the response and the survival rate; the faster defibrillation occurs, the greater the chance of survival. When a shock is applied by a first responder in the home, the survival rate achieved in the study was 5.1%. A shock applied by a first responder outside the home saw the survival rate increase to 9.8%. When a shock was delivered using an on-site external defibrillator the survival rate in the study rose to 30.5%.

The investigation highlighted the importance of fast reactions as "regardless of whether shocks were given, more patients attended by on-

[7] Nichol, G *et al* (August 2009). Cost-effectiveness of Lay Responder Defibrillation for Out-of-Hospital Cardiac Arrest. *Annals of Emergency Medicine.* **Volume 2** (no. 2), pages 226-235.
[8] Whitfield, R *et al* (2005). The Department of Health National Defibrillator Programme: analysis of downloads from 250 deployments of public access defibrillators. *Elsevier.* **Resuscitation 64**, pages 269-277.

site personnel achieved ROSC [return of spontaneous circulation]…or survived…than when attended by CFRs (Community First Responders) with mobile AEDs outside the home."[9]

Colquhoun's research also concluded that "The results were very much better when the AED was immediately available as part of the on-site strategy than when it had to be transported to a patient...For the on-site strategy to be effective, there must be a considerable density of units in the vulnerable area. Inevitably the chance of any one AED being used is small but if it is used then the chance of success is high. In the 'mobile' strategy the number of units required is relatively small, they tend to be used more frequently, but with appreciably less success."[10]

All three studies indicate that a fast response by lay individuals "on the ground" can lead to increased likelihood of resuscitation and a better long-term prognosis than relying on community response schemes. The working group's investigation of the LIVES organisation highlighted that the voluntary nature of the organisation meant that a response could not be guaranteed 24 hours a day, 7 days a week. The working group considered whether this could provide sufficient cover for all of the District Council's activities from the day-to-day running of the council offices to out-of-hours activities at the arts centres.

Conclusion

Having considered the importance of early intervention following a cardiac arrest, the working group was convinced of the benefits of defibrillation and the importance of having access to defibrillators on-site.

While the working group understood that current first aid provision within the authority fulfilled statutory requirements they did not feel that relying on a response from LIVES, which was a voluntary organisation without 24/7 cover, was sufficient.

The working group agreed that the next stage of its investigation should look at the possibility of installing defibrillators in Council building and the costs and practicalities associated with that.

[9] Colquhoun, M.C. (2008). A national scheme for public access defibrillation in England and Wales: Early results. *Elsevier.* **78**, pages 275-280
[10] Ibid.

4.0 About defibrillators

4.1 What different types of defibrillators are there?

An automatic external defibrillator is a portable device that can check the heart rhythm, diagnose arrhythmias and, where needed, shock the heart into a normal rhythm.

4.2 How do they work?

Two electrode pads are placed on a patient's bare chest. The AED will analyse a patient's condition; during this period it is important that nobody touches the patient. If the patient's heart is in a shockable rhythm the system will charge in preparation for giving a shock (the two heart rhythms that are shockable with automatic external defibrillators are ventricular fibrillation and ventricular tachycardia). The device will tell the user to ensure no one is touching the patient and deliver the shock. A voice prompt will tell the user to resume CPR immediately after the shock for a period of two minutes, then there will be further analysis of the patient and the administration of further shocks as required[11].

Similar prompts are given by semi-automatic external defibrillators however human intervention is required to initiate a shock at the device's instruction.

4.3 What training is needed?

LIVES trains its first responders in basic first aid and life support over three days. Representatives stressed that it is not essential for an individual to receive training in order to use an AED. However they advised that a key element of their half-day training concentrates on building confidence.

St John Ambulance provides a comprehensive 4-hour introductory course which should be renewed at a 2-hour annual refresher training session.

The Department of Health community defibrillator scheme incorporated a 4-hour basic life support training session for all lay-volunteers[12].

In Scandinavian countries school programmes teach children how to use defibrillators from an early age

In illustrating how simple AEDs were to use, the representatives explained that at public events they would call on children from the

[11] Resuscitation council (UK), accessed on 8 February 2013, http://www.resus.org.uk/pages/GL2010.pdf
[12] Colquhoun *et al* (2008) *op cit*

audience to carry out demonstrations. LIVES also ran training sessions on defibrillator use in conjunction with local secondary schools.

4.4 How often does training need refreshing?

Training is not considered essential by LIVES representatives in order to use defibrillators.

The Council staff's first aid training is refreshed every three years. If SKDC used LIVES as the provider for first aid at work training and purchased defibrillators, then the sessions would include the use the equipment.

The training provided by St John Ambulance is certified for one year, after which a delegate must complete a refresher course to keep their certification current.

4.5 What is the shelf-life of a defibrillator?

Defibrillators need updating regularly to make sure they meet the latest requirements. Representatives from LIVES informed the working group that equipment can be kept current through software upgrades, which they can provide at little or no cost when defibrillators are purchased from them.

4.6 What are their maintenance requirements?

When LIVES representatives gave evidence to the working group, they explained the processes for checking the equipment. The machine performs self-checks on a daily basis during the night. A warning light and audible tone provide an alert to indicate any maintenance issues. They also explained that as part of the checks, the machines would partially charge weekly and fully charge on a monthly basis. If SKDC agreed to introduce defibrillation equipment in its offices, it would be the responsibility of the staff to check and maintain the equipment.

4.7 What consumables are needed?

- Pads – These are single use and need replacing on a regular basis to ensure sufficient adhesion. Pads have a shelf-life of approximately two years before they lose their adhesiveness. Pads should not be used if they exceed their use-by dates.
- Batteries – AEDs can be purchased with chargeable or non-rechargeable batteries.
- Packs – LIVES recommended keeping a pack with a razor, pocket mask and absorbent cloth with the defibrillator.

Conclusion

Members of the working group agreed that a fully automatic external defibrillator provided the best option for treating a patient and providing confidence and reassurance for the user.

5.0 Costs

5.1 How much does a unit cost?

The representatives from LIVES informed the working group that a fully automatic external defibrillator would cost £1,350 if purchased through them. Training was included in the cost. Each defibrillator purchased would generate approximately 12 training spaces. The working group noted that if purchased through LIVES, there would be discounts for buying in quantity.

St John Ambulance also offers defibrillator packages that include training:

	Description	Price*
Package 1	Defibrillator, carry case, responder kit plus training for 1 person on a scheduled 4-hour comprehensive starter course	£1195
Package 2	Defibrillator, carry case, responder kit plus training for up to 8 people on a 2-hour AED refresher course (delegates must have completed the 4-hour comprehensive starter course)	£1495
Package 3	Defibrillator, carry case, responder kit plus training for up to 8 people on 4-hour comprehensive starter course	£1695

**Prices listed on website from 2012*[13]

5.2 How much does training cost?

Examples of AED packages that incorporate training in their price are detailed above.

If the authority decided to purchase defibrillators from a different supplier places could be booked on specific courses not associated with the packages. St John Ambulance runs a 4-hour comprehensive training course which costs £95 per person and an AED 2-hour requalification course which costs £55 per person. Prices are based on delegates attending scheduled courses rather than specific sessions for the authority delivered on-site.

One option to train staff on-site became apparent during the group's interview with Michael Chester, who advised that he was trained to teach people how to use defibrillators.

[13] St John Ambulance, accessed on 7 May 2013, http://www.sja.org.uk/sja/training-courses/training-news/guide-to-defibrillators.aspx

5.3 What are the ongoing costs?

With the exception of consumables, the primary potential ongoing cost is any software upgrade. There would also be small costs associated with ensuring defibrillators were action-ready, as they would require a constant trickle charge of power.

5.4 How much do consumables cost?

The different consumables required were:

- Pads (shelf-life 2 years) - £25
- Single-use battery (battery life approximately 2 years) - £250
- Rechargeable battery (battery life 5-7 years) – £1,000.

LIVES representatives recommended that single use batteries provided better value for money than re-chargeable batteries.

5.5 Is there any grant funding available?

The working group could not find any grant funding that would cover defibrillator provision for the organisation. A number of websites sign-posted the British Heart Foundation as a potential grant funder however there was no information on active schemes to which the authority could apply.

It was noted however, that funding may be available for community defibrillator schemes. If the Council agreed to set up a community responders scheme like North Kesteven District, through which officers would attend off-site incidents, funding may be available and equipment would be available for use by those responders on-site.

5.6 Leasing an AED

One alternative to purchasing an AED is rental. Preliminary research identified two companies that would hire AEDs, both for one-off events, or longer-term leases.

Elite Medical Group hires AEDs for £20 a week (£1,040 per annum), including an annual maintenance check, general maintenance including repair should a fault be identified[14]. The Council could seek to negotiate an improved rate for a longer-term lease.

Bull Products provides a number of different lease agreements. The longest available lease is three years. The package featuring the Zoll AED

[14] Elite Medical Group accessed 7 May 2013. http://www.elitemedicalgroup.co.uk/rent-a-defibrillator/

costs £39.80 a month (£477.60 p.a.) and the package featuring the Life Point Pro AED costs £26 a month (£312 p.a.)[15].

If the Council was to hire defibrillation equipment, it would still be responsible for the cost of the pads. If a hired defibrillator was used, it would be collected and replaced with a new machine. Data within the old machine would be studied thoroughly.

[15] Bull Products accessed 7 May 2013. http://www.defibrillatoruk.co.uk/products/defibrillator-rental/rental-packages.php

6.0 The practicalities of implementing a defibrillator scheme at SKDC

6.1 Would first aid trained staff use a defibrillator?

The Environmental Health Services Manager raised concerns that staff might be reluctant to use a defibrillator and those staff members who were first aiders might not want to be charged with the additional responsibility. The working group decided to investigate this by carrying out questionnaires with first aid trained members of staff.

The working group sent out questionnaires to first aid trained staff within the authority to which ten responses were received. The length of time for which individuals have been first aiders varies from 1 month to 16 years. 9 out of the 10 respondents had applied their first aid training, 8 of whom were confident in its application. When asked about defibrillators, two respondents stated that they had received training on the equipment, with one using a defibrillator in a real-life situation.

The first aiders were asked whether they would be interested in being trained to use defibrillators, 6 said they would, 2 said they would not (one of these two said they would not be refreshing their first aid certificate). Of the respondents, 2 expressed concerns about whether they were insured to treat members of the public in addition to staff. The respondents who were supportive of the introduction of defibrillators agreed that their introduction would be worth it as they could save someone's life. 2 respondents said they were prepared to train but expressed apprehension about the possibility of using defibrillators.

6.2 Feedback from Leisure Connection Staff

The working group interviewed Michael Chester who was the Operations Manager for Grantham Meres Leisure Centre. He explained that the leisure centre had a defibrillator on site. A risk assessment identified the potential usefulness of a defibrillator because of some users' vulnerability as the centre operated a GP referral scheme.

The defibrillator at the Leisure Centre had been use once in 18 months by an on-duty lifeguard. In this instance resuscitation was successful (the patient was taken to hospital and subsequently discharged).

6.3 Is there a risk to staff of litigation? Is there any case law?

Colquhoun *et al* briefly considered the risk of litigation. They highlighted that there was no legal impediment under UK law that would protect lay-users, highlighting 'Good Samaritan' legislation, exemplified by the USA and Canada. While there is an absence of legislation to protect the user of

a defibrillator, the conclusion is drawn that "the present legal climate...makes it very unlikely that an operator or their responsible organisation could be sued for consequences arising from responding to an emergency in a PAD [public access defibrillator] scheme."[16]

Cardiff University Health Centre published a number of considerations to determine the need for defibrillators on campus which included legal implications. They surmised that a person who attempted resuscitation would only be liable "if negligent intervention directly causes injury which would not otherwise have occurred or if it exacerbates an injury."[17] There was some concern in the paper that a rescuer may be held liable for substantial damages if the standard of care he or she employed fell below that which could be expected of him/her in the given circumstances, whether a trained or lay-person. Conversely the working group considered that failure to take action could also lead to litigation.

The working group asked for advice from the Legal and Democratic Services Manager in respect of potential liability in relation to CPR and AEDs. His response explained that the same areas of legal liability arose with traditional methods of resuscitation as with defibrillation. Three areas of common law were highlighted: trespass to the person on the grounds an intervention constituted a battery to the victim, negligence for breach of duty of care to them and liability for assault in criminal law. This would mean that a claim could be brought either by the victim or, in the event of their death, by their estate. If the actions of the rescuer led to serious personal injury or death the court could order them to pay damages by way of compensation.

A person who attempted resuscitation would only be liable in a claim of negligence if the intervention left a patient in a worse position than he would have been had no action been taken. This would include directly causing injury which would not otherwise have occurred or exacerbating an injury. It is more easily envisaged how intervention of a rescuer using traditional resuscitation methods might potentially leave a patient worse off than using an AED. For example inappropriate administration of chest compressions can cause damage to the chest wall or organs.

In addition to the rescuer, third parties could also be held responsible under the law and would include those who train rescuers, those who provide and maintain the equipment and those who administer the system under which the rescuers operate.

Consideration was also given to whether the Council could be found potentially liable by not providing AEDs. Under English Law there can be liability in negligence for failing to provide appropriate safety precautions

[16] Colquhoun (2008) *op cit.*
[17] Judge, J (May 2009) Cardiff University Health Centre

on premises. An employer is also under a statutory duty to provide first-aiders in the workplace for the benefit of his employees under the Health and Safety at Work Act 1974 and subsequent Health and Safety (First Aid) Regulations 1981. As previously stated, the Council fulfilled its statutory responsibilities.

Before the introduction of defibrillation equipment, an assessment would need to be made which considered the potential benefit against likely harm, recognising the profile of users of that facility and how likely they are to have a cardiac arrest.

The representatives from LIVES brought an additional risk to the working group's attention; if a patient was treated with consumables that were out of date, relatives may be able to make a successful claim if the patient cannot be resuscitated.

6.4 Are staff insured to use a defibrillator?

The working group interviewed the Council's Governance and Risk Officer about insurance. She confirmed that first aiders were insured to treat staff and members of the public. She added, having spoken to the Council's underwriters, that if the working group recommended acquisition of defibrillators, a risk assessment would need undertaking but their use on staff and customers would be insured. The preference of the underwriters was that first aiders trained in the use of the equipment provide treatment, however if an untrained member of staff was required to treat a patient with a defibrillator, they too would be insured.

Conclusion

The working group identified a number of different means through which the Council could acquire defibrillators. An assessment into the most appropriate arrangements to provide cover for the authority would need considering taking account of one-off and ongoing costs.

As a response to comments made by the Environmental Health Services Manager, the working group discovered a general willingness amongst first aiders to train in defibrillation. Follow-up work on liability and insurance raised no greater concern than the risks associated with CPR.

7.0 Recommendations

1. That the Council install automatic external defibrillators in its buildings across the district (Grantham offices, area offices, Bourne Community Access Point, arts centres and the Alexandra Road depot). The quantity and location should be determined by site surveys of each building.

2. LIVES should be invited to make a presentation to a full Council meeting to raise awareness of the organisation

3. LIVES should be invited to run a drop-in session for staff to raise awareness of the organisation and try and identify individuals who could become community first responders

4. LIVES be considered as the provider for South Kesteven District Council's first aid training courses

Appendix 1

Table 1: Outcome in three groups of patients defined according to responder and location

Responder	No. (%)	Patients shocked			Patients not shocked		
		No. (%)	ROSC* no. (%)	Survival no. (%)	No. (%)	ROSC no. (%)	Survival no. (%)
On-site automatic external defibrillator	437 (28.6)	347 (79.4)	163 (47.0)	106 (30.5)	90 (20.6)	7 (7.8)	7 (7.8)
First responder outside home	255 (16.7)	132 (51.8)	37 (28.0)	13 (9.8)	123 (48.2)	8 (6.5)	1 (0.8)
First responder at home	838 (54.8)	256 (30.5)	45 (17.6)	13 (5.1)	582 (69.5)	20 (3.4)	5 (0.9)
Whole group	**1,530**	**735 (48.0)**	**245 (33.3)**	**132 (18.0)**	**795 (52.0)**	**35 (4.4)**	**13 (1.6)**

*ROSC defined as return of spontaneous circulation on leaving scene

Information extracted from Colquhoun, M.C. (2008).

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SCRUTINY COMMITTEE WORK PROGRAMME 2012-15

12 June 2012	Future service provision at Grantham hospital	*A special meeting scheduled on 11 July 2012*
	Performance - Q4 report	The report included a summary of measures, performance against them and direction of travel 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.
	Procurement Lincolnshire - feedback	Consideration of report by Strategic Director – Corporate Focus which summarised responses to recommendations made in the Committee Scrutiny Review. 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.
	Wind energy	A question was received from a member of the public, which Committee members considered. The council was in the process of developing a supplementary planning document. 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. The Committee set up a working group to scrutinise the process used to develop the SPD.
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, 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.

		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. 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.
28 August 2012	Performance - Q1 report	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. The Strategic Director – Development and Growth (Ian Yates) gave a presentation on the progress of work within the Grow the Economy priority.
	Scrutiny Committee annual report 2011/12	The draft annual report was approved for submission to the council meeting on 18 October 2012.
	Stamford and Rutland Hospital Clinical Strategy	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. Councillors asked questions on the presentation and Mr Randall explained the next stages in producing the proposed Clinical Strategy.
	Procurement Lincolnshire	Representatives from Procurement Lincolnshire presented their 2011/12 annual report. The Committee agreed that the Chief Executive should be asked to facilitate the following 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	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	The Performance Management Officer (Sam Selby) summarised report number PPMO3, which provided a summary of performance and project progress during the second quarter. The Head of Development and Growth summarised work that had been done to improve performance within Development Management. The Head of Housing and Neighbourhoods (Ian Richardson) talked about work around the 'Good Housing for All' priority.
	Grounds maintenance – contract monitoring *Issue raised by Bourne Town Council and through Resources PDG*	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. 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.
	East Midlands Ambulance Service	Three representatives from EMAS attended the meeting: • Jon Sargent – Director of Finance • Lynn Rutland – Service Delivery Manager • Greg Cox – Operational Support Manager, Lincolnshire They outlined their 'Being the Best' consultation which proposed changes to the way EMAS operates. 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. Councillors discussed the proposals and

		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	The Committee considered report number ENV578 which provided background information on first aid legislation, LIVES and defibrillators. The Committee identified key lines of enquiry for the working group to investigate and on which to report back.
	Member training	Summary of feedback of Councillor training programme run after 2011 election
	Representatives on Outside Bodies	The working group presented a draft form designed to assist members who represent the council on outside bodies in reporting back. The Committee recommended that the draft form be presented to the annual Council meeting on 18 April 2013 with the report requesting the council make annual appointments.
	Update on relationship between Cabinet, officers and PDGs	The Community Engagement and Policy Development officer gave an update on the communication mechanisms introduced to improve the effectiveness of the policy development groups. The Committee recommended three-monthly updates for a year.
19 February 2013	Performance - Q3 report	The quarter 3 performance report was presented which provided a summary of performance and project progress during the reporting period. It concentrated on the priority themes: 'Keep SK Clean, Green and Healthy' and 'Promote Leisure, Arts and Culture'. An update was given on performance within the Development Management Team. Councillor asked about feedback from the Gravity Fields Festival and requested that the evaluation of the festival (including short-term and long-term gains) be included on a future agenda. There was also discussion about the cleanliness of the street scene within town centres and the funding of work by monies collected through the green waste scheme. Councillors asked for a breakdown showing the use of the funding in creating cleaner town centres.
	Presentation on CCTV to scope	The Community Safety and Licensing Service

	purview of CCTV working group	Manager gave a presentation on CCTV. He told the committee about the equipment, the different types of cameras the team monitored and additional services provided by the team including Shopwatch and Pubwatch schemes as well as the Council's out of hours telephone service. Committee members identified the key beneficiaries of CCTV as the police and felt strongly that they should make a financial contribution for the running of the service. The committee asked Councillor Wootten as chairman of the Lincolnshire Police and Crime Panel to put an item on the agenda of a future meeting to gauge support from other districts and consider putting forward a collective request.
9 April 2013	Procurement Lincolnshire	Alan Thomas and Sharon Cuff (representing Procurement Lincolnshire) attended the meeting and addressed the recommendations made within the Committee's Scrutiny Review. After five years in operation, PL was reviewing its targets and the definitions behind its performance measures. On completion of the review, PL's reps agreed to submit a report to the Committee in September 2013.
	Interim report of the defibrillator working group	Date for final report pushed back to allow continued investigation. The Chairman of the working group provided a summary of its key lines of enquiry, how it was addressing them and plans for further investigation.
11 June 2013	Performance – Q4 report	Moved to 20 August 2013 as "annual report"
	Impact of the self-financing of the HRA	To be considered at a later date that complements the work being undertaken by Resources PDG.
	Procurement Lincolnshire – Governance Arrangements	
	Pre-application planning advice	Raised at the meeting on 9 April. The Development Management Service Manager and the Chairman of the Development Control Committee to be invited to attend.
	Final report of the defibrillator working group	
	Annual review of PDGs	
20 August 2013	Performance – annual report 2013/14	
	Performance – Q1 report	
	Gravity Fields - evaluation	

	CCTV	Supt. Vickers from Lincolnshire Police invited to talk about CCTV project
15 October 2013	Update on relationship between Cabinet, officers and PDGs	
	Procurement Lincolnshire - feedback	
26 November 2013	Performance – Q2 report	
18 February 2014	Performance – Q3 report	
8 April 2014	Improving Broadband in rural areas	Review work undertaken by onLincolnshire
	Gravity Fields – review of long-term outcomes	
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

Working Group	Members
Defibrillator/First Aid Working Group **COMPLETED. REPORTED TO COMMITTEE ON 11/06/13**	Councillor Paul Cosham Councillor Mrs Rosemary Kaberry-Brown Councillor Bob Sampson Councillor Mrs Judy Smith
Planning matters	Councillor Helen Powell Councillor Paul Cosham Councillor Alan Davidson Councillor David Nalson
CCTV working group **DISBANDED**	Councillor Helen Powell Councillor Alan Davidson Councillor Reg Howard
Representatives on Outside Bodies Working Group **COMPLETED. REPORTED TO COMMITTEE ON 22/01/13**	Councillor Michael King Councillor Bob Sampson

Appendix B to report LDS090

South Kesteven District Council
Summary report of members attending outside bodies

Name of Councillor: A. V. KERR.

Name of Outside body: Dame Margaret Thorold Education Foundation

Date of meeting/event: Feb.

Key points arising for South Kesteven District Council:

Grants to students
20 applications 19 granted either
£165 for music
£100 for sport etc
Grants to Schools. Barkston £1000-00
Allington - Sedgebrook School £2200-00
Marston School £3000-00
Pupils Marston £290-00 Pupils Allington School £145

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?

Yes this covers most of Loveden area

Any other comments:

Signature: A.V. Kerr Date: 10/5/13

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.

Area of Benefit of Dame Margret Thorold Foundation

Parishes of.

Allington, Barkerton, Barrowby, Bellon + Manthorpe,
Claypole, Cranwell + Byards Leap, Foston, Honnington,
Houghton, Marston, Hough on the Hill, North Rauceby, South
Rauceby, Sedgebrook Silk Willoughby, Sleaford,
Skillington, Syston, Westborough + Dry Doddington, all in
the country of Lincolnshire