

# PLEASE NOTE VENUE

## **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA**



**Tuesday 4 March 2008**

**at 3.00 pm**

**in the Belle Vue Community, Sports and Youth Centre,  
Kendal Road, Hartlepool**

**MEMBERS: ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY  
FORUM:**

Councillors Atkinson, Barker, Brash, Fleet, Griffin, G Lilley, Plant, Simmons, Sutheran,  
Worthy and Young.

Resident Representatives: Mary Green, Jean Kennedy and Mary Power

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
  - 3.1 Minutes of the meeting held on 29 January 2008 (*to follow*)
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE  
COUNCIL TO FINAL REPORTS OF THIS FORUM**

No items.
- 5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA  
SCRUTINY CO-ORDINATING COMMITTEE**

No items.

**6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

- 6.1 Draft Corporate Plan 2008/09: Proposed Outcomes and Actions – *Director of Adult and Community Services and Assistant Chief Executive*

**7. ITEMS FOR DISCUSSION**

- 7.1 Contribution Policy for Non-Residential Social Support – *Director of Adult and Community Services*
- 7.2 Healthcare Commission Annual Health Checks for North Tees and Hartlepool NHS Foundation Trust and Hartlepool Primary Care Trust
- (a) Covering Report – *Scrutiny Support Officer*
  - (b) Annual Health Check for North Tees and Hartlepool NHS Foundation Trust – *Acting Director of Clinical Governance*
  - (c) Annual Health Check for Hartlepool Primary Care Trust – *Planning Manager*
- 7.3 Investigation into the Withdrawal of Emergency Care Practitioners Service at Wynyard Road Primary Care Centre – Consideration of Independent Specialist Advice
- (a) Covering Report – *Scrutiny Support Officer*
  - (b) Verbal Presentation by Independent Specialist Advisor, University of Birmingham

**8. ISSUES IDENTIFIED FROM FORWARD PLAN**

**9. FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

**10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

**ITEMS FOR INFORMATION**

**Date of Next Meeting Tuesday 8<sup>th</sup> April 2008 commencing at 3.00 pm – venue to be confirmed.**

## **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

4 March 2008



**Report of:** Director of Adult and Community Services and  
Assistant Chief Executive

**Subject:** CORPORATE PLAN 2008/09: PROPOSED  
OUTCOMES AND ACTIONS

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### **1. PURPOSE OF REPORT**

- 1.1 To provide the opportunity for the Adult and Community Services and Health Scrutiny Forum to consider the proposed outcomes and actions for inclusion in the Corporate Plan 2008/09.

### **2. BACKGROUND INFORMATION**

- 2.1 The Government introduced the Best Value regime as part of its programme to modernise local government and the Corporate (Best Value Performance) Plan for 2008/9 must be approved and published by the Council by 30 June 2008. This is the Council's top-level corporate plan. It sets out the Council's top priorities and contributions for delivering the Community Strategy aims in 2008/9.
- 2.2 The Corporate Plan is an important document because it formally communicates the council's vision and priorities. The process for producing the plan has been designed to ensure the risk is minimised and that the Corporate Plan is fit for purpose.
- 2.3 The focus of the Corporate Plan for 2008/9 is on priority activities for improvement at a strategic level rather than day to day service delivery objectives. The operational service delivery objectives are picked up through Departmental service plans which are reported to individual portfolio holders.
- 2.4 At a meeting of the Scrutiny Co-ordinating Committee held on 18 January 2008 it was agreed that the Corporate Plan proposals should be considered by each of the Scrutiny Forums. Each Scrutiny Forum will see the proposals relating to the Community Strategy themes that fall under their remit.

- 2.5 The comments/observations of each Forum will be fed back to the meeting of the Scrutiny Co-ordinating Committee to be held on 14 March 2008 and will be used to formulate the formal Scrutiny response to Cabinet on 28 April 2008.

### **3 THE CORPORATE PLAN**

- 3.1 As in previous years the plan will be produced in two parts. Part 1 describes the Council's overall aim, contributions to the Community Strategy aims and organisational development priorities.
- 3.2 Part 2 will continue to contain the detailed supporting information relating to performance statistics which the Council is required to publish. This will include the Best Value performance indicators for 2007/08 and any future targets for 2008/09, 2009/10 and 2010/11. This information can not be collected until after 31 March 2008, and is therefore not available at present.
- 3.3 **Appendix A** details those outcomes and actions that are proposed for inclusion in the 2008/09 Corporate Plan that fall under the Adult and Community Services and Health Scrutiny Forum remit.

### **4 RECOMMENDATIONS**

- 4.1 It is recommended that the Adult and Community Services and Health Scrutiny Forum:-
- (a) considers the proposed outcomes and actions for inclusion in the 2008/09 Corporate Plan as attached at **Appendix A**.
  - (b) formulates any comments and observations to be presented to the meeting of the Scrutiny Co-ordinating Committee to be held on 14 March 2008 to enable a formal response to be presented to the Cabinet on 28 April 2008.

**Contact Officers:-** Andrew Atkin – Assistant Chief Executive  
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Nicola Bailey – Director of Adult and Community Services  
Hartlepool Borough Council  
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### **BACKGROUND PAPERS**

No background papers were used in the preparation of this report.

Corporate Plan 2008/09 – Proposed Outcomes and Actions

Adult and Community Services and Health

Theme: Jobs and the Economy

Outcome	Actions
Create more employment opportunities for local people	To increase the number of socially excluded adults in paid employment

Theme: Lifelong Learning and Skills

Outcome	Actions
Provision of high quality learning and skills opportunities that drive economic competitiveness, widen participation and build social justice	To increase universal access to high quality learning and skills opportunities

## Theme: Health and Care

Outcome	Actions
Improved Health	To improve the health and wellbeing of Hartlepool citizens by implementing the Public Health Strategy and Action Plan
	To develop Joint Strategic Needs Assessment with Health and Childrens Services
Increased choice and control and retention of personal dignity	To ensure all service developments have involvement from service users and their carers
	To increase the proportion of people who commission their own services
	To increase the number and range of supported accommodation options
	To ensure that service users and their carers are at the centre of planning their support
Improved Mental Health and Wellbeing	To increase social inclusion for people with mental health issues
	To support people with mental health issues into paid employment
	To improve access to psychological therapies
Easier Access to Services	To ensure that carers are supported effectively to support their family members for as long as they wish
	To work with the community in Owton to implement the Connected Care Scheme
	To integrate services where appropriate with local Health Services
	To ensure that services are sensitive and are able to respond to flexibly to the diverse needs of the community
	To ensure easier access to both universal and targeted services tailored to individual needs

**Theme: Environment**

Outcome	Actions
Deliver sustainable communities through high quality planning, new build and sensitive conservation and protect and enhance the local natural environment.	Maximise funding contributions from developers and other funders for play and recreational service development
	Enhance and protect natural environment

**Theme: Housing**

Outcome	Actions
Meeting the Housing Needs of Vulnerable People	Provide support services to increase the opportunity for residents to live independently in the community
	To ensure the deliver of high quality housing support services through efficient and effective contracts with providers
	To provide accommodation and housing services for vulnerable people which support independence and stability

### Theme: Culture and Leisure

Outcome	Actions
Enrich individual lives, strengthen communities and improve places where people live through enjoyment of leisure, culture and sport	Develop and improve cultural and leisure facilities and events
	To ensure the public have access to a wide range of information about leisure, culture and sporting opportunities in a variety of accessible mediums
Cultural and leisure services, better meet the needs of the community, especially those from disadvantaged areas	To increase opportunities for participation in a wide range of cultural and leisure activity focussing on areas of disadvantage

### Theme: Strengthening Communities

Outcome	Actions
To empower local people to have a greater voice and influence over local decision making and the delivery of services	Improve and co-ordinate Public Engagement with all sectors of the community acting on feedback
	To develop co-ordinated strategy for appropriate partnerships with the voluntary sector



# ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

4<sup>th</sup> March 2008



**Report of:** Director of Adult and Community Services

**Subject:** Contribution Policy for Non-Residential Social Support

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## 1. PURPOSE OF REPORT

- 1.1 To brief Scrutiny Forum on developments in contribution policy, and seek views on the issues out to consultation.

## 2. BACKGROUND

- 2.1 Following a report on 10<sup>th</sup> December (**Appendix 1**), Cabinet agreed in principle to replace the various charges for non-residential service with a unified contribution towards care funding, regardless of what support is purchased from that funding.
- 2.2 Cabinet ordered consultation with service users and other interested parties on aspects of how the proposed contribution might be calculated, including a discussion at Scrutiny Forum. Letters have gone out to 3200 service users/potential service users, and to various representative groups and agencies (**Appendix 2**). The consultees are also invited to telephone with queries, and to attend two meetings on 26<sup>th</sup> February for more detailed discussion. This report and its appendices provide the basis for a discussion at the Scrutiny Forum.
- 2.3 The results of the consultation will be reported to Cabinet on 31<sup>st</sup> March, with the new arrangements to be implemented as soon as possible thereafter.

## 3. THE CONSULTATION QUESTIONS

- 3.1 There could be no meaningful consultation on the principle of changing from service-related charges to a contribution towards the value of an overall support package, as that is the only feasible arrangement. The specific questions which are submitted for consultation are:

***Question 1:*** *Is it reasonable to require contributions from users of services, but not carers who also get help?*

**Yes / No – please delete as required**

***Question 2:*** *Under this arrangement the individual contributes all they are able to, then the Council pays the rest. Is this a reasonable way to share the costs?*

**Yes / No – please delete as required**

***Question 3:*** *A maximum contribution related to residential rates would ensure that staying at home would be much more attractive financially, but is it fair use of public funds?*

**Yes / No – please delete as required**

- 3.2 The issues behind these questions will be explored further in the Scrutiny presentation.

#### **4. RECOMMENDATIONS**

- 4.1 That Members of the Panel comment on the issues out to consultation.

CONTACT OFFICER: Alan Dobby, Assistant Director (Support Services)

# CABINET REPORT

10 December 2007



**Report of:** Director of Adult and Community Services

**Subject:** INCOME FROM NON-RESIDENTIAL SOCIAL CARE

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## SUMMARY

### 1. PURPOSE OF REPORT

To propose a replacement to the existing charging arrangements for non-residential social care services, based on modern practice and principles.

### 2. SUMMARY OF CONTENTS

The report outlines the various methods we are using to charge users of non-residential care services, such as home care and day care, and explains that they are inconsistent, and unsuitable for modern practice. It then sets out three options and demonstrates that only one is acceptable in terms of the principles which apply to charges. This is to calculate a financial allocation or budget for each person based on their needs, and require a financial contribution towards this sum based on their means.

The report recommends that people who use services are consulted on some issues involved in operating such a system of contributions, and the results be brought back to Cabinet with a recommendation and proposed implementation plan.

### 3. RELEVANCE TO CABINET

Non-residential care services support many vulnerable people at home, and it is important to the community that their financial contributions are on a principled basis.

### 4. TYPE OF DECISION

Key Test ii

### 5. DECISION MAKING ROUTE

Cabinet

### 6. DECISIONS REQUIRED

That in principle the Council replaces existing non-residential charges with a unified contribution towards care funding, regardless of what support is purchased from that funding.

That service users and other key groups be consulted on aspects of how the proposed contribution might be calculated.

That Cabinet and Scrutiny also have an opportunity to discuss these issues.

That the results of the consultation, and discussions with Members and other agencies be brought back to Cabinet for decision, along with a draft implementation plan.

**Report of:** Director of Adult and Community Services

**Subject:** INCOME FROM NON-RESIDENTIAL SOCIAL CARE

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### **1. PURPOSE OF REPORT**

- 1.1 To propose a replacement to the existing charging arrangements for non-residential social care services, based on modern practice and established principles.

### **2. BACKGROUND**

- 2.1 Users of home care services are charged under the Council's 'Fairer Charging' Policy. The Policy was set in 2002, in line with government guidance, and has been reviewed and update at regular intervals since. It states that there will be an hourly charge, but only up to a weekly amount that each user is assessed as being able to pay. This amount takes into account income, living costs, and any additional disability-related expenditure. Currently the hourly rate is £7.50, which is approximately 75% of the cost of contracted home care.
- 2.2 Residential respite, meanwhile, is charged under the national scheme for residential care, which uses a different means test. In some cases it is appropriate to have flat rate charges, and these are used for Mobile meals and refreshments in day centres. Day care itself is not charged for locally, and the same applies for intermediate care and disabled equipment. So in effect a person could have seven hours of domiciliary care and pay, and a neighbour could have seven hours at a day centre and pay nothing.
- 2.3 Increasingly people are directing their own care via direct payments and individual budgets (In Control), and using their allocation to purchase a wide range of goods and services to better meet their needs. In these cases an hourly rate can often not be applied.
- 2.4 It is now necessary to review the manner in which people contribute towards the cost of their care, to make it more consistent and equitable, and also more suitable for self directed care.

### 3. PRINCIPLES

Charges for social care ought to be constructed according to certain principles:

*Legality* – The main legislation and guidance in this case being HASSASSA 1983, and 'Fairer Charging for Home care Services' 2003

*Equity* – We should not disadvantage any individuals or groups and everyone should be assessed equitably.

*Policy* – Charges should support national and local policy aims rather than act as a barrier to them, e.g. social inclusion, independence, combating poverty, and public health

*Efficiency* – Assessment and collection arrangements, including systems support, should be simple, robust, not be too high a proportion of the income raised, and provide a viable alternative funding source to taxation.

*Acceptability* – Charges should be easy for the public to understand and accept as reasonable. This is likely to entail some means testing.

*Consistency* – Ideally the social care charges should be consistent, and on a basis which is compatible with charges for other local authority charges and with payment of means tested benefits.

### 4. OPTIONS

4.1 There are three broad options, and these can be weighed up using the above principles as follows:

i) Stop charging for services

This would meet many of the principle tests, but not 'efficiency' or 'policy'. There could be a saving from not employing those assessing and collecting non-residential charges, but some resource may be retained as they also assess for residential charges, carry out benefit maximisation as part of the financial assessment visits, and other functions such as Court of Protection and Appointeeship duties. However, income from home care alone is currently over £800,000 per annum, and to replace this income with service cuts would threaten services themselves. Also national policy expects that services will be co-funded by the individual and the state.

ii) Extend existing charges system

In order to be consistent and equitable the Fairer Charging hourly rate would have to be applied to all services, but with people now using funds for equipment, transport, health and leisure options etc it would be difficult to devise an acceptable way of doing this. Other authorities such as Cumbria updated their charges on traditional lines, but now face a further rethink to deal with self-directed care. The Department of Health has recognised the need for change and is suggesting a review of National Fairer Charging policies.

iii) Means tested contribution

Guidance now being developed by the Department of Health for use in relation to Individual Budgets implementation is to calculate a financial allocation or budget for the individual based on their needs, and require a contribution towards this sum based on their means. This option seems to give the best fit to all of the above principles, and is therefore recommended as the way forward.

## 5. CONSULTATION

5.1 There are of course a wide range of issues to be addressed in a major change of this type, and it would be appropriate to consult with service users and through the usual consultation channels on the solutions to these issues. The consultation questions would include:

- Should the contributions be based solely on ability to pay, or also on the size of financial allocation (i.e. those with greater care needs pay more)?
- Should there be a maximum charge for all non-residential support (currently this is set at 50% of the cost of residential care)?
- How should residential respite care be treated, and how does this need to be considered alongside other respite care opportunities.

5.2 Whilst the consultation process is underway development work can be ongoing amongst officers, and with Members. A consultation period of January and February 2008 is proposed. Following this a report would be brought back to Cabinet with the results of the consultation and the further development work. This will seek Cabinet decisions on the final scheme, and propose an implementation plan.

## 6. FINANCIAL IMPLICATIONS

## **7.1 Appendix 1**

- 6.1 Without a review the substantial income from non-residential care would be put at risk, especially given the rise of self-directed care. The impact of the new contributions, for individuals and overall, would depend on the final details of the scheme. At this stage it is assumed to be budget neutral.

### **7. RECOMMENDATIONS**

- 7.1 That in principle the Council replaces existing non-residential charges with a unified contribution towards care funding, regardless of what support is purchased from that funding.
- 7.2 That service users and other key groups be consulted on aspects of how the proposed contribution might be calculated.
- 7.3 That Cabinet and Scrutiny also have an opportunity to discuss these issues.
- 7.4 That the results of the consultation, and of discussions with Members and other agencies be brought back to Cabinet for decision, along with a draft implementation plan.

CONTACT OFFICER: Alan Dobby, Assistant Director (Support Services)



**Nicola Bailey**  
Director of Adult and Community Services

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February 2008

Dear Sir or Madam

### **Contributing to the Cost of Social Care**

I am writing to invite your organisation to take part in a consultation on a change in Council policy. The policy concerns the way that people receiving social care support contribute to the cost. This letter and the attachments set out the issues and the questions we are asking.

If you would like to respond in writing please complete the questionnaire and return it to the Adult and Community Services Department in the envelope provided.

For those who would prefer to take part in a discussion, two meetings have been arranged at which your representative would be most welcome. If you wish to attend either or both of these meetings it would be helpful for the organisers if you would return your invitation slip in the envelope provided.

The meetings are both on Tuesday 26<sup>th</sup> February in the Town Hall Theatre, Hartlepool. The first will begin at 1pm, and the second at 6.30pm.

If you have any questions about the consultation or the issues raised we would be glad to take your call on 01429 523883.

Thank you for your help,

Yours faithfully



Nicola Bailey  
**Director of Adult and Community Services**

# **OUTLINE OF THE PROPOSED CHANGES**

## **What are we asking about?**

The government expects Councils to collect contributions from adults receiving social care in the community. This is set out in Section 17 of the Health and Social Services and Social Security Adjudications Act 1983. Although the government has issued 'Fairer Charging' guidance, there is discretion as to how such contributions are calculated. At the moment Hartlepool Borough Council charges for the various services provided individually and in different ways. We have decided we would like to work out contributions from service users in a fairer and more flexible way.

There are different ways we could do this, and we are asking service users and other interested groups for their views before taking any final decisions.

## **Why is the council making changes?**

Different services are currently charged for separately, which can be both complicated and unfair. For example, users of home care are charged on an hourly rate subject to a means test, there is a fixed daily charge for refreshments in day care, and respite breaks in a Care Home are charged under a separate residential charging policy.

Under the new method a single financial assessment would decide the total financial contribution, regardless of what types of support are received. This is fairer, and more flexible given the increasing range of support now available.

As part of the financial assessment, everyone will also be offered a free benefits check to help them make sure they are claiming all the benefits they are entitled to.

## **How would the new arrangements work?**

Anyone getting services and paying charges now will continue until the next review of their needs. All new assessments and service reviews are now being done differently.

People now describe their needs, and we use this to work out how much money we think they need to help meet them every year. People then decide how best they think it should be spent. The enclosed 'In Control' leaflets explain this further.

As from April we are planning to do one financial assessment (similar to the existing one for home care) which works out what people can afford to pay towards the cost of their support, regardless of what services are used.

All this will be explained to people when their next assessment or review is due.

# QUESTIONNAIRE

We would like people's views on three questions about how the new arrangement for financial contributions might work.

Firstly, all service users contribute according to their means, but at the moment any carers who also receive support do not contribute. We are considering if that is still reasonable.

Secondly, the proposal is for an individual to contribute as much as they can afford, up to the value of their support package, with the Council then meeting the rest. An alternative would be to share all the costs on a percentage basis.

Finally, no-one would be expected to pay more than they can afford, but we could decide that there should also be a maximum contribution, to ensure it is always significantly less than someone in a care home would pay.

***Question 1: Is it reasonable to require contributions from users of services, but not carers who also get help?***

**Yes / No – please delete as required**

***Question 2: Under this arrangement the individual contributes all they are able to, then the Council pays the rest. Is this a reasonable way to share the costs?***

**Yes / No – please delete as required**

***Question 3: A maximum contribution related to residential rates would ensure that staying at home would be much more attractive financially, but is it fair use of public funds?***

**Yes / No – please delete as required**

Name of organisation:

**Please post this questionnaire back to us in the envelope provided by 3<sup>rd</sup> March. Thank you for your help.**

## INVITATION SLIP

There will be two meetings where people will have an opportunity to ask questions and discuss the proposed changes to our contributions policy.

The meetings are both on **Tuesday 26<sup>th</sup> February** at the **Town Hall Theatre** in Hartlepool. The times are **1pm** and **6.30pm**.

If you would like to attend either or both of these meetings it would help us if you would fill in the return slip below, tear it off, and send it back to us in the envelope provided.

If neither time is convenient please do telephone us with you views on 01429 523883

Thank you.

-----

## RETURN SLIP

I would like to attend the following Town Hall Theatre meeting(s):

Tuesday 26<sup>th</sup> February at 1pm                      (tick if required)

Tuesday 26<sup>th</sup> February at 6.30pm                      (tick if required)

**Please tear off and return in the envelope provided**

# ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

4 March 2008



**Report of:** Scrutiny Support Officer

**Subject:** HEALTHCARE COMMISSION ANNUAL HEALTH  
CHECKS FOR NORTH TEES AND HARTLEPOOL  
NHS FOUNDATION TRUST AND HARTLEPOOL  
PRIMARY CARE TRUST

## 1. PURPOSE OF REPORT

- 1.1 To introduce representatives of North Tees and Hartlepool NHS Foundation Trust and Hartlepool Primary Care Trust, in attendance at today's meeting to address the Forum in respect of the Healthcare Commission's Annual Health Checks.

## 2. BACKGROUND INFORMATION

- 2.1 As the Forum is aware, under the Healthcare Commission's quality checking regime, health scrutiny committee's have the opportunity to comment on Trust performance. Any comments made by a Health Scrutiny Forum will be inserted into the Trust's declaration of performance against the standards as unedited contributions.
- 2.2 To assist the Forum, attached as **Appendices A and B** are the Healthcare Commission's Criteria for Assessing Core Standards in 2007/08 for Acute and Primary Care Trusts.
- 2.3 As such representatives of North Tees and Hartlepool NHS Foundation Trust and Hartlepool Primary Care Trust are in attendance at today's meeting to take Members through the core standards and each of the Trust's evidenced performance against those standards (as outlined at agenda item 7.2 (b) and 7.2 (c)).
- 2.4 The Forum is required to decide whether, following discussion, it wishes to express any views in relation to each of the Trust's performance which will be inserted into the trusts' declaration verbatim.

### **3. RECOMMENDATIONS**

- 3.1 That the Forum considers the attached papers and the evidence received from the North Tees and Hartlepool NHS Foundation Trust and Hartlepool Primary Care Trust.
- 3.2 That the Forum determines whether it wishes to make a contribution to each of the Trusts' declaration to the Healthcare Commission.

### **BACKGROUND PAPERS**

No background papers were used in the preparation of this report.

**Contact Officer:-** James Walsh – Scrutiny Support Officer  
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# Criteria for assessing core standards in 2007/2008

## Acute trusts

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# Overview

These are the 2007/2008 criteria for assessing core standards for trusts that provide acute and specialist services. As in previous years, we have set out our criteria as “elements” for each of the core standards.

## What has changed?

One main change is that this year we have produced separate criteria documents, one for each type of trust (i.e. acute and specialist services, mental health and learning disability services, ambulance services, and primary care trusts). Each trust will need to consider the sets of criteria relevant to the services they provide. For example, if your organisation also provides specialist mental health services you will also need to consider the criteria that apply to mental health and learning disability trusts.

The other main change is that, as we detailed in our publication *The annual health check in 2007/2008: Assessing and rating the NHS*, we have rationalised the elements further, and where possible, reduced the number that apply to each trust.

In particular, we have:

- focused on the outcomes of the standards. We have revised some of the elements to set out more clearly the outcomes required for each standard – particularly those that affect patients. We expect trusts’ boards to consider these outcomes when reviewing their compliance.

For example, in standard C14c (learning from complaints), the second element now states “demonstrable improvements are made to service delivery as a result of concerns and complaints from patients, relatives and carers”. So trusts’ boards will wish to be assured that service improvements have occurred

- simplified the wording of the elements. We have done this by reducing the number of the references to guidance and removing all references that we had previously asked trusts to “take into account”. These are now listed in appendix two as background information but they will not be the basis on which the Healthcare Commission makes judgments in inspection
- reduced the number of elements for some standards, particularly where trusts have told us that there was duplication, for example, in the evidence needed for a number of different elements
- increased our reliance on the findings of others, in particular we will rely on findings from the NHS Litigation Authority’s risk management scheme for acute trusts at level 2 and above for identified standards. We will rely on this information, unless we have serious concerns from another source that a trust is not meeting a particular standard. Further, trusts’ boards can use this information to provide them with an appropriate level of assurance when considering their compliance.

We have detailed all of the changes to the elements for 2007/2008 in a separate document, available on the Healthcare Commission’s website [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

## How should trusts consider the elements?

Trusts’ boards should consider the level of compliance required by the elements when considering the extent to which they meet a core standard. In keeping with previous years, boards should determine whether they are compliant with a standard by assessing whether they have “reasonable assurance” that they have been meeting it, without “significant lapses”, in the period 1 April 2007 to 31 March 2008.

### Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Reasonable assurance must be based on documentary evidence that can stand up to internal and external challenge.

The core standards are not optional and describe a level of service which is acceptable and which must be universal. We expect each trust’s objectives to include compliance with the core standards, and that the organisation will use its routine processes for establishing assurance.

Trusts’ boards should consider **all** aspects of their services when judging whether they have reasonable assurance that they are meeting the elements.

Where healthcare organisations provide services directly, they have the main responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (e.g. where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the standards.

### Significant lapse

Trusts' boards should decide whether a given lapse is significant or not by considering the extent of risk to patients, staff and the public, and the duration and impact of any lapse. There is no simple formula to determine whether a lapse is significant. A simple quantification of risk, such as the death of a patient or the loss of more than £1 million, cannot provide a complete answer.

Determining whether a lapse is significant depends on the standard under consideration, the circumstances in which a trust operates (such as the services they provide, their functions or the population they serve), and the extent of the lapse (e.g. the level of risk to patients, the duration of the lapse and the range of services affected).

## Equality, diversity and human rights

One of the Healthcare Commission's strategic goals is to encourage respect within services for people's human rights and for their diversity, and to promote action to reduce inequalities in people's health and experiences of healthcare. In line with the intention of *Standards for better health*, we expect that healthcare organisations will interpret and implement the standards in ways which challenge discrimination, promote equity of access and quality of services, reduce inequalities in health, and respect and protect human rights.

More specifically, core standard C7e asks trusts to challenge discrimination, promote equality and respect human rights. The second element of the standard focuses on how the trust is promoting equality, including by publishing information specified by statute in relation to race, disability and gender. We have run two audits of trusts' websites, looking for this information, and we are concerned that many trusts are still not complying with the legislation, particularly in relation to race equality. In 2007/2008, therefore, if we discover that a trust has not published the information required under the Race Relations Act 1976 (as amended) or the Disability Discrimination Act 2005, we will be minded to qualify its declaration of compliance with standard C7e.

## Using the findings of others

We have significantly increased our use of the findings of others in the core standards assessment. In 2007/2008 we will use information from our Concordat partners, and from other bodies, in three particular ways: as adequate assurance that an element or a standard has been met for the year, secondly, to answer specific lines of enquiry in inspection and thirdly, we will continue to use information in our cross checking process to target trusts for inspection.

For acute and specialist trusts, we will rely on the findings of the NHS Litigation Authority at level 2 and above, where this provides a level of assurance that particular elements or standards have been met. We expect that trusts' boards will also wish to rely on this information when making their declarations. We have marked with an asterisk\* those standards and elements where information from the NHS Litigation Authority, at level 2 and above, provides this level of assurance.

We have marked with an asterisk\* those standards and elements where information from Patient Environment Action Teams' assessments for 2008 provides an appropriate level of assurance. Trusts' boards may wish to rely on this information when making their declarations.

We will continue, where relevant, to use information from the Audit Commission's Auditor's Local Evaluation (ALE) to answer specific lines of enquiry in inspection.

Appendix one sets out in further detail how we are using the findings of others in 2007/2008.

# First domain: Safety

**Domain outcome:** Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

## Core standard C1

## Elements

Healthcare organisations protect patients through systems that:

a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents

1\* Incidents are reported locally and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System

2\* Reported incidents are analysed to seek to identify root causes, relevant trends and likelihood of repetition

3\* Demonstrable improvements in practice are made to prevent reoccurrence of incidents as a result of information arising from the analysis of local incidents and from the NPSA's national analysis of incidents

\* Adequate levels of assurance can be provided by level 2 and above of the NHSLA's Risk Management Standards for acute trusts.

b) ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales

1 All communications, including drug alerts, issued by the Safety Alert Broadcast System (SABS) are implemented within the defined timescales, in accordance with *Chief executive's bulletin article* (Gateway 2326)

## Core standard C2

## Elements

**Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations**

- 1 Effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with *Working together to safeguard children* (HM Government, 2006)
- 2 The healthcare organisation works with partners to protect children as set out in *Working together to safeguard children* (HM Government, 2006)
- 3 Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to children in the normal course of their duties, in accordance with *CRB disclosures in the NHS* (NHS Employers, 2004)

## Core standard C3

## Elements

**Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance**

- 1 The healthcare organisation follows NICE interventional procedures guidance in accordance with *The interventional procedures programme* (Health Service Circular 2003/011)

## Core standard C4

## Elements

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**Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:**

**a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA)**

- 1 The healthcare organisation has systems to ensure the risk of healthcare associated infection is reduced in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)

To note: the measurement of the MRSA target is undertaken through the 'national targets' component of the annual health check.

**b) all risks associated with the acquisition and use of medical devices are minimised**

- 1 The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA
- 2 The healthcare organisation has systems in place to meet the requirements of the *Ionising Radiation (Medical Exposure) Regulations 2000* [IR(ME)R]

**c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed**

- 1 Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)



**d) medicines are handled safely and securely**

- 1 Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, including in accordance with the statutory requirements of the Medicines Act 1968
- 2 Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 (Modification) Order 2001 and *Safer management of controlled drugs: Guidance on strengthened governance arrangements* (Department of Health, 2006)

**e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment**

- 1 The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients, staff, the public and the environment in accordance with *Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste* (Department of Health, November 2006)

## Second domain: Clinical and cost effectiveness

**Domain outcome:** patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.

### Core standard C5

### Elements

#### Healthcare organisations ensure that:

- |   |   |
|---|---|
| <b>a) they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</b> | <ul style="list-style-type: none"><li>1 The healthcare organisation conforms to NICE technology appraisals where relevant to its services</li><li>2 The healthcare organisation can demonstrate how it takes into account nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance, when delivering services, care and treatment</li></ul> |
| <b>b) clinical care and treatment are carried out under supervision and leadership</b>  | <ul style="list-style-type: none"><li>1 Appropriate supervision and clinical leadership is provided to staff involved in delivering clinical care and treatment in accordance with guidance from relevant professional bodies</li></ul>   |
| <b>c) clinicians<sup>1</sup> continuously update skills and techniques relevant to their clinical work</b>  | <ul style="list-style-type: none"><li>1 Clinicians from all disciplines participate in activities to update the skills and techniques relevant to their clinical work</li></ul>   |
| <b>d) clinicians participate in regular clinical audit and reviews of clinical services</b>   | <ul style="list-style-type: none"><li>1 Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits</li><li>2 Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research</li></ul>   |

<sup>1</sup> Professionally qualified staff providing care to patients

## Core standard C6

## Elements

**Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met**

- 1 Staff work in partnership with colleagues in other health and social care organisations to meet the individual needs of patients

## Third domain: Governance

**Domain outcome:** managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

### Core standard C7

### Elements

#### Healthcare organisations:

**a) apply the principles of sound clinical and corporate governance**

**c) undertake systematic risk assessment and risk management**

- 1 The healthcare organisation has effective arrangements in place for clinical governance
- 2 There are effective corporate governance arrangements in place that accord with *Governing the NHS: A guide for NHS boards* (Department of Health and NHS Appointments Commission, 2003), and the *Corporate governance framework manual for NHS trusts* (Department of Health, April 2003)
- 3 The healthcare organisation systematically assesses and manages its risks

**b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources**

- 1 The healthcare organisation actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the *Code of conduct for NHS Managers* (Department of Health, 2002) and *NHS Counter Fraud and Corruption Manual third edition* (NHS Counter Fraud Service, 2006).

**d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources**

This standard will be measured through the use of resources assessment

**e) challenge discrimination, promote equality and respect human rights**

- 1 The healthcare organisation challenges discrimination and respects human rights in accordance with the Human Rights Act 1998, *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (Department of Health, 2000), The Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003 and The Employment Equality (Age) Regulations 2006
- 2 The healthcare organisation promotes equality, including by publishing information required by statute, in accordance with the general and specific duties of the Race Relations Act 1976 (as amended), the Code of practice on the duty to promote race equality (Commission for Racial Equality 2002), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the code of practice on the duty to promote disability equality (Disability Rights Commission, 2005), the Equality Act 2006 and the Gender Equality Duty Code of Practice (Equal Opportunities Commission, November 2006)

**f) meet the existing performance requirements**

This standard will be measured through the existing national targets assessment

## Core standard C8

## Elements

Healthcare organisations support their staff through:

a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services

1 Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position, including in accordance with *The Public Disclosure Act 1998: Whistle blowing in the NHS* (HSC 1999/198)

b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups

1 The healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level

2 Staff from minority groups are offered opportunities for personal development to address under-representation in senior roles

## Core standard C9

## Elements

Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required

1\* The healthcare organisation has effective systems for managing clinical records in accordance with *Records management: NHS code of practice* (Department of Health, April 2006)

\* Adequate levels of assurance can be provided by level 2 and above of the NHSLA's Risk Management Standards for acute trusts.

## Core standard C10

## Elements

### Healthcare organisations:

**a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies**

1\* The necessary employment checks are undertaken for all staff in accordance with *Safer recruitment – A guide for NHS employers* (NHS Employers, 2006) and *CRB disclosures in the NHS* (NHS Employers, 2004)

\* Adequate levels of assurance can be provided by level 2 and above of the NHS's Risk Management Standards for acute trusts.

**b) require that all employed professionals abide by relevant published codes of professional practice**

1 The healthcare organisation explicitly requires staff to abide by relevant codes of professional conduct and takes action when codes of conduct are breached

## Core standard C11

## Elements

### Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:

**a) are appropriately recruited, trained and qualified for the work they undertake**

1 The healthcare organisation recruits staff in accordance with relevant legislation and with particular regard to the Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, The Employment Equality (Age) Regulations 2006, Race Relations Act 1976 (as amended), the Disability Discrimination Act 2005 and the Equality Act 2006

2 The healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs

**b) participate in mandatory training programmes**

1\* Staff participate in relevant mandatory training programmes as defined by the NHSLA's risk management standards for acute trusts

2\* Staff and students participate in relevant induction programmes

\* Adequate levels of assurance can be provided by level 2 or above of the NHSLA's Risk Management Standards for acute trusts.

**c) participate in further professional and occupational development commensurate with their work throughout their working lives**

1 Staff have opportunities to participate in professional and occupational development at all points in their career in accordance with *Working together – learning together: a framework for lifelong learning for the NHS* (Department of Health, 2001)

**Core standard C12**

**Elements**

**Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied**

1 The healthcare organisation has an effective research governance framework in place which complies with the requirements of the *Research governance framework for health and social care, second edition* (Department of Health, 2005)



## Fourth domain: Patient focus

**Domain outcome:** healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

### Core standard C13

### Elements

**Healthcare organisations have systems in place to ensure that:**

**a) staff treat patients, their relatives and carers with dignity and respect**

- 1 The healthcare organisation ensures that staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, takes action where dignity and respect have been compromised
- 2 The healthcare organisation meets the needs and rights of different patient groups with regard to dignity including by meeting the relevant requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and the Equality Act 2006

**b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information**

- 1 Valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with the *Reference guide to consent for examination or treatment* (Department of Health 2001), *Families and post mortems: a code of practice* (Department

of Health 2003), and Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs, 2007)

- 2 Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them in accordance with *Confidentiality: NHS code of practice* (Department of Health, 2003)

**c) staff treat patient information confidentially, except where authorised by legislation to the contrary**

- 1 Staff act in accordance with *Confidentiality: NHS code of practice* (Department of Health, 2003), the Data Protection Act 1998, *Protecting and using patient information: a manual for Caldicott guardians* (Department of Health, 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients' personal information

## Core standard C14

## Elements

**Healthcare organisations have systems in place to ensure that patients, their relatives and carers:**

**a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services**

**1\*** Patients, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system

**2\*** Patients, relatives and carers are provided with opportunities to give feedback on the quality of services

\* Adequate levels of assurance can be provided by level 2 and above of the NHS's Risk Management Standards for acute trusts.

**b) are not discriminated against when complaints are made**

**1** The healthcare organisation has systems in place to ensure that patients, carers and relatives are not treated adversely as a result of having complained

**c) are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery**

**1\*** The healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner

**2\*** Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients, relatives and carers

\* Adequate levels of assurance can be provided by level 2 and above of the NHS's Risk Management Standards for acute trusts.

## Core standard C15

## Elements

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**Where food is provided healthcare organisations have systems in place to ensure that:**

**a) patients are provided with a choice and that it is prepared safely and provides a balanced diet**

1\* Patients are offered a choice of food in line with the requirements of a balanced diet, reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population

2 The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation 852/2004.

\* Adequate levels of assurance can be provided by an outcome of "excellent" for "food" for each relevant site from Patient Environment Action Teams' assessments 2008.

**b) patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day**

1\* Patients have access to food and drink 24 hours a day

2\* The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met

3\* Patients requiring assistance with eating and drinking are provided with appropriate support

\* Adequate levels of assurance can be provided by an outcome of "excellent" for "food" for each relevant site from Patient Environment Action Teams' assessments for 2008.

## Core standard C16

## Elements

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**Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care**

- 1 The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population which accords with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended)
- 2 Patients and, where appropriate, carers (including those with communication or language support needs) are provided with sufficient and accessible information on their care, treatment and after care and, where appropriate, in accordance with the Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs, 2007)

## Fifth domain: Accessible and responsive care

**Domain outcome:** patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

### Core standard C17

### Elements

**The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services**

- 1 The healthcare organisation seeks the views of patients, carers and the local community, including those from disadvantaged and marginalised groups, when planning, delivering and improving services in accordance with *Strengthening Accountability, patient and public involvement policy guidance – Section 11 of the Health and Social Care Act 2001* (Department of Health, 2003)
- 2 The healthcare organisation demonstrates to patients, carers and the local community how it has taken their views into account when planning, delivering and improving services for patients in accordance with *Strengthening Accountability, patient and public involvement policy guidance – Section 11 of the Health and Social Care Act 2001* (Department of Health, 2003)

## Core standard C18

## Elements

**Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably**

- 1 The healthcare organisation ensures that all members of the population it serves are able to access its services on an equitable basis including acting in accordance with the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Equality Act 2006
- 2 The healthcare organisation offers patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably

## Core standard C19

**Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services**

This standard will be measured under the existing national targets and new national targets assessment

## Sixth domain: Care environment and amenities

**Domain outcome:** care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

### Core standard C20

### Elements

**Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:**

**a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation**

**1\*** The healthcare organisation effectively manages the health, safety and environmental risks to patients, staff and visitors, including by meeting the relevant health and safety at work and fire legislation, *The Management of Health, Safety and Welfare Issues for NHS staff* (NHS Employers, 2005) and the Disability Discrimination Act 1995

**2\*** The healthcare organisation provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation

\* Adequate levels of assurance for this standard can be provided by level 2 and above of the NHSLA's Risk Management Standards for acute trusts.

**b) supportive of patient privacy and confidentiality\***

**1\*** The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation

\* Adequate levels of assurance can be provided by an outcome of "excellent" for "privacy and dignity" for each relevant site from Patient Environment Action Teams' assessments 2008.



## Core standard C21

## Elements

**Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises**

1 The healthcare organisation has taken steps to provide care in well designed and well maintained environments including in accordance with *Building Notes and Health Technical Memorandum*, the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and associated code of practice

2\* Care is provided in clean environments, in accordance with the *National specification for cleanliness in the NHS* (National Patient Safety Agency 2007) and the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)

\* Adequate levels of assurance can be provided by an outcome of "excellent" for "environment" for each relevant site from Patient Environment Action Teams' assessments 2008, where there is no contradictory evidence from the Healthcare Commission's inspections of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections*

## Seventh domain: Public health

**Domain outcome:** programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

### Core standard C22

### Elements

**Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:**

- a) cooperating with each other and with local authorities and other organisations**
- c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships**
- b) ensuring that the local Director of Public Health's annual report informs their policies and practices**

- 1** The healthcare organisation works with local partners to deliver the health and well being agenda, such as by working to improve care pathways for patients across the health community and participating in equity audits to identify population health needs

This standard will not be assessed for acute/specialist trusts for 2007/08

## Core standard C23

## Elements

**Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections**

**The elements are driven by the health improvement and health promotion requirements set out in NSFs and national plans with a particular focus on the following priority areas:**

- **encouraging sensible drinking of alcohol**
- **encouraging people to stop smoking and providing a smokefree environment**
- **promoting opportunities for healthy eating**
- **increasing physical activity**
- **reducing drug misuse**
- **improving mental health and well-being**
- **promoting sexual health**
- **preventing unintentional injuries**

- 1 The healthcare organisation collects, analyses and shares data about its patients and services, including with its commissioners, to influence health needs assessments and strategic planning to improve the health of the community served
- 2 Patients are provided with advice and support along their care pathway in relation to public health priority areas, including through referral to specialist advice and services
- 3 The healthcare organisation implements policies and practices to improve the health and well being of its workforce

## Core standard C24

## Elements

**Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services**

- 1 The healthcare organisation has a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with *The NHS Emergency Planning Guidance* (Department of Health, 2005) and *UK influenza pandemic contingency plan* (Department of Health, 2005)
- 2 The healthcare organisation works with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, *The NHS Emergency Planning Guidance 2005*, and *UK influenza pandemic contingency plan* (Department of Health, 2005)

# Appendix one: Healthcare Commission's use of other Concordat bodies' findings in the core standards assessment 2007/2008

The findings of others are integral to the Healthcare Commission's core standards assessment, and have informed which trusts have been targeted for inspection. For 2007/2008, we have increased our reliance on the findings of others, particularly with regard to the NHS Litigation Authority (please see below for further details). We will use the findings of others in the assessment in three particular ways:

- relying on the information as adequate assurance that a trust is 'compliant' for a standard
- using the information to answer specific 'lines of enquiry' in inspection, to reduce the number of questions asked of a trust
- using the information in cross checking to target our inspections

## 1. Adequate sources of assurance

### **NHS Litigation Authority's risk management standards for acute trusts**

Below we have listed the core standards for which attainment of level 2 or higher in the NHSLA's risk management standards for acute trusts will provide adequate assurance without the need for inspection by the Healthcare Commission. Similarly, a trust's board can use the achievement of a minimum of level 2 as assurance for the standards listed below. Achievement of levels 2 or 3 of the NHSLA standards is not, however, required by the Commission for a board to make a declaration of 'compliant' for the listed standards. Instead alternative sources of assurance may inform the board that the standard has been met for the year.

C1a  
C9  
C10a  
C11b  
C14a  
C14c  
C20a

### **Patient Environment Action Teams' assessments 2008**

A trust board may wish to use achievement of “excellent” for each relevant site as assurance for the standards listed below. Achievement of “excellent” is not, however, required by the Commission for a trust board to make a declaration of “compliant” for the listed standards, as alternative sources of assurance may inform the board that there has not been a significant lapse for the standard during the year.

C15a

C15b

C20b

C21

The Healthcare Commission reserves the right to act on additional information that indicates there may be a potential issue with compliance with the above standards.

## **2. Information to inform inspections**

### **NHS Litigation Authority's Risk management scheme for acute trusts**

In addition to the list of standards provided in 1 above, we will also use information from the NHSLA's risk management standards for acute trusts to inform our inspections. In the event that a trust is selected for an inspection for one of the standards listed below, we will rely upon information from the NHSLA to answer particular lines of enquiry, and reduce the number of questions we need to ask in inspection.

C4a

C4b

C4d

C5a

C6

C13b

C14b

C16

### **Audit Commission's Auditor's Local Evaluation (ALE)**

In the 2006/2007 core standards assessment, we used information from the Audit Commission's ALE assessments in our inspections for standards C7a&c, C7b and C21. We did this by relying on information from the ALE where this provided positive assurance that one or more relevant lines of enquiry for a standard were met, rather than requesting additional information from the trust at inspection.

In 2007/2008 we will again use positive assurance from the ALE to reduce the number of questions that we need to ask a trust in the event that they are selected for inspection for a particular standard. We recognise that there are additional standards to the three considered in 2006/2007 where there is overlap between the core standards assessment and ALE. We are working closely with the Audit Commission to identify additional standards where we can rely on information from ALE to reduce the questions we need to ask at inspection.

### **3. Information from other bodies used in cross checking**

We will continue to use information from regulatory bodies and other organisations to inform our cross checking process, in order to target our inspection activity following declaration. We will refresh and add to the information we hold on every NHS trust throughout the year, so that we use the most up to date information possible when cross checking trusts' declarations.

We aim to use as wide a range of data sources as possible, to build up a profile of information for every NHS trust, mapped to standards. The profiles are based on data sets that have national coverage – including some from our own assessments and work programmes (for example, information from service reviews or from hygiene code visits). We currently use information from 110 different data streams to check trusts' declarations.

## Appendix two: Reference documents

For the 2005/2006 and 2006/2007 assessment of core standards, we published a number of elements that included references to guidance that we asked trusts to “take into account”. Our intention had been that this guidance would, in many cases, provide a starting point for trusts to consider, when reviewing their compliance with a standard. However, as this guidance is not sufficient or necessary for trusts to use to determine whether they have met a particular standard, we have taken the decision to remove these references.

We have provided the references below as some trusts may still find them helpful when considering their compliance. The list is not an exhaustive list of references for each standard, but instead may be useful to trusts as a starting point.

Standard	Guidance
C01a	<i>Building a safer NHS for patients: implementing an organisation with a memory</i> (Department of Health, 2001)
C02	<i>Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities</i> (Department of Health, July 2001)
C04a	<i>Winning ways</i> (Department of Health, 2003), <i>A matron’s charter: an action plan for cleaner hospitals</i> (Department of Health, 2004) <i>Revised guidance on contracting for cleaning</i> (Department of Health, 2004), <i>Audit Tools for Monitoring Infection Control Standards</i> (Infection Control Nurses Association, 2004) <i>Saving lives: A delivery programme to reduce healthcare associated infection (HCAI) including MRSA</i> (Department of Health, 2005)
C04c	Guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42 EEC
C04d	<i>Building a safer NHS: improving medication safety</i> (Department of Health, 2004)



Standard	Guidance
C05a	<i>How to put NICE guidance into practice</i> (NICE, December 2005)
C06	<i>Guidance on the Health Act Section 31 partnership arrangements</i> (Department Of Health, 1999)
C07ac	<i>Clinical governance in the new NHS</i> (HSC 1999/065). <i>Assurance: the board agenda</i> (Department of Health, 2002) <i>Building the assurance framework: a practical guide for NHS boards</i> (Department of Health, 2003)
C07b	<i>Directions to NHS bodies on counter fraud measures</i> (Department of Health, 2004)
C08b	<i>Leadership and Race Equality in the NHS Action Plan</i> (Department of Health, 2004)
C11a	<i>Code of practice for the international recruitment of healthcare professionals</i> (Department of Health, 2004)
C11c	<i>Continuing professional development: quality in the new NHS</i> (HSC 1999/154)
C13a	Relevant benchmarks from the Essence of Care toolkit. <i>NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff</i> (Department of Health, 2003)
C13b	<i>Good practice in consent: achieving the NHS plan commitment to patient centred consent practice</i> (HSC 2001/023) <i>Seeking Consent: working with children</i> (Department of Health, 2001)
C16	Toolkit for producing patient information (Department of Health, 2003) <i>Information for patients</i> (NICE) <i>Guidance On Developing Local Communication Support Services And Strategies</i> (Department of Health, 2004) and other nationally agreed guidance where available

Standard	Guidance
C17	<i>Key Principles of Effective Patient and Public Involvement (PPI)</i> (The National Centre for Involvement, 2007)
C18	<i>Building on the best: Choice, responsiveness and equity in the NHS</i> (Department of Health, 2003)
C20a	<i>A professional approach to managing security in the NHS</i> (Counter Fraud and Security Management Service, 2003) and other relevant national guidance
C20b	<i>Privacy and dignity – a report by the CNO into mixed sex accommodation in hospitals</i> (Department of Health, 2007)
C21	<p><i>Developing an estate's strategy</i> (1999)</p> <p><i>Estatecode: essential guidance on estates and facilities management</i> (NHS Estates, 2003)</p> <p><i>A risk based methodology for establishing and managing backlog</i> (NHS Estates, 2004)</p> <p>NHS Environmental assessment tool (NHS Estates, 2002)</p> <p><i>Revised guidance on contracting for cleaning</i> (Department of Health, 2004)</p> <p><i>A matron's charter: an action plan for cleaner hospitals</i> (Department of Health, 2004)</p>
C22ac	<p><i>Choosing health: making healthier choices easier</i> (Department of Health, 2004) and associated implementation guidance</p> <p><i>Tackling health inequalities: a programme for action</i> (Department of Health, 2003)</p> <p><i>Making partnerships work for patients, carers and service users</i> (Department of Health, 2004)</p>
C23	<p><i>Choosing health: making healthy choices easier</i> (Department of Health, 2004)</p> <p><i>Delivering Choosing health: making healthier choices easier</i> (Department of Health, 2005)</p> <p><i>Tackling Health Inequalities: A programme for action</i> (Department of Health, 2003)</p>
C24	<p><i>Beyond a major incident</i> (Department of Health, 2004)</p> <p><i>Getting Ahead of the Curve</i> (Department of Health, 2002)</p> <p><i>UK influenza pandemic contingency plan</i> (Department of Health, 2005)</p> <p>Health Technical Memorandum 00 Policies and Principles</p>

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# Criteria for assessing core standards in 2007/2008

## Primary care trusts

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# Overview

These are the 2007/2008 criteria for assessing core standards for primary care trusts (PCTs). As in previous years, we have set out our criteria as “elements” for each of the core standards.

## What has changed?

One main change is that this year we have produced separate criteria documents, one for each type of trust (i.e. acute and specialist services, mental health and learning disability services, ambulance services, and primary care trusts). Each trust will need to consider the sets of criteria relevant to the services they provide. For example, if your organisation also provides specialist mental health services you will also need to consider the criteria that apply to mental health and learning disability trusts.

The other main change is that, as we detailed in our publication *The annual health check in 2007/2008: Assessing and rating the NHS*, we have rationalised the elements further, and where possible, reduced the number that apply to each trust.

In particular, we have:

- focused on the outcomes of the standards. We have revised some of the elements to set out more clearly the outcomes required for each standard – particularly those that affect service users. We expect trusts’ boards to consider these outcomes when reviewing their compliance.

For example, in standard C14c (learning from complaints), the second element now states “demonstrable improvements are made to service delivery as a result of concerns and complaints from service users, relatives and carers”. So trusts’ boards will wish to be assured that service improvements have occurred

- simplified the wording of the elements. We have done this by reducing the number of the references to guidance and removing all references that we had previously asked trusts to “take into account”. These are now listed in appendix two as background information but they will not be the basis on which the Healthcare Commission makes judgments in inspection
- reduced the number of elements for some standards, particularly where trusts have told us that there was duplication, for example, in the evidence needed for a number of different elements



- increased our reliance on the findings of others. For trusts that are taking part in the NHS Litigation Authority's pilot assessments for the new risk management standards for PCTs, trusts' boards can rely on this information at level 2 and above for the relevant standards. Once the NHS Litigation Authority has rolled out its revised standards to all PCTs we will rely on this information for the 2008/2009 assessment for the relevant core standards

We have detailed all of the changes to the elements for 2007/2008 in a separate document, available on the Healthcare Commission's website [www.healthcarecommission.org.uk](http://www.healthcarecommission.org.uk).

## How should trusts consider the elements?

Trusts' boards should consider the level of compliance required by the elements when considering the extent to which they meet a core standard. In keeping with previous years, boards should determine whether they are compliant with a standard by assessing whether they have "reasonable assurance" that they have been meeting it, without "significant lapses", in the period 1 April 2007 to 31 March 2008.

### Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Reasonable assurance must be based on documentary evidence that can stand up to internal and external challenge.

The core standards are not optional and describe a level of service which is acceptable and which must be universal. We expect each trust's objectives to include compliance with the core standards, and that the organisation will use its routine processes for establishing assurance.

Trusts' boards should consider **all** aspects of their services when judging whether they have reasonable assurance that they are meeting the elements.

Where healthcare organisations provide services directly, they have the main responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (e.g. where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the standards.

### Significant lapse

Trusts' boards should decide whether a given lapse is significant or not by considering the extent of risk to service users, staff and the public, and the duration and impact of any lapse. There is no simple formula to determine whether a lapse is significant. A simple quantification

of risk, such as the death of a service user or the loss of more than £1 million, cannot provide a complete answer.

Determining whether a lapse is significant depends on the standard under consideration, the circumstances in which a trust operates (such as the services they provide, their functions or the population they serve), and the extent of the lapse (e.g. the level of risk to service users, the duration of the lapse and the range of services affected).

## Equality, diversity and human rights

One of the Healthcare Commission's strategic goals is to encourage respect within services for people's human rights and for their diversity, and to promote action to reduce inequalities in people's health and experiences of healthcare. In line with the intention of *Standards for better health*, we expect that healthcare organisations will interpret and implement the standards in ways which challenge discrimination, promote equity of access and quality of services, reduce health inequalities, and respect and protect human rights.

More specifically, core standard C7e asks trusts to challenge discrimination, promote equality and respect human rights. The second element of the standard focuses on how the trust is promoting equality, including by publishing information specified by statute in relation to race, disability and gender. We have run two audits of trusts' websites, looking for this information, and we are concerned that many trusts are still not complying with the legislation, particularly in relation to race equality. In 2007/2008, therefore, if we discover that a trust has not published the information required under the Race Relations Act 1976 (as amended) or the Disability Discrimination Act 2005, we will be minded to qualify its declaration of compliance with standard C7e.

## Application of the elements to PCTs

As in previous years, the 2007/2008 assessment of a PCT's compliance with core standards includes reference to their arrangements with independent contractors and their arrangements for commissioning. The Commission will not base its assessment of a PCT's compliance with core standards on the level of compliance achieved by its independent contractors or commissioned services. Instead, we ask PCTs to consider the services provided by independent contractors and the services they have commissioned from other providers, in the following ways:

- **independent contractors** – the PCT should have taken reasonable steps to ensure that the services provided by independent contractors (general practitioners, dentists, community pharmacists and optometrists) are compliant with the core standards. We have set out in

appendix three which standards and elements we expect PCTs to consider for their declaration for their independent contractors

- **commissioned services** – the PCT should consider whether it has appropriate mechanisms in place for identifying and, where appropriate, responding to any significant concerns that arise from the services that they have commissioned.

The Commission recognises that PCTs will differ in the mechanisms used in relation to quality and safety in its commissioned services. Some PCTs may have formalised their requirements and monitoring arrangements, through detailed contractual clauses and service level agreements. Others may rely on more general mechanisms to monitor quality and safety in commissioned services, e.g. considering feedback from patients, reviewing performance monitoring information, risk assessing commissioned services, holding regular meetings with their commissioned services or with the lead PCT commissioning that service.

## Using the findings of others

Our intention is to increase our use of the findings of others in the core standards assessment for PCTs. We will use information from our Concordat partners, and from other bodies, in three particular ways: as adequate assurance that an element or a standard has been met for the year, secondly, to answer specific lines of enquiry in inspection and thirdly, we will continue to use information in our cross checking process to target trusts for inspection.

The NHS Litigation Authority's standards for PCTs are being piloted in 2007/2008, and therefore we will not be able to rely on this information for all primary care trusts until 2008/2009. However, for those trusts taking part as pilot sites in 2007/2008, the trust's board may wish to rely on the NHS Litigation Authority's findings at level 2 and above, as adequate assurance for specific standards when making its declaration. We have set out, as part of appendix one, the standards for which information from the NHS Litigation Authority, at level 2 and above, provides an appropriate level of assurance.

We have marked with an asterisk\* those standards and elements where information from Patient Environment Action Teams' assessments 2008 provides an appropriate level of assurance. Trusts' boards may wish to rely on this information when making their declarations.

We will continue, where relevant, to use information from the Audit Commission's Auditor's Local Evaluation (ALE) to answer specific lines of enquiry in inspection.

In appendix one, we have set out further details of the findings of others that we are using in the core standards assessment 2007/2008.

# First domain: Safety

**Domain outcome:** Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

## Core standard C1

## Elements

Healthcare organisations protect patients through systems that:

- |   |   |
|---|---|
| a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents | <ol style="list-style-type: none"><li>1 Incidents are reported locally and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System</li><li>2 Reported incidents are analysed to seek to identify root causes, relevant trends and likelihood of repetition</li><li>3 Demonstrable improvements in practice are made to prevent reoccurrence of incidents as a result of information arising from the analysis of local incidents and from the NPSA's national analysis of incidents</li></ol> |
| b) ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales   | <ol style="list-style-type: none"><li>1 All communications, including drug alerts, issued by the Safety Alert Broadcast System (SABS) are implemented within the defined timescales, in accordance with <i>Chief executive's bulletin article</i> (Gateway 2326)</li></ol>  |

## Core standard C2

## Elements

Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations

- 1 Effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with *Working together to safeguard children* (HM Government, 2006)
- 2 The PCT works with partners to protect children as set out in *Working together to safeguard children* (HM Government, 2006)
- 3 Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to children in the normal course of their duties, in accordance with *CRB disclosures in the NHS* (NHS Employers, 2004)

## Core standard C3

## Elements

Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance

This standard will not be assessed for PCTs for 2007/2008

## Core standard C4

## Elements

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:

a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant *Staphylococcus Aureus* (MRSA)

- 1 The PCT has systems to ensure the risk of healthcare associated infection is reduced in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)

- |  |  |
|--|--|
| <b>b) all risks associated with the acquisition and use of medical devices are minimised</b>   | <b>1</b> The PCT has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA  |
| <b>c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed</b>   | <b>1</b> Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with the relevant requirements of <i>The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections</i> (Department of Health, 2006)  |
| <b>d) medicines are handled safely and securely</b>  | <b>1</b> Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, including in accordance with the statutory requirements of the Medicines Act 1968<br><br><b>2</b> Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 ( <i>Modification</i> ) Order 2001 and <i>Safer management of controlled drugs: Guidance on strengthened governance arrangements</i> (Department of Health, 2006) |
| <b>e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment</b> | <b>1</b> The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients, staff, the public and the environment in accordance with <i>Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste</i> (Department of Health, November 2006)   |

## Second domain: Clinical and cost effectiveness

**Domain outcome:** patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes.

### Core standard C5

### Elements

Healthcare organisations ensure that:

- |  |   |
|--|---|
| a) they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care | <ol style="list-style-type: none"><li>1 The PCT conforms to NICE technology appraisals where relevant to its services</li><li>2 The PCT can demonstrate how it takes into account nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance, when commissioning and when planning and delivering services, care and treatment</li></ol> |
| b) clinical care and treatment are carried out under supervision and leadership  | <ol style="list-style-type: none"><li>1 Appropriate supervision and clinical leadership is provided to staff involved in delivering clinical care and treatment in accordance with guidance from relevant professional bodies</li></ol>   |
| c) clinicians <sup>1</sup> continuously update skills and techniques relevant to their clinical work   | <ol style="list-style-type: none"><li>1 Clinicians from all disciplines participate in activities to update the skills and techniques relevant to their clinical work</li></ol>   |
| d) clinicians participate in regular clinical audit and reviews of clinical services   | <ol style="list-style-type: none"><li>1 Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits</li><li>2 Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research</li></ol>   |

<sup>1</sup> Professionally qualified staff providing care to patients

## Core standard C6

## Elements

Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met

- 1 Staff work in partnership with colleagues in other health and social care organisations to meet the individual needs of patients, including, where appropriate, in accordance with *Guidance on the Health Act Section 31 partnership arrangements* (Department Of Health, 1999)



## Third domain: Governance

**Domain outcome:** managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

### Core standard C7

### Elements

#### Healthcare organisations:

a) apply the principles of sound clinical and corporate governance

c) undertake systematic risk assessment and risk management

- 1 The PCT has effective arrangements in place for clinical governance
- 2 There are effective corporate governance arrangements in place that accord with *Governing the NHS: A guide for NHS boards* (Department of Health and NHS Appointments Commission, 2003), *Corporate governance framework manual for PCTs* (Department of Health, April 2003)
- 3 The PCT systematically assesses and manages its risks

b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources

- 1 The PCT actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the *Code of conduct for NHS Managers* (Department of Health, 2002) and *NHS Counter Fraud and Corruption Manual, third edition* (NHS Counter Fraud Service, 2006).

d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources

This standard will be measured through the use of resources assessment

**e) challenge discrimination, promote equality and respect human rights**

- 1 The PCT challenges discrimination and respects human rights in accordance with the Human Rights Act 1998, *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (Department of Health, 2000), The Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, and The Employment Equality (Age) Regulations 2006
- 2 The PCT promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties of the Race Relations Act 1976 (as amended), the Code of practice on the duty to promote race equality (Commission for Racial Equality 2002), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Code of practice on the duty to promote disability equality (Disability Rights Commission, 2005), the Equality Act 2006, Gender Equality Duty Code of Practice (Equal Opportunities Commission, November 2006) and *Delivering Race Equality in Mental Health Care* (Department of Health, 2005)

**f) meet the existing performance requirements**

This standard will be measured through the existing national targets assessment

## Core standard C8

## Elements

Healthcare organisations support their staff through:

- |  |   |
|--|---|
| a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services | 1 Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position, including in accordance with <i>The Public Disclosure Act 1998: Whistle blowing in the NHS</i> (HSC 1999/198)  |
| b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups   | <div>1 The PCT supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level</div> <div>2 Staff from minority groups are offered opportunities for personal development to address under-representation in senior roles</div> |

## Core standard C9

## Elements

Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required

- |   |
|---|
| 1 The PCT has effective systems for managing clinical records in accordance with <i>Records management: NHS code of practice</i> (Department of Health, April 2006) |
|---|

## Core standard C10

## Elements

Healthcare organisations:

a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies

1 The necessary employment checks are undertaken for all staff in accordance with *Safer recruitment – A guide for NHS employers* (NHS Employers, 2006) and *CRB disclosures in the NHS* (NHS Employers, 2004)

b) require that all employed professionals abide by relevant published codes of professional practice

1 The PCT explicitly requires staff to abide by relevant codes of professional conduct and takes action when codes of conduct are breached

## Core standard C11

## Elements

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:

a) are appropriately recruited, trained and qualified for the work they undertake

1 The PCT recruits staff in accordance with relevant legislation and with particular regard to the Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, The Employment Equality (Age) Regulations 2006, Race Relations Act 1976 (as amended), the Disability Discrimination Act 2005 and the Equality Act 2006

2 The PCT undertakes workforce planning which aligns workforce requirements to its service needs

b) participate in mandatory training programmes	1 Staff participate in relevant mandatory training programmes
	2 Staff and students participate in relevant induction programmes
c) participate in further professional and occupational development commensurate with their work throughout their working lives	1 Staff have opportunities to participate in professional and occupational development at all points in their career in accordance with <i>Working together – learning together: a framework for lifelong learning for the NHS</i> (Department of Health, 2001)

## Core standard C12

## Elements

Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied

- 1 The PCT has an effective research governance framework in place which complies with the requirements of the *Research governance framework for health and social care, second edition* (Department of Health, 2005)

## Fourth domain: Patient focus

**Domain outcome:** healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

### Core standard C13

### Elements

Healthcare organisations have systems in place to ensure that:

a) staff treat patients, their relatives and carers with dignity and respect

- 1 The PCT ensures that staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment and takes action where dignity and respect has been compromised
- 2 The PCT meets the needs and rights of different patient groups with regard to dignity including by meeting the relevant requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, and the Equality Act 2006

b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information

- 1 Valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with the *Reference guide to consent for examination or treatment* (Department of Health, 2001), *Families and post mortems: a code of practice* (Department of Health, 2003) and Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs, 2007)

	2 Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them in accordance with <i>Confidentiality: NHS code of practice</i> (Department of Health, 2003)
c) staff treat patient information confidentially, except where authorised by legislation to the contrary	1 Staff act in accordance with <i>Confidentiality: NHS code of practice</i> (Department of Health, 2003), the Data Protection Act 1998, <i>Protecting and using patient information: a manual for Caldicott guardians</i> (Department of Health, 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients' personal information

## Core standard C14

## Elements

Healthcare organisations have systems in place to ensure that patients, their relatives and carers:

a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services	1 Patients, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system
	2 Patients, relatives and carers are provided with opportunities to give feedback on the quality of services
b) are not discriminated against when complaints are made	1 The PCT has systems in place to ensure that patients, carers and relatives are not treated adversely as a result of having complained

c) are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery

- 1 The PCT acts on, and responds to, complaints appropriately and in a timely manner
- 2 Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients, relatives and carers

## Core standard C15

## Elements

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Where food is provided healthcare organisations have systems in place to ensure that:

a) patients are provided with a choice and that it is prepared safely and provides a balanced diet

- 1\* Patients are offered a choice of food in line with the requirements of a balanced diet, reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population
  - 2\* The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation 852/2004
- \* Adequate levels of assurance can be provided by an outcome of "excellent" for "food" for each relevant site from Patient Environment Action Teams' assessments 2008.



**b) patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day**

- 1\*** Patients have access to food and drink 24 hours a day
- 2\*** The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met
- 3\*** Patients requiring assistance with eating and drinking are provided with appropriate support

\* Adequate levels of assurance can be provided by an outcome of "excellent" for "food" for each relevant site from Patient Environment Action Teams' assessments 2008.

## Core standard C16

**Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care**

## Elements

- 1** The PCT provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population which accords with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended)
- 2** Patients and, where appropriate, carers (including those with communication or language support needs) are provided with sufficient and accessible information on their care, treatment and after care

## Fifth domain: Accessible and responsive care

**Domain outcome:** patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

### Core standard C17

### Elements

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

- 1 The PCT seeks the views of patients, carers and the local community, including those from disadvantaged and marginalised groups, when planning, commissioning, delivering and improving services in accordance with *Strengthening Accountability, patient and public involvement policy guidance – Section 11 of the Health and Social Care Act 2001* (Department of Health, 2003)
- 2 The PCT demonstrates to patients, carers and the local community how it has taken their views into account when planning, commissioning, delivering and improving services for patients in accordance with *Strengthening Accountability, patient and public involvement policy guidance – Section 11 of the Health and Social Care Act 2001* (Department of Health, 2003)

### Core standard C18

### Elements

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

- 1 The PCT ensures that all members of the population it serves are able to access its services on an equitable basis including acting in accordance with the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Equality Act 2006
- 2 The PCT offers patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably

### Core standard C19

### Elements

Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services

This standard will be measured under the existing national targets and new national targets assessment

## Sixth domain: Care environment and amenities

**Domain outcome:** care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

### Core standard C20

### Elements

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:

a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation

1 The PCT effectively manages the health, safety and environmental risks to patients, staff and visitors, including by meeting the relevant health and safety at work and fire legislation, *The Management of Health, Safety and Welfare Issues for NHS staff* (NHS Employers, 2005) and the Disability Discrimination Act 1995

2 The PCT provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation

b) supportive of patient privacy and confidentiality

1 The PCT provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation

## Core standard C21

## Elements

Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises

- 1 The PCT has taken steps to provide care in well designed and well maintained environments including in accordance with *Building Notes and Health Technical Memorandum*, the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and associated code of practice
- 2 Care is provided in clean environments, in accordance with the *National specification for cleanliness in the NHS* (National Patient Safety Agency 2007) and the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)

## Seventh domain: Public health

**Domain outcome:** programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

### Core standard C22

### Elements

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

a) cooperating with each other and with local authorities and other organisations

c) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships

1 The PCT actively works with partners (commissioners and providers) to improve health and tackle health inequalities, through the local strategic partnership(s), and other statutory partnerships, such as the Crime and Disorder Reduction Partnership(s) and operational partnerships, such as Youth Offending Teams

2 Commissioning decisions are taken in consultation with clinicians, local authorities and other partners, including patients, the public and their representatives

b) ensuring that the local Director of Public Health's annual report informs their policies and practices

1 The PCT's policies and practice to improve health and reduce health inequalities are informed by the local Director of Public Health's annual public health report (APHR)

## Core standard C23

## Elements

Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections

The elements are driven by the health improvement and health promotion requirements set out in NSFs and national plans with a particular focus on the following priority areas:

- tackling health inequalities
- encouraging sensible drinking of alcohol
- encouraging people to stop smoking and providing a smokefree environment
- promoting opportunities for healthy eating
- increasing physical activity
- reducing drug misuse
- improving mental health and well-being
- promoting sexual health
- preventing unintentional injuries

- 1 The PCT assesses the health needs of its local population, including analysis of its demography, health status, health and social care use and patient and public views
- 2 The PCT's commissioning decisions and local target setting are informed by intelligence from its assessment of health needs, the Director of Public Health's Annual Public Health Report, information from equity audits, evidence of effectiveness and national priorities
- 3 The PCT commissions or provides targeted programmes and services to protect and improve health, based on the needs of its local population
- 4 The PCT monitors and reviews its commissioning decisions in relation to improving health and tackling health inequalities and, where appropriate, makes changes
- 5 The PCT implements policies and practices to improve the health and wellbeing of its workforce

## Core standard C24

## Elements

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Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services

- 1 The PCT has a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with *The NHS Emergency Planning Guidance* (Department of Health, 2005) and *UK influenza pandemic contingency plan* (Department of Health, 2005)
- 2 The PCT works with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, *The NHS Emergency Planning Guidance 2005* and *UK influenza pandemic contingency plan* (Department of Health, 2005)



# Appendix one: Healthcare Commission's use of other Concordat bodies' findings in the core standards assessment 2007/2008

The findings of others are integral to the Healthcare Commission's core standards assessment, and have informed which trusts have been targeted for inspection. For 2007/2008, we have increased our reliance on the findings of others, particularly with regard to the NHS Litigation Authority (please see below for further details). We will use the findings of others in the assessment in three particular ways:

- relying on the information as adequate assurance that a trust is 'compliant' for a standard
- using the information to answer specific 'lines of enquiry' in inspection, to reduce the number of questions asked of a trust
- using the information in cross checking to target our inspections

## 1. Adequate sources of assurance

### **NHS Litigation Authority's risk management standards for PCTs (pilots)**

Below we have listed the core standards for which attainment of level 2 or higher in the NHS Litigation Authority's risk management standards for PCTs (pilots) will provide a trust's board with appropriate assurance. Achievement of levels 2 or 3 of the NHS Litigation Authority standards is not, however, required by the Commission for a board to make a declaration of 'compliant' for the listed standards. Instead, alternative sources of assurance may inform the board that the standard has been met for the year. The NHSLA will provide the Healthcare Commission with information that relates to the trusts that have achieved level 2 or higher from the pilot assessment in 2007/2008.

The Healthcare Commission will not have access to NHSLA's results relating to trusts that have not achieved compliance with the NHSLA's pilot assessment.

C1a  
C9  
C10a  
C11b  
C14a  
C14c  
C20a

### **Patient Environment Action Teams' assessments 2008**

A trust board may wish to use achievement of 'excellent' as assurance for the standards listed below. Achievement of 'excellent' is not, however, required by the Commission for a trust board to make a declaration of 'compliant' for the listed standards, as alternative sources of assurance may inform the board that there has not been a significant lapse for the standard during the year.

C15a

C15b

The Healthcare Commission reserves the right to act on additional information that indicates there may be a potential issue with compliance with the above standards.

## **2. Information to inform inspections**

### **NHS Litigation Authority's risk management standards for PCTs (pilots)**

In addition to the list of standards provided in 1 above, we will also use information from the NHS Litigation Authority's risk management standards for PCTs (pilots) to inform our inspections. In the event that a trust is selected for an inspection for one of the standards listed below, we will rely upon information from the NHS Litigation Authority to answer particular lines of enquiry, and reduce the number of questions we need to ask in inspection.

The Healthcare Commission will not have access to NHSLA's results relating to trusts that have not achieved compliance with the NHSLA's pilot assessment.

C4a

C4b

C4d

C5a

C13b

C14b

C16

### **Audit Commission's Auditor's Local Evaluation (ALE)**

In the 2006/2007 core standards assessment, we used information from the Audit Commission's ALE assessments in our inspections for standards C7a&c, C7b and C21. We did this by relying on information from the ALE where this provided positive assurance that one or more relevant lines of enquiry for a standard were met, rather than requesting additional information from the trust at inspection.

In 2007/2008 we will again use positive assurance from the ALE to reduce the number of questions that we need to ask a trust in the event that they are selected for inspection for a

particular standard. We recognise that there are additional standards to the three considered in 2006/2007 where there is overlap between the core standards assessment and ALE. We are working closely with the Audit Commission to identify additional standards where we can rely on information from ALE to reduce the questions we need to ask at inspection.

### **3. Information from other bodies used in cross checking**

We will continue to use information from regulatory bodies and other organisations to inform our cross checking process, in order to target our inspection activity following declaration. We will refresh and add to the information we hold on every NHS trust throughout the year, so that we use the most up to date information possible when cross checking trusts' declarations.

We aim to use as wide a range of data sources as possible, to build up a profile of information for every NHS trust, mapped to standards. The profiles are based on data sets that have national coverage – including some from our own assessments and work programmes (for example, information from service reviews, from hygiene code visits). We currently use information from 110 different datastreams to check trusts' declarations.

## Appendix two: Reference documents

For the 2005/2006 and 2006/2007 assessment of core standards, we published a number of elements that included references to guidance that we asked trusts to "take into account". Our intention had been that this guidance would in many cases provide a starting point for trusts to consider when reviewing their compliance with a standard. However, as this guidance is not sufficient or necessary for trusts to use to determine whether they have met a particular standard, we have taken the decision to remove these references.

We have provided the references below as some trusts may still find them helpful when considering their compliance. The list is not an exhaustive list of references for each standard, but instead may be useful to trusts as a starting point.

Standard	Guidance
C01a	<i>Building a safer NHS for patients: implementing an organisation with a memory</i> (Department of Health, 2001)
C02	<i>Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities</i> (Department of Health, July 2001)
C04a	<i>Winning ways</i> (Department of Health, 2003) <i>A matron's charter: an action plan for cleaner hospitals</i> (Department of Health, 2004) <i>Revised guidance on contracting for cleaning</i> (Department of Health, 2004) <i>Audit Tools for Monitoring Infection Control Standards</i> (Infection Control Nurses Association, 2004) <i>Essential steps to safe, clean care: introduction and guidance</i> (Department of Health, 2006)
C04c	Guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42 EEC
C04d	<i>Building a safer NHS: improving medication safety</i> (Department of Health, 2004)
C05a	<i>How to put NICE guidance into practice</i> (NICE, December 2005)

Standard	Guidance
C07ac	<p><i>Clinical governance in the new NHS</i> (HSC 1999/065)</p> <p><i>Assurance: the board agenda</i> (Department of Health, 2002)</p> <p><i>Building the assurance framework: a practical guide for NHS boards</i> (Department of Health 2003)</p>
C07b	<i>Directions to NHS bodies on counter fraud measures</i> (Department of Health, 2004)
C08b	<i>Leadership and Race Equality in the NHS Action Plan</i> (Department of Health 2004)
C11a	<i>Code of practice for the international recruitment of healthcare professionals</i> (Department of Health, 2004)
C11c	<i>Continuing professional development: quality in the new NHS</i> (HSC 1999/154)
C13a	<p>Relevant benchmarks from the Essence of Care toolkit</p> <p><i>NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff</i> (Department of Health, 2003)</p>
C13b	<p><i>Good practice in consent: achieving the NHS plan commitment to patient centred consent practice</i> (HSC 2001/023)</p> <p><i>Seeking Consent: working with children</i> (Department of Health, 2001)</p> <p><i>Code of Practice to the Mental Health Act 1983</i> (Department of Health, 1999)</p>

Standard	Guidance
C16	<p><i>Toolkit for producing patient information</i> (Department of Health, 2003)</p> <p>Information for patients (NICE)</p> <p><i>Guidance On Developing Local Communication Support Services And Strategies</i> (Department of Health 2004) and other nationally agreed guidance where available</p> <p><i>National Service Framework for Mental Health</i> (Department of Health, 1999)</p>
C17	<p><i>Key principles of effective patient and public involvement (PPI)</i> (The National Centre for Involvement, 2007)</p>
C18	<p><i>Building on the best: Choice, responsiveness and equity in the NHS</i> (Department of Health, 2003)</p>
C20a	<p><i>A professional approach to managing security in the NHS</i> (Counter Fraud and Security Management Service, 2003) and other relevant national guidance</p>
C20b	<p><i>Privacy and dignity – a report by the CNO into mixed sex accommodation in hospitals</i> (Department of Health, 2007)</p>
C21	<p><i>Developing an estate's strategy</i> (1999)</p> <p><i>Estatecode: essential guidance on estates and facilities management</i> (NHS Estates, 2003)</p> <p><i>A risk based methodology for establishing and managing backlog</i> (NHS Estates, 2004)</p> <p><i>NHS Environmental assessment tool</i> (NHS Estates, 2002)</p> <p><i>Revised guidance on contracting for cleaning</i> (Department of Health, 2004)</p> <p><i>A matron's charter: an action plan for cleaner hospitals</i> (Department of Health, 2004)</p>
C22ac	<p><i>Choosing health: making healthier choices easier</i> (Department of Health, 2004)</p> <p><i>Tackling health inequalities: a programme for action</i> (Department of Health, 2003)</p> <p><i>Making partnerships work for patients, carers and service users</i> (Department of Health, 2004)</p>
C23	<p><i>Choosing health: making healthy choices easier</i> (Department of Health, 2004)</p> <p><i>Delivering Choosing health: making healthier choices easier</i> (Department of Health, 2005)</p> <p><i>Tackling Health Inequalities: A programme for action</i> (Department of Health, 2003)</p>
C24	<p><i>Beyond a major incident</i> (Department of Health, 2004)</p> <p><i>Getting Ahead of the Curve</i> (Department of Health, 2002)</p> <p><i>Tuberculosis prevention and treatment: a toolkit for planning, commissioning and delivering high-quality services in England</i> (Department of Health, 2007)</p>

## Appendix three: Standards and elements applicable to independent contractors

When making its declaration, each PCT should consider whether it has taken reasonable steps to ensure that its independent contractors are meeting the standards. The Healthcare Commission recognises that each PCT will have different arrangements in place through which they do this, and that the arrangements will be different for the each of the independent contractor groups.

In the table below we have set out the relevant standards that the Healthcare Commission will apply the 'reasonable steps' assessment in the 2007/2008 assessment. For the standards where we will not apply the reasonable steps, for a particular independent contractor group, this is marked with an N/A. The standards identified as N/A are generally where the assessment focuses on the role of the PCT (such as C22a&c – public health partnerships), or where the standards are not relevant to the services provided by the contractor (such as C15 – food).

Standard	General practitioner	General dental practitioners	Community pharmacists	Community optometrists
C01a	✓	✓	✓	✓
C01b	✓	✓	✓	✓
C02	✓	✓	✓	✓
C03	N/A	N/A	N/A	N/A
C04a	✓	✓	N/A	✓
C04b	✓	✓	✓	✓
C04c	✓	✓	✓	✓
C04d	✓	✓	✓	✓
C04e	✓	✓	✓	X
C05a	✓	✓	✓	✓
C05b	✓ (element one for GP registrars and medical students)	N/A	N/A	N/A
C05c	✓	✓	✓	✓
C05d	✓	✓	✓	✓
C06	✓	✓	✓	✓
C07ac	✓	✓	✓	✓
C07b	✓	✓	✓	✓

<b>Standard</b>	<b>General practitioner</b>	<b>General dental practitioners</b>	<b>Community pharmacists</b>	<b>Community optometrists</b>
C07e	✓ (element one)	✓ (element one)	✓ (element one)]	✓ (element one)
C08a	✓	✓	✓	✓
C08b	✓	✓	✓	✓
C09	✓	✓	✓	✓
C10a	✓	✓	✓	✓
C10b	✓	✓	✓	✓
C11a	✓ (element one)	✓ (element one)	✓ (element one)	✓ (element one)
C11b	✓	✓	✓	✓
C11c	✓	✓	✓	✓
C12	✓	✓	✓	✓
C13a	✓	✓	✓	✓
C13b	✓	✓	✓	✓
C13c	✓	✓	✓	✓
C14a	✓	✓	✓	✓
C14b	✓	✓	✓	✓
C14c	✓	✓	✓	✓
C15a	N/A	N/A	N/A	N/A
C15b	N/A	N/A	N/A	N/A
C16	✓	✓	✓	✓
C17	✓	✓	✓	✓
C18	✓	✓	✓	✓
C20a	✓	✓	✓	✓
C20b	✓	✓	✓	✓
C21	✓	✓	✓ (element one)	✓ (element one)
C22ac	N/A	N/A	N/A	N/A
C22b	N/A	N/A	N/A	N/A
C23	✓	✓	✓	✓
C24	✓ (communicable disease control)	N/A	✓ (communicable disease control)	N/A



This information is available in other formats and languages on request. Please telephone 0845 601 3012.

ENGLISH

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે. મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર ફોન કરો.

GUJARATI

ਇਹ ਜਾਣਕਾਰੀ ਬੈਨਤੀ ਕਰਨ 'ਤੇ ਹੋਰਨਾਂ ਰੂਪ 'ਚ ਅਤੇ ਜ਼ਬਾਨਾਂ 'ਚ ਮਿਲ ਸਕਦੀ ਹੈ। ਕ੍ਰਿਪਾ ਕਰਕੇ ਟੈਲਿਫੋਨ ਨੰਬਰ 0845 601 3012 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

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HINDI

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## **AGENDA ITEM 7.2 (b)**

### **North Tees and Hartlepool NHS Foundation Trust**

#### **Healthcare Commission Annual Health Check 07/08**

##### **Purpose**

The enclosed document identifies the Trust position in respect of self assessment against core standards.

##### **Recommendation**

The OSC is asked to use the paper accompanied by the verbal presentation at the meeting to be attended by Carole Pearson to decide the content of the narrative provided to the Trust.

**Carole Pearson**  
**Acting Director of Clinical Governance**

## **North Tees and Hartlepool NHS Foundation Trust**

### **HCC Annual Health Check 07/08**

#### **Paper to describe Trust position to external agencies**

Yet again the Trust has been disadvantaged by the late agreement i.e. 4<sup>th</sup> December, of the criteria for assessing Core Standards.

The Trust has collected all evidence electronically and progressed through a lengthy validation process for each piece of evidence against each of the 24 standards with 49 Sub elements within 7 domains i.e.

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care, Environment and Amenities
- Public Health

In excess of 1000 pieces of evidence have been reviewed with a rigorous quality control process.

Whilst HCC have identified they have increased reliance on findings from NHSLA Risk Management Standards at Level 2 the Trust has still reviewed evidence for the standards C1a, C9a, 10a, 11b, 14a&c and 20a, which formed part of our RMS Assessment in May 2007. We are fully compliant on all and passed all at 100% within RMS Assessment.

Related to C4a (COI and MRSA) we have carried out the required self assessment of Code of Conduct with an outcome of 85.7% This assessment has recently been supported by a visit from the Department of Health IPC Portfolio Manager who confirmed she will be providing to the Department of Health a very strong and positive message to them about our progress and actions taken in the last 3 months. In addition on 8<sup>th</sup> June 2007 the Trust received a HCC unannounced visit which awarded the Trust with compliance against the Code.

Clearly there may be a risk for us here as HCC will ask Monitor for a view as we are on monthly reporting but I expect us to provide reasonable assurance and be compliant. We have been compliant with MRSA trajectory for the last 3 months.

As is required I have again worked with Durham and Tees Audit Consortium in order to ensure we receive appropriate assurance from them in their submission they are required to make to HCC.

## **Reminder of definition**

- 'Reasonable assurance'- Meeting standard without significant lapses.  
'Significant lapse'- Has there been a 'risk' to patients, staff and the public and what has been the extent of the lapse?

All considered the Trust will declare total compliance for Core Standards.

Other elements which will form part of the assessment process are:

- Patient Survey 07
- Staff Survey 07
- Maternity Services Review 07 – Trust awarded with a score of better performing.
- Heart Failure Review 06/07 – Trust awarded level of excellent.
- Children's Service Review – review of Action Plan.
- DH targets – current and new.

## **Submission of commentaries**

As with last year the Trust is keen that 3<sup>rd</sup> parties i.e. PPI Forums and OSCs and representatives from governors are given the opportunity to understand the Trust's position prior to submission of commentary on the Trust's performance as part of 07/08 Annual Health Check. Guidance was published by the HCC in September. Commentaries need to be submitted to myself where possible by the end of February or at the latest by 16<sup>th</sup> March please. The commentary should make clear the period of time it covers.

On this basis the Trust will present the position of declaration to the following:

- |                    |            |                      |
|--------------------|------------|----------------------|
| • Attend OSCs i.e. | Hartlepool | 4 <sup>th</sup> Mar  |
|                    | Stockton   | 10 <sup>th</sup> Mar |
| • Attend PPI forum |            | 12 <sup>th</sup> Feb |

Aim to visit OSCs and PPI to provide assurance with compliance and derive supporting narratives from them critical to our declaration.

In addition the SHA will be sending their narrative to me.

## **Next Steps**

- Encompass all achieved narratives in submission required by 24<sup>th</sup> March 08.

**Carole Pearson**  
**Acting Director of Clinical Governance**

## S4BH Compliance Summary

## Hartlepool PCT

Standard	Yes	No	N/A	Un-Answered	Compliance
Standard C1a	13	0	0	0	100%
Standard C1b	4	0	0	0	100%
Standard C2	16	0	1	0	100%
Standard C3	4	0	0	0	100%
Standard C4a	7	0	0	0	100%
Standard C4b	7	0	0	0	100%
Standard C4c	4	0	4	0	100%
Standard C4d	11	0	0	0	100%
Standard C4e	4	0	1	0	100%
Standard C5a	12	0	0	0	100%
Standard C5b	9	0	0	0	100%
Standard C5c	4	0	0	0	100%
Standard C5d	9	0	0	0	100%
Standard C6	6	0	0	0	100%
Standard C7ac	12	0	0	0	100%
Standard C7b	5	0	0	0	100%
Standard C7e	12	0	0	0	100%
Standard C8a	7	0	0	0	100%
Standard C8b	11	0	0	0	100%
Standard C9	6	0	0	0	100%
Standard C10a	11	0	0	0	100%
Standard C10b	7	0	0	0	100%
Standard C11a	16	0	0	0	100%
Standard C11b	9	0	0	0	100%
Standard C11c	5	0	0	0	100%
Standard C12	5	0	0	0	100%

Standard C13a	18	0	0	0	100%
Standard C13b	14	0	1	0	100%
Standard C13c	5	0	0	0	100%
Standard C14a	9	0	0	0	100%
Standard C14b	5	0	0	0	100%
Standard C14c	13	0	0	0	100%
Standard C15a	2	0	5	0	100%
Standard C15b	2	0	9	0	100%
Standard C16	10	0	0	0	100%
Standard C17	10	0	0	0	100%
Standard C18	7	0	0	0	100%
Standard C20a	13	0	0	0	100%
Standard C20b	4	0	1	0	100%
Standard C21	9	0	1	0	100%
Standard C22ac	7	0	0	0	100%
Standard C22b	5	0	0	0	100%
Standard C23	23	0	0	0	100%
Standard C24	9	0	0	0	100%

**Standard C1a - Healthcare organisations protect patients through systems that: identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents**

**Yes: 13**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Both organisations review incidents on quarterly basis. Aggregated data with narrative submitted to the joint integrated governance sub-committee

**Standard C1b - Health care organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.**

**Yes: 4**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- All alerts are closed with appropriate comments through the SABS system online.
- All SABs issued, sent and comment received are recorded on the attached spreadsheet. The PCT is compliant.
- Responses from contractors are monitored and appropriate alerts are chased for formal reply. Assurance is sought that each contractor replies as necessary.
- The PCT has in place an incident reporting facility available to all staff. The policy is attached along with the incident reporting form. A database of reporting pad locations is maintained. This is also attached.

**Standard C2 - Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.**

**Yes: 16**

**No: 0**

**N/A: 1**

**Un-answered: 0**

**Compliance: 100%**

- All new staff have CRB checks carried out
- Commissioned services are represented on the LSCB
- Hard Copy evidence available from Alex Giles Office
- interagency training group in place in Stockton-attendance of staff at training is recorded and reported to LCSB
- Interagency Training group is in place, sub group of the LSCB. This group is chaired by Linda Watson. Full single agency training programme is in place across Teesside led by Alex Giles
- Jane Humphreys/peter seller/ Julia Morrison are all representatives on stock tons LSCB and are joint funded PCT/SBC posts
- Linda Watson represents HPCT on the LSCB. The Pct contributes to the funding, resources were increased from LDP funding 2007/08. This enabled a development officer and training manager to be employed. Linda Watson chairs the multi-agency training group, Hazel Wilcox provides the administration and secretarial support
- Watson represents Hartlepool on the LSCB
- Membership of the LSCB and task groups includes all the different areas of health expertise. The co-ordination of the health component for Serious Case Reviews is led by the Designated Nurse, Alex Giles.



- Need some evidence from HR
- We are compliant. Evidence listed in Child Protection work programme
- We do not directly provide A&E Services or walk-in centres.
- We have a designated nurse and a designated doctor
- We have a named nurse but no named doctor Funding has now been released through last years LDP process, monies now with Peter Kelly. Alex Giles to discuss with Peter. We have advertised this position in the past but were unsuccessful with recruitment

**Standard C3 - Health care organisations protect patients by following NICE Interventional Procedures guidance.**

**Yes: 4      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- the CE Task group determined the new interventional procedures policy, this was discussed for ratification at the January meeting but as was low attendance has been added to February agenda for final sign off
- The HPCT and NTPCT Clinical Governance Manager and the Chair of the HPCT and NTPCT Clinical Effectiveness Task Group are members of the NT&H NHS Trust Audit and Clinical Effectiveness (ACE) Committee. Likewise, the Trust Clinical Effectiveness Manager and ACE Committee Chair are members of the PCT CE Task Group allowing communication and joint working to take place between PCTs and the Trust. In addition, the PCT receives 4-monthly reports from NT&H NHS Trust in relation to NICE guidance.
- Where NICE interventional procedure guidance is available this is covered by the Clinical Effectiveness Strategy and associated documents. Where NICE interventional guidance is not available and where a new procedure has been used in a clinical emergency - this is covered by the New Interventional Procedures Policy and associated documents. To date there have been no incidences of new procedures being used where guidance is not available, either in a clinical emergency or not.

**Standard C4a - Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;**

**Yes: 7      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- A Board level agreement can be found in the minutes of March 2007 Board meeting. The DIPC is Peter Kelly, Executive Director of Public Health. The Board has appointed a Non Executive Director as "IPC Champion" who liaises with the DIPC and IPC Service Lead and also attends the Tees IPCC. All information with regards to IPC Annual Programme progress is detailed and presented accordingly. Any risks are highlighted and discussed accordingly. The Tees IPC Team has an appropriately resources structure that was agreed during full PCTs reconfiguration by Boards. There is also a defined non-pay budget allocation of £22,000.
- The organisation has in place an Annual Programme for IPC. It has been ratified by Board. The programme provides a robust framework for the organisation to implement over an agreed period. It takes into account all key national and local drivers and includes education, audit, and training, and surveillance, root cause analysis, working with commissioners, performance management, policy production, PPI involvement and personal development. It is reviewed by the Tees IPC Committee and progress reports are progressed to the Integrated Governance Committee and up to Board.

**Standard C4b - Health care organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised;**

**Yes: 7      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- The organisation is compliant with this standard as the servicing and modification of equipment is processed in accordance with the Medical Devices Management Policy
- Complaint with this standard as the organisation has a clear process for the management of medical standards. This process is outlined in the Medical Devices Policy which includes the use of Single Use Medical Devices
- Compliant with this standard as the organisation has a clear process for the written notification of any damage to / or malfunction of devices. This is outlined in the Medical Devices Management Policy. All medical devices are registered on the Medical Devices Register so the location of equipment requiring repair can be tracked to ensure prompt repair.
- Currently not compliant with this standard as 'adequate arrangements for training' cannot be implemented until the organisations training needs analysis is complete. The training needs analysis will be complete by March 2008; following this date training arrangements will be implemented.
- Final analysis of the training needs will be undertaken when the Medical Device register is cross matched with further detailed returns of information. The results of this will be utilised to develop an action plan to address the training needs.
- Hartlepool and North Tees PCT is represented on several committees at the local acute trust including in particular their Governance Committee where issues of significance are brought to the attention of the senior management team. All major commissioned services are required to present their expected declaration to the PCTs Healthcare Governance Committee annually and assure the PCT on what progress has been made since last year in deficient areas and how they have maintained compliance in the others. Excellent communication mechanisms are in place between the PCT and its commissioned services to ensure appropriate action can be taken in the event of any significant concerns arising- both individually and at PCT committee level. The PCT also receives feedback from patients via PALS, Complaints and general comments about services, which help inform commissioning generally. Incident forms are also shared with commissioned services where appropriately to ensure patient safety
- The medical device register covers both PCT's. It records all multi use medical devices.
- The organisation is compliant with this standard as it ensures all provider SLAs and contracts include a schedule on the standards for decontamination. These contracts are monitored on a regular basis. Independent contractors are issued with a national contract which includes the necessary standards.
- The organisation is compliant with this standard as robust systems and processes exist to distribute and ensure action is taken on safety notices, alerts and bulletins received. These processes are outlined in the Medical Devices Management Policy
- The organisation is compliant with this standard as work to further develop standards for decontamination are being driven forward via a Teesswide Working Group. All contractors and providers are required to comply with the necessary standards and this is outlined in the agreed contracts for service delivery. Contracts for provider services are reviewed on a regular basis
- The training needs analysis undertaken as part of the development / maintenance of the Medical Devices Register identifies that staff are being provided with the training and support needed to use medical devices safely therefore the PCTs are now compliant with this standard

**Standard C4c - Health care organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;**

**Yes: 4**

**No: 0**

**N/A: 4**

**Un-answered: 0**

**Compliance: 100%**

- Decontamination is not provided in-house this is undertaken by the Acute Trust or Single Use equipment is in place. Currently piloting the use of an independent company to provide this service.
- Decontamination is not provided in-house, this is undertaken by the Acute Trust or Single Use equipment is used. Currently piloting the use of an independent company to provide this service.

- Decontamination not provided in house, this is undertaken by the Acute Trust or Single Use equipment used. Currently piloting decontamination services from an independent company.
- Decontamination not provided in house. Currently undertaken by Acute Trust or Single Use equipment used. Also currently piloting decontamination from an independent company.
- Further details and hard copies of the SLA can be found in the Estates Department.
- Hartlepool & North Tees PCT are represented on several committees at the local acute trust including in particular their Governance Committee where issues of significance are brought to the attention of the senior management team. All major commissioned services are required to present their expected declaration to the PCTs Healthcare Governance Committee annually and assure the PCT on what progress has been made since last year in deficient areas and how they have maintained compliance in the others. Clinical Audits have also been undertaken in Independent Sector Hospitals for example looking in detail at post-op complication and infection rates etc. Excellent communication mechanisms are in place between the PCT and its commissioned services to ensure appropriate action can be taken in the event of any significant concerns arising- both individually and at PCT committee level. The PCT also receives feedback from patients via PALS, Complaints and general comments about services, which help inform commissioning generally. Incident forms are also shared with commissioned services where appropriately to ensure patient safety.
- The organisation can demonstrate compliance with this standard via the implementation of the Medical Devices Management Policy and Incident Reporting Policy to ensure that all reusable equipment / instruments are properly decontaminated prior to use
- The organisation does not provide decontamination in-house or to other organisations.
- The organisation does not provide decontamination in-house.
- The organisation is compliant with this policy as it has developed the Cleaning, Disinfection and Decontamination Policy and the Medical Devices Management Policy to ensure standards for decontamination are adhered to.
- The organisation is compliant with this standard as it incorporates standards for decontamination in Service Level Agreements with commissioned services to ensure that contractors have appropriate systems in place to keep patients staff and visitors safe from healthcare associated infections.
- The organisation does not provide decontamination in-house or to other organisations.
- The organisation does not provide decontamination in-house.
- The PCT is compliant with this standard as it issues and monitors a standard contract which includes a schedule on the standards for decontamination to be achieved. Regular contract monitoring is undertaken.

**Standard C4d – Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely;**

**Yes: 11**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- All the evidence relates to the new CD guidance, new destruction of CD policy, letter of authorisation of new witnesses for destruction, and the TOR for the NTPCT and HPCT CD meetings. The guidance has been through the relevant Governance committees and is due for distribution to GP practices.
- An Accountable Officer has been appointed. Attached are minutes of meetings where local prescribing issues have been discussed and any actions resulting from this information.
- Audits were undertaken last year in terms of Reviewing how practices handle all aspects of CDs. The HPCT and NTPCT CD group are due to put in place a plan for routine auditing of GP practices once the self declaration and assessments have been sent to practices.
- Both HPCT and NTPCT have comprehensive documents which cover the above. The policies are reviewed regularly and need to go through the appropriate Governance Committees for ratification.

- Commissioned services are monitored by the commissioning team. Currently waiting for email and info on how commissioned services are monitored and audited in NTPCT and HPCT. Email sent to Sue Grieves 11.1.08
- Currently waiting for info from Commissioning team as to how commissioned services are monitored in relation to CDs. Email sent to Sue Grieves 11.1.08
- Evidence consists of examples of audit from community services, care homes, and one piece of prescribing analysis from NTPCT, as well as an example of the Sentinel incident reporting system.. As far as evidence of prescribing analysis goes, there is an awful lot – the evidence attached is only one piece of this.
- Meeting with Jackie White 11.1.08 to discuss how audit and incident reporting have been informed by “Building A Safer NHS”.
- The new CD guidance has been discussed at both practice and community pharmacy clinical governance leads meetings, and is due to be an agenda item at the Dental and Optometry Clinical Governance Leads meetings
- The two pieces of evidence relate to recent meetings with community pharmacy clinical governance leads where the standards were discussed. Both Dental and Optometry colleagues will be made aware of the standards at their next meetings in January (?).
- There is a Teesside Local Intelligence Network in place.

**Standard C4e - Health care organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment. Developmental standard**

**Yes: 4**

**No: 0**

**N/A: 1**

**Un-answered: 0**

**Compliance: 100%**

- All waste is sorted at the point of origin and placed in appropriate containers and collected either via Sterile Group Technologies (STG) or the Hartlepool and North Tees Acute Trust for onward transition to STG. A service level agreement is in place. Advice on waste is given by the Environmental Waste Manager at the Acute Trust.
- No assurance available to indicate primary care contractors are meeting the relevant aspects of this element.
- Segregation of waste section of policy
- SLA in place with Hartlepool and North Tees Acute Trust and with Sterile Group Technologies (STG) who have a waste management licence for waste treatment processes.
- The Primary Care Trust does not manage or control ambulance service. Therefore this standard is not applicable.

**Standard C5a - Health care organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;**

**Yes: 12**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Evidence from this Element also links into C5a.1.6 regarding discussions in minutes of meetings etc.
- The HPCT and NTPCT Clinical Governance Manager and the Chair of the HPCT and NTPCT Clinical Effectiveness Task Group are members of the NT&H NHS Trust Audit and Clinical Effectiveness (ACE) Committee. Likewise, the Trust Clinical Effectiveness Manager and ACE Committee Chair are members of the PCT CE Task Group allowing communication and joint working to take place between PCTs and the Trust. In addition, the PCT receives 4-monthly reports from NT&H NHS Trust in relation to NICE guidance.
- There is joint working/ representation between the HPCT and NTPCT Clinical Effectiveness Task Group and the HPCT and NTPCT Prescribing Sub Committee to ensure that all relevant NICE Technology Appraisals are discussed and assessed against local practice. The Prescribing Sub

- Committee will cover the bulk of this work. The joint PCT Prescribing Sub Committee is recently established - prior to that there were two separate prescribing groups covering the two PCTs.

**Standard C5b - Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership;**

**Yes: 9**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Both organisations do not have a policy for clinical supervision. A small working group have been working with Wendy Francis, the Nurse Consultant to develop the policy which will be consistent across Tees. The group are meeting 18th December to agree final changes to the policy, which will then go to the Integrated Governance Committee in January 2008 to be ratified. The policy has been widely commented on by all staff groups. Baseline assessment work has been completed on reviewing current systems. The majority of clinical practitioners are having some form of clinical supervision, although not all have robust systems in place.
- Following the meeting held on the 18th Dec, a further meeting is to take place to complete the work on the final amendments to the policy. Current arrangements to continue until new policy is implemented. Project support one day per week is now in place from 1st Jan 2008
- When policy is implemented, arrangements will be in place for monitoring and review. This takes place now in some areas but it is ad hoc

**Standard C5c - Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work;**

**Yes: 4**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- A number of systems are in place to ensure staff have relevant up to date skills to undertake their role. 1. Job descriptions/person specifications. 2. Knowledge and Skills Framework. Post Outlines for each post specifying core and specialist dimensions and levels of competency required. 3. Regular KSF reviews - must be undertaken at least annually to evidence performance at the required levels as per the job outline and to identify any training requirements in the Personal Development Plan to ensure the staff member has the necessary skills to fulfil the role/to equip them for extended role/prepare them for additional roles/promotion. 4. Work is underway to achieve implementation of e-KSF reviews for all staff across all Tees PCTs - this will enable automatic population of PDPs with mandatory training requirements and the capture and collation of training requirements identified in individual PDPs for planning and monitoring purposes (Added: 07/01/2008 by Judi Oliver)
- A proforma has been developed and Assurance Proforma sent to all Independent Contractors to obtain assurance from them that they are complying with the relevant standards and the results will be posted on the shared drive in the MIDAS evidence folder
- Clinical staff participate in Clinical Supervision to support review of clinical practice and professional development (Added: 07/01/2008 by Judi Oliver)
- Local induction programmes ensure newly appointed staff are given a supported programme of induction including PCTs systems/policies/procedures/ mandatory training. (Added: 07/01/2008 by Judi Oliver)
- Mandatory Training is provided for all staff as per the agreed Core Competency Development Matrix. (Added: 07/01/2008 by Judi Oliver)
- Mandatory training provided training and updates as per the Core Competency Development Matrix - funded centrally. Staff release for training is arranged between staff member and line managers to ensure appropriate cover is available
- Return to practice bursaries are provided for staff who have been out of practice and wish to return to work in the NHS
- Staff are supported to attend post registration higher educational programmes e.g. District Nursing and School Nursing degree programmes and unregistered clinical staff e.g. Health Care Assistants have opportunities to be seconded to professional training programmes
- Staff are supported to undertake appropriate learning to update/develop their skills as identified in PDPs. Opportunities include in house and externally provided educational programmes/ clinical supervision / learning set activity/ mentoring and coaching

**Standard C5d - Health care organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.**

**Yes: 9**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Clinical Governance Manager meets regularly with the ACE Committee from the Acute Trust and also meets with the Clinical Effectiveness Manager for the Trust which includes joint working with areas such as Audit - working together for national Audits
- Clinical Governance Manager NTPCT & HPCT and the Clinical Effectiveness Manager Hartlepool & North Tees NHS Trust meet regularly and have discussed amongst other things partnership working with Audit and in particular at the moment about the COPD Audit.
- Discussions involved within the Clinical Quality Group for Audit and Effectiveness, provider link
- Evidence within this question relating to re-audit within a practice (18107) - shows evidence following implementation to improve patient care
- Hand Hygiene Audit - Completed for both North Tees & Hartlepool, awaiting final report for North Tees. Clinical Governance Manager spoke to Infection Control Specialist Nurses and final report is imminent
- HPCT and NTPCT Clinical Governance Manager and Chair of HPCT and NTPCT Clinical Effectiveness Task Group attend NT&H NHS Trust Audit and Clinical Effectiveness (ACE) Committee.
- Pharmacy Waste Audit - North Tees & Hartlepool - Both Audits are almost complete, results have been collated and are awaiting Pharmacy Team Analysis on these.
- Richard Errington from Durham and Tees Research Management Group feeds into the Clinical Effectiveness group regarding current research and audits, he is a regular member of the group
- Sandra Hill, Planning Manager has written to all independent contractors with a proforma for them to complete regarding collating data for standards for better health
- The evidence mapped to this Element and Question regarding the outcome in relation to conducting, reporting and acting on clinical audit is also available within, C5d, element 2, question 1
- The HPCT and NTPCT Clinical Governance Manager and the Chair of the HPCT and NTPCT Clinical Effectiveness Task Group are members of the NT&H NHS Trust Audit and Clinical Effectiveness (ACE) Committee. Likewise, the Trust Clinical Effectiveness Manager and ACE Committee Chair are members of the PCT CE Task Group allowing communication and joint working to take place between PCTs and the Trust.
- We are currently awaiting Dental and Optometry Audit results - Awaiting further information from practices and will then be able to collate the results

**Standard C6 - Health care organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met.**

**Yes: 6**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Integrated service provision is being taken forward by the pct and Hartlepool Borough Council. A joint project manager is in post who reports to the Integrated services steering committee. A joint management structure is being developed, one workshop has been held with staff A presentation is planned for the 10th Jan at the staff forum in the PCT, this will be the first of pre-consultation.
- Pooled budgets have been discussed and are discussed on a regular basis. At present, the only formal pooled budget in place is for Integrated Community Equipment, this is a Teesswide pool ? Learning Disabilities, speak to Carl Bashford

**Standard C7ac - Health care organisations apply the principles of sound clinical and corporate governance; undertakes systematic risk assessment and risk management**

**Yes: 12**

**No: 0 N/A: 0 Un-answered: 0**

**Compliance: 100%**

- All independent contractor groups have an established clinical governance practice leads group across Hartlepool and North Tees. Quality and Outcomes framework in place across all general practice Incident reporting arrangements in place with all contractor groups
- Audit Committee ToR Meetings agenda, annual plan, reports to Board
- Directors are responsible for providing the Board with the relevant information which requires approval. the Audit Committee has delegated authority to approve the accounts and annual report on behalf of the Boards
- Evidence found at C7as element 2
- In ToR of PEC and PEC Chair JD
- joint Board and PEC events PEC ToR PEC JDs
- Patient feedback survey undertaken externally, however individual service experience surveys undertaken and shared at NTHT Governance Committee Clinical Governance Performance reviewed through NTHT Governance Committee - attendance by AD Integrated Governance Joint risk assessments on service pathways including Momentum Routine meetings through NTHT Governance Committee and NTPCT/HPCT Joint Governance Committee reciprocal arrangements through ADs Quality / Audit & Effectiveness joint plan in place and regular reports to NTPCT/HPCT Joint Governance Committee Link into JCUH through Tees Clinical Effectiveness Lead and South of Tees Governance Team
- Patient feedback survey undertaken externally, however individual service experience surveys undertaken and shared at NTHT Governance Committee Clinical Governance Performance reviewed through NTHT Governance Committee - attendance by AD Integrated Governance Joint risk assessments on service pathways including Momentum Routine meetings through NTHT Governance Committee and NTPCT/HPCT Joint Governance Committee reciprocal arrangements through ADs Quality / Audit & Effectiveness joint plan in place and regular reports to NTPCT/HPCT Joint Governance Committee Link into JCUH through Tees Clinical Effectiveness Lead and South of Tees Governance Team
- Teesswide commissioning arrangements, local commissioning arrangements, joint Board meetings, Teesswide LDP
- The Board sets the organisation's aims by a number of means: strategic planning review of ALE review of S4BH committee arrangements budget setting scheme of delegation
- The Medical Director is the lead clinician for primary care Clinical Governance with the Director of Nursing and Therapies Tees the lead clinician for nursing and therapies. The Director of Planning & Performance is the lead Director as accountability for clinical governance with the Assistant Director of Integrated Governance the lead manager for implementation. Two GP Clinicians across North of Tees have responsibility for clinical governance at general practice level. An Annual Plan for Governance is in place with quarterly monitoring to the Director and the Joint Governance Committee. Minutes of the Joint Governance Committee are forwarded to the board on a 6 weekly basis with a verbal update from the Chair and Vice Chairman.
- ToR Board in committee

**Standard C7b - Health care organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;**

**Yes: 5**

**No: 0 N/A: 0 Un-answered: 0**

**Compliance: 100%**

- a proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with the relevant standards. The results of this will be posted centrally on the MIDAS evidence file



- The steps taken to ensure that this requirement is met are: - Policy on 'Standards of Business Conduct' approved by the PCT Board in January 2007 (therefore in place for the whole of 2007/08) - Policy has been sent to all Board members in October 2007 as a reminder, together with a form to return to update the declaration of interests, a gifts and hospitality received form and a note of the Nolan Principles of Public Life - update on how to deal with gifts and hospitality included in the December Up2Speed document for all staff and directors
- this is agreed to some extent. For PCT provider services, the same arrangements are in place for all PCT staff. All NHS providers need to complete Standards for Better Health and thereby address these issues through that route. there is no strategic overall approach.
- This standard is met by: staff having access to the standards of Business Conduct Policy the Policy is also available to Board members Board members have been reminded of the Nolan Principles of Public Life (October 2007)

**Standard C7e - Health care organisations challenge discrimination, promote equality and respect human rights;**

**Yes: 12**

**No:  
0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Annual Health check declarations are mandatory for all NHS organisations and all NHS provider organisations who have been commissioned to provide mental health services do so.
- a proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with relevant standards and the results will be posted centrally on the MIDAS evidence file
- Ethnic and other equalities monitoring data is published in quarterly HR reports to PCT boards. Annual analysis records breakdown of employee relations activity by gender, ethnicity etc.
- Locally we have an IAPT (Improving Access to Psychological Therapies) Pilot site. This pilot is aimed at identifying the different levels of psychological need in the local community and the type of support required to address that need. Not all people need trained psychologists/counsellors but may be supported by existing healthcare workers as part of their roles or by trained voluntary sector staff. Widening access in this way will improve accessibility for service users and reduce inappropriate referrals to scarce professional staff Workforce planning / workforce development integral to the pilot
- the outcomes are reported annually in the Race Equality Annual Report to the Board the RES and impact assessment process were developed after consultation and the process was published as part of the RES
- The PCT has the following Schemes published on its website: Disability Scheme Gender Awareness Scheme Race Equality Scheme An annual report is made to the Board each year on the progress made against the action plans. There is an Impact Assessment process and policies are assessed.
- There is a published DES. This was developed with other PCTs in the North East with the expertise of an external agency - Vision Sense
- there is an impact assessment process and a recommendation in the action plan of the PCT to impact assess all key policies of the PCT. Actions arising from the impact assessment would be followed up appropriately
- this is agreed to some extent. For PCT provider services, the same arrangements are in place for all PCT staff. All NHS providers need to complete Standards for Better Health and thereby address these issues through that route. there is no strategic overall approach.



**Standard C8a - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services;**

**Yes: 7      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- limited to QOF and other mandatory training
- The Chairman for Hartlepool PCT and the Chairman for North Tees PCT are the designated senior manager to direct concerns raised to within the organisations. A whistle blowing policy is in place for both organisations. Communications through incident reporting, HR processes and policies identify that concerns are treated seriously and all staff have confidentiality clauses within their contracts.
- The PCTs have a database of policies and procedures maintained by the Corporate Services Manager. As Policies are approved by the Integrated Governance Committee, they are included on the database and hard copies sent to the 'Policy Folders' in each department. This database records when policies require to be updated or reviewed and reminders are sent to the relevant policy lead.
- this is agreed to some extent. For PCT provider services, the same arrangements are in place for all PCT staff. All NHS providers need to complete Standards for Better Health and thereby address these issues through that route. there is no strategic overall approach.

**Standard C8b - Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, underrepresentation of minority groups.**

**Yes: 11      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- Staff are supported to attend appropriate internally or externally provided leadership and management programmes These have included :- Board and PEC Development Programmes Senior management - Private Sector Skills for Public Sector Leaders - a 10 month programme which includes 360 degree LQF Assessment , formal training days, Learning Set supported project work. This programme is accredited with Teesside University at 40 Masters level credits Team Leader Development Programmes - Accredited by Teesside University Masters Level degrees in Leadership in Health and Social Care , MBAs
- The PCTs KSF review and PDP systems apply to all staff irrespective of ethnic background Systems for accessing agreed learning opportunities as identified in PDPs apply to all staff irrespective of ethnicity
- A proforma has been developed and sent to all independent contractors to obtain assurance from them that they are complying with the relevant standards - results will be posted on MIDAS in the evidence folder
- A proforma has been developed and sent to all independent contractors to obtain assurance from them that they are complying with the relevant standards - results will be posted on MIDAS in the evidence folder
- Exploration with staff representatives of the potential benefits of establishing a network group may be beneficial
- Mentorship opportunities are provided for staff irrespective of ethnicity as appropriate - often linked to development programmes
- The annual Healthcheck declarations completed are completed by all commissioned services - it is a mandatory requirement that all NHS organisations complete the annual health check
- The annual Healthcheck declarations completed are completed by all commissioned services - it is a mandatory requirement that all NHS organisations complete the annual health check
- The organisation has implemented KSF for all staff Staff have Job descriptions and KSF Post Outlines which clarify required Knowledge and Skills to fulfil the post During regular (at least annual) KSF performance reviews development needs are agreed and entered into the PDP. - achievement of the PDP is monitored at subsequent reviews

- The organisation has implemented the NHS Knowledge and Skills Framework (KSF) This applies to all staff irrespective of whether they are full or part time or work standard or non standard work patterns All staff have job descriptions and KSF Job Outlines which specify the knowledge and skills required for performance of the role Regular reviews ( at least annually ) evidence performance against outlines and enable identification of learning needs which are recorded in PDPs Achievement of PDPs is monitored at subsequent reviews
- The PCT is committed to and has policies in place relating to Equal Opportunities for all employees
- The PCT has IWL Practice Plus validation (Added: 07/01/2008 by Judi Oliver) 20370
- The PCT is an Equal Opportunities employer and seeks to offer Flexible working opportunities to staff to enable them to balance work/home life commitments Part time , flexitime , annualised hours, extended days and self rostering are examples of local practice (Added: 07/01/2008 by Judi Oliver)
- The PCT is committed to Equal Opportunities and staff from all ethnic backgrounds have job descriptions KSF job outlines and participate in regular performance. KSF reviews from which Personal development plans are agreed. Access to training/developmental opportunities is based upon identified need for mandatory /statutory training and other professional /developmental requirements irrespective of age/ethnicity/contracted hours The PCTs have published Race Equality Schemes setting out their commitment /plans to ensure good practice in regard to staff and patients from black and ethnic minority groups
- The PCTs Race Equality Scheme highlights the PCTs commitment to Race Equality in employment and service delivery

**Standard C9 - Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.**

**Yes: 6**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Audits are under development to monitor Records Management aspects of Standards 4 Better Healthcare. Local Service specific protocols in place for the tracking and tracing of records. New process in place for the creation of new records and would include where the information would be required to be shared and appropriate protocols applied.
- Audits are under development to monitor Records Management aspects of Standards 4 Better Healthcare. Local Service specific protocols in place for the tracking and tracing of records. New process in place for the creation of new records and would include where the information would be required to be shared and appropriate protocols applied.
- Contracts for commissioned services contain data protection and record keeping requirements. A monitoring check list has been developed to support audit of compliance.
- Record Keeping audits are yearly and monitored. Policies to support have been approved by Integrated Governance Sub Committee. Awareness training on policies part of Information Governance training for staff.
- Records Management related policies approved by Integrated Governance Sub Committee. Records Management training programme also part of Information Governance training for staff. Records Management steering group set up.
- Records Management/Keeping training included as part of Induction and Mandatory training
- Staff are trained through Information Governance training and more specialist Records Management training to meet their responsibilities with regards to records management related policies.
- Two evening Information Governance awareness session with Pharmacists have been undertaken. Records Management advice given to Optometrists to support additional services. Records management advice also provided to Dental Services as and when required. The whole of the Information Governance agenda including records management is being supported with GP contractors as part of training for the IM&T DES.

**Standard C10a - Health care organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies;**

**Yes: 11**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- /
- Contracts will include standards and concerns may be identified via audits, incident reporting and complaints received.
- CRB checks are carried out for all new staff that work with or may work with children. Agency staff are covered by the national PASA agreement. Checks are undertaken on volunteers in accordance with the volunteer policy
- Criminal background check guidelines for managers specify the need for appropriate checks
- Enhanced CRB checks are undertaken for the above groups - need is identified by manager on vacancy control form and advert. guidelines on CRB checks are available for managers. Recruitment and selection procedures cover.
- Policies and procedures are in place to ensure that the registrations of health professionals whose registration is subject to periodic renewal remains effective and policies/procedures are in place for dealing with lapsed registrants e.g. suspension, movement to alternative role.
- Policies and procedures are in place to ensure that this occurs - on appointment and when registrations are due for renewal. Alert letters are scrutinised. Processes are in place for dealing with lapsed registrants
- Recruitment and Selection Policy requires this, HR spreadsheet in place to ensure clearance obtained prior to appointment, managers complete forms for occupational health to give clearance.
- Recruitment and Selection policy requires this. Spreadsheets kept in HR to ensure references received NHS application form requires candidates to list referees
- Sunderland PCT provides a service in relation to independent contractors
- Systems and policies are in place to reliably verify the identity of the applicant, work permits and qualifications for those relevant to the position applied for are also verified. The NHS Jobs Application Form requires applicants to give this information.
- The national PASA contract specifies the checks which agencies are required to undertake on behalf of NHS Bodies. The agencies are audited to ensure that they undertake the checks. The PCT asks the agency to confirm that the checks have been undertaken on appointment. Procedure notes are in place for North Tees PCT
- The Planning Manager has developed a pro forma which has been distributed to all independent contractors to obtain assurance from them that they are complying with the relevant standards. The QOF assessment process is a source of evidence and the assurance pro forma

**Standard C10b - Health care organisations require that all employed professionals abide by relevant published codes of professional practice.**

**Yes: 7**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- All employment contracts & Job Descriptions state the requirement to abide by relevant professional code of practice.
- Independent contractors have been informed of the requirement and this is checked as part of the QOF review.
- Independent contractors have been informed of the requirement and this is checked as part of the QOF review.
- Referrals to NMC for breaches in professional codes of practice

- Referrals to NMC for failure to meet professional codes of conduct.

**Standard C11a - Health care organisations ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake;**

**Yes: 16**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- A wealth of learning opportunities are available
- Annual health check covers this Planning manager has asked contractors to sign an assurance document confirming that they meet this standard
- Commissioners will include requirement in contracts The Planning manager has written to GPs seeking their assurance that they meet this standard
- integrated working exists with local authority partners for example in relation to the Children's Trust.
- Many courses are run in-house by 'educators' in the organisation. The organisations achieved Improving Working Lives Practise Plus status which is a demonstration that we meet this standard
- Planning manager has sent out an assurance framework to GPs and independent contractors
- Records of selection processes are kept to show why applicants were or were not appointed and are monitored regularly - for example quarterly board reports. Complaints/grievances are also monitored. Training is offered for managers in recruitment and selection processes and HR Issues for Non HR Managers also Equalities Legislation forms part of mandatory training NHS Jobs is used to advertise posts and allows monitoring of applicants - shortlisted and appointed by gender, ethnicity and disability
- Staff are encouraged to identify their personal development needs via the e-KSF and if their learning need would be best met by NVQ sources would be identified. Learning opportunities are advertised on the primary care college web site and in the staff newsletter - Up to Speed
- The Annual Healthcheck Declarations completed by commissioned services can be used as evidence. QOF assessment process can be used as a source of evidence Monitoring information and wording of contracts should ensure that concerns are brought to the attention of commissioners
- The NHS Jobs system and recently introduced ESR system enable monitoring by ethnic group the number of applicants for employment and the number of staff in post.
- The organisation passed the IWL practice plus assessment. The KSF reviews/personal development plans would identify any training issues and programmes would be sourced as appropriate
- The organisations will make reasonable adjustments for applicants as requested We work with the job centre, the appointee, occupational health, disablement resettlement officers as appropriate to make reasonable adjustments to enable disabled applicants to take up work - e.g. provision of special equipment We work with staff who become disabled to make reasonable adjustments to their roles.
- The organisation's workforce planning does take into account future service and skill mix needs as described in the organisation's strategic plans. Challenging are the moves towards provider services.
- The PCTs have workforce plans in place i.e. LDPs for period 2005 - March 2008. These are integrated with the business planning of the organisation. Groups exist with local authorities and joint appointments are in place with the local authorities in a number of areas.
- We would not actively recruit healthcare professionals from developing countries detailed on the Department of Health Website. We would consider applications for employment via NHS Jobs from individuals against the standard criteria. The strategic health authority was leading on international recruitment
- Workforce planning is incorporated in service plans as we work towards the Local delivery plan
- Workforce plans are developed as part of practice business plans annual health check can be used as evidence. A proforma has been developed by the Planning Manager to seek assurance from independent contractors that they are meeting the standards

**Standard C11b - Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in mandatory training programmes;**

**Yes: 9**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Corporate welcome and comprehensive local induction is provided for new employees Checklists are provided to ensure key induction information exchange /training is identified and completed
- The recently revised Core Competency Matrix clarifies the key mandatory training requirements for all staff groups and specifies the periodic update requirements where appropriate
- An assurance proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with the relevant standards and the results posted on the shared drive in MIDAS evidence folder
- Annual Healthcheck declarations are completed by all NHS organisations from whom the PCT commissions services
- Annual Healthcheck declarations completed are completed by all commissioned services - it is a mandatory requirement that all NHS organisations complete the annual health check
- Assurance Proformas sent to all Independent Contractors
- New staff complete mandatory training as part of their initial local induction programme: Update requirements identified in the recently revised Core Competency Development Matrix Programmes are developed for new requirements e.g. MCA/ Blood transfusion for those staff who require such training. (and is including the Revised Core Competency Matrix) If new equipment is purchased Staff receive training prior to use - usually provided by manufacturers initially then utilising training materials provided - or through updates provided by specialist staff. Where staff are promoted new job descriptions/ job outlines and PDPs will highlight any additional training requirements
- Staff are supported to receive mandatory training during working hours - line managers arrange appropriate cover Funding is available centrally for the provision of mandatory training programmes Where staff work non -standard working hours training may be provided in working hours where appropriate ( e.g. sufficient staff can be released) or staff may attend training outside of working hours and be recompensed for the time or given time back in lieu as agreed between staff member and line manager
- The core Competency Development Matrix has been reviewed and 16 mandatory training courses with identified target audiences and update regularity agreed
- The Learning and Development Strategy Group will review the Matrix periodically to ensure it meets current requirements

**Standard C11c - Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in further professional and occupational development commensurate with their work throughout their working lives.**

**Yes: 5**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- All staff whether full or part time have KSF Job Outlines specifying core and specialist dimensions and levels. Regular ( at least annual) reviews provide the opportunity for discussion regarding performance against these dimensions and to identify any maintenance/development learning need in the staff members PDP Agreed Learning needs identified will be supported and managers will ensure that cover is provided if necessary for participation in the appropriate development activity Many staff have access to personal computers though community staff access to computers may be shared in community bases. All staff have personal email accounts and can access internet research sites and e.learning sites. As the PCTs roll out implementation of E-KSF training in use is being provided by the KSF Co-ordinator More opportunities need to be provide to offer support to individuals who may not be confident in utilising computer applications Staff have access to library facilities at the University of Teesside and through

the Regional Library Alliance Service. All members of staff may become a member by obtaining a library card from any local NHS library (e.g. University Hospital of North Tees) and that gives access to all available literature

- An Assurance Proforma has been developed and sent to all independent contractors to obtain assurance from them that they are complying with the relevant standards and the results will be posted on the shared drive in the MIDAS evidence folder
- Annual Healthcheck declarations completed are completed by all commissioned services - it is a mandatory requirement that all NHS organisations complete the annual health check
- CPD programmes provided by local universities and educational provider organisations are all required to meet professional and educational standards and where appropriate compatible with royal college and regulatory body requirements Learning opportunities are available in various formats including traditional taught courses , e-learning programmes, shadowing, mentoring and coaching
- The PASA contract covers this and managers also have discretion to support agency staff to access learning and development opportunities where appropriate

**Standard C12 - Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.**

**Yes: 5      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- Evidence for this standard can be found at C7ac
- Jackie White (AD Integrated Governance) attends the North Tees & Hartlepool NHS Trust Clinical Governance Sub-Committee where Research is monitored Tony Roberts (Clinical Effectiveness Advisor) provides the same function for James Cook University Hospital
- RM&G activity reviewed by PCTIG sub-committee Steering group monitors activity

**Standard C13a - Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect;**

**Yes: 18      No: 0      N/A: 0      Un-answered: 0      Compliance: 100%**

- We do not provide in-patient facilities and therefore some elements of this standard are not applicable

**Standard C13b - Health care organisations have systems in place to ensure that appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information;**

**Yes: 14      No: 0      N/A: 1      Un-answered: 0      Compliance: 100%**

- CDTV Information Governance own the development of the Information leaflet and poster. All the local health community Trusts and social care organisations regularly meet to maintain the standard across all organisations.
- CDTV Information Governance own the development of the Information leaflet and poster. All the local health community Trusts and social care organisations regularly meet to maintain the standard across all organisations.
- Information sharing training supports staff in offering choice to patients with full understanding of the implications of that choice. Dissert to share

packs have been shared with relevant services and PALS leads. Guidance document walks staff through explicit consent for patients.

- Information Sharing training, Information Governance training and Records Management training all support this agenda.
- National leaflet will be distributed when the spine becomes live. This will be available in 12 other common languages. PALS service and GP practices all trained and a dissent to share support pack ready for distribution when handling queries. PCT has access to translation services should it be required and would make every effort to support a patient who doesn't have English as their first language.
- National leaflet will be distributed when the spine becomes live. This will be available in 12 other common languages. PALS service and GP practices all trained and a dissent to share support pack ready for distribution when handling queries. PCT has access to translation services should it be required and would make every effort to support a patient who doesn't have English as their first language.
- Patient leaflets and posters distributed to all clinics, GP practices and patient waiting areas. Information Governance training for staff includes information sharing and the consent model for patients.
- Updated policy to Integrated Governance Sub-Committee in January 2008. Working to current policy

**Standard C13c - Health care organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.**

**Yes: 5**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- .
- Caldicott Guardian Dr John Nicholas appointed for Tees. Annual review of policies and procedures in place and approved by the Integrated Governance Sub Committee. New Data flows approved by the Information Governance Sub Committee. High level information sharing protocols in place and service level information sharing protocols in place.
- CDTV Information Governance group bring together the local health community to support and agree a standard approach to confidentiality. Significant issues would be raised within this group and outcomes and lessons learned disseminated.
- Information Governance training provided to all staff on induction and is mandatory training on a yearly basis. Spot check quiz on Information Governance circulated. Information sharing training provided both at multi agency level and within the trust. Awareness included as part of general information governance training but specialist courses offered on information sharing alone. Risk and issues including information sharing incidents are a standing agenda item on the Information Governance Sub Committee for review on lessons learned
- Policies and procedures approved by Integrated Governance Sub Committee. Annual mandatory Information governance training for staff includes physical security of records.
- The whole of the Information Governance agenda including confidentiality is being supported with GP contractors as part of training for the IM&T DES. Two high level awareness sessions provided to pharmacists, awareness sessions offered to dentists and optometrists.

**Standard C14a - Health care organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;**

**Yes: 9**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- a proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with relevant standards and the results will be posted centrally on the MIDAS evidence file
- annual Healthcheck declarations by our commissioned services as it is mandatory for all NHS organisations to complete this



**Standard C14b - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made;**

**Yes: 5**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- a proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with relevant standards and the results will be posted centrally on the MIDAS evidence file
- annual Healthcheck declarations by our commissioned services as it is mandatory for all NHS organisations to complete this

**Standard C14c - Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.**

**Yes: 13**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- a proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with relevant standards and the results will be posted centrally on the MIDAS evidence file
- annual Healthcheck declarations by our commissioned services as it is mandatory for all NHS organisations to complete this
- the PCT is to explore the need for mediation and conciliation services, outwith the services provided by ICAS

**Standard C15a - Where food is provided, health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet;**

**Yes: 2**

**No: 0**

**N/A: 5**

**Un-answered: 0**

**Compliance: 100%**

- Annual Healthcheck declarations for NHS organisations we commission from provide assurance that our commissioned services are compliant with this standard. These are checked annually to identify any areas of concern. Concerns or complaints arising from commissioned services could be addressed by either the commissioning directorate, PALS or complaints.
- Annual Healthcheck declarations for NHS organisations we commission from provide assurance that our commissioned services are compliant with this standard. These are checked annually to identify any areas of concern. Concerns or complaints arising from commissioned services could be addressed by either the commissioning directorate, PALS or complaints.

**Standard C15b - Where food is provided, health care organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.**

**Yes: 2**

**No: 0**

**N/A: 9**

**Un-answered: 0**

**Compliance: 100%**

No commentary available



**Standard C16 - Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.**

**Yes: 10**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- a proforma has been developed and distributed to all independent contractors to obtain assurance from them that they are complying with relevant standards and the results will be posted centrally on the MIDAS evidence file
- Patient Advice and Liaison Service recording and reporting mechanisms Complaints procedures
- Patient Information Guidance to be reviewed to include advice on accessing alternative formats. Formal protocol to be developed.
- Patient Information Guidance to be reviewed to include / refer to relevant standards.
- The Patient Information Guidance is promoted to all staff and provided on request. Patient Information can only be produced by the Communications and Marketing team provided that all clinical evidence base and patient involvement criteria have been met.
- The PCTs will develop the following areas: Websites Marketing campaigns re use of services, Choice etc. Patient information Proactive media coverage The new Patient Prospectus
- These documents are made available on the PCT websites.

**Standard C17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.**

**Yes: 10**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- focus groups held with patients and the public to help inform the pct prospectus and the LDP.
- review of Race equality schemes undertaken in parallel to the review of PPI strategies to identify actions outstanding and areas for development.
- The PCT is signed up as a partner to the local compact
- The PCT receives and responds to patient forum inspection reports of GP practices. The pals and complaints services regularly provide one to one feedback to GP practices regarding comments received.
- The PCT seeks patient, carer and public input into planning and developing service proposals as well as changes to services and/or locations: - momentum planned and unplanned care focus groups - GP out of hour's pilot scheme - Clarence st GP practice development - feedback through pals. - regular attendance at patient forums - briefings to OSC
- The PCT seeks patient, carer and public input into planning and developing service proposals as well as changes to services and/or locations: - momentum planned and unplanned care focus groups - GP out of hour's pilot scheme - Clarence st GP practice development - feedback through pals. - regular attendance at patient forums - briefings to OSC a baseline assessment of surveys as well as presence and effectiveness of patient participation groups at GP practices being undertaken across the PCT

**Standard C18 - Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.**

**Yes: 7**

**No: 0 N/A: 0 Un-answered: 0**

**Compliance: 100%**

- All commissioned services are now managed by a centralised services across the four Tees PCTs and are developing a mechanism to monitor all contracts
- All primary care contracts are regularly assessed to ensure that statutory requirements are complied with
- Hartlepool & North Tees PCTs regularly consult with service users via public experience forums when commissioning new or additional services. Both PCTs comply with all statutory requirements. When commissioning new services the PCTs carry out assessment on needs of the population to ensure that the appropriate service is provided in the appropriate location
- North Tees All practices have access to translation service for patients whose first language is not English. Transport is available for patients who are medically unfit and require secondary care treatment. Support for transport for patients on low income who require secondary care treatment is available. All practices must ensure premises are suitable for the delivery of their services and are required to make appropriate adjustments to ensure patients are not discriminated against. This is a contractual requirement. The PCT are piloting an extended opening hours scheme to allow patients to access a GP appointment outside of its core hours. The PCT will be commissioning an additional GP surgery by 2009 and will be developing a public consultation strategy. Secondary care services are now commissioned centrally across Tees to ensure consistency and equity.
- Hartlepool All practices have access to translation service for patients whose first language is not English. Transport is available for patients who are medically unfit and require secondary care treatment. Support for transport for patients on low income who require secondary care treatment is available. All practices must ensure premises are suitable for the delivery of their services and are required to make appropriate adjustments to ensure patients are not discriminated against. This is a contractual requirement. The PCT are piloting an extended opening hours scheme to allow patients to access a GP appointment outside of its core hours. The PCT will be commissioning an additional GP surgeries by 2009 as per the Darzi report and will be developing a public consultation strategy. Secondary care services are now commissioned centrally across Tees to ensure consistency and equity. PCT has been part of the Fairness in Primary care Project (Tranche 1) commissioning primary care services.
- see Core Standard 18 Element 1 questions 3 and 4

**Standard C20a - Health care services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation;**

**Yes: 13**

**No: 0 N/A: 0 Un-answered: 0**

**Compliance: 100%**

- All independent contractors informed of LSMS role, literature sent and LSMS attended Clinical Governance Leads groups to discuss role.
- All issues/concerns reported through incident reporting system and fully investigated by Integrated Governance team.
- All new buildings have to comply with 'Secure by Design' NHS Estates, all existing buildings are subject to risk assessment and security surveys.
- Attendance at Clinical Governance Leads meetings to discuss safety and security. Health and Safety Working Group has General Practitioner Practice Manager representation on the group for both PCTs.
- Fire Risk Assessments are carried out in accordance with legislation and a schedule of visits is maintained as well as copies of the final assessments.
- Integrated Governance Team meet monthly with the Acute Trust to discuss, investigate any concerns/incidents.

- Non Executive Director Paul Hartford, Security Management Director Karen Gater and Local Security Management Specialist Sharon Mee
- Non Executive Security Management Director appointed. Security Management Director in place. Local Security Management Specialist in place. Security work plan in place for year 2007/2008. Conflict resolution training in place. Numerous policies in place including security management.
- Procedures are in place and reviewed with regards to serious or imminent danger. Training is also in place.
- Risk assessment takes place to identify risk to individuals, services and the organisation. These are tabled on the risk register and regularly monitored and reviewed.
- Risk assessments are carried out throughout the organisation and placed on the risk register for discussion at Integrated Governance Committee and ultimately the Board.
- The organisation has a Health and Safety Policy and accompanying procedures to help address this element and there is also a Health and Safety Working Group in place.
- This element is considered as part of risk assessment and when contemplating new build design. Issues around existing builds are also brought to the organisation's attention through incident reporting.

**Standard C20b - Health care services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.**

Yes: 4      No: 0 N/A: 1      Un-answered: 0

**Compliance: 100%**

- having initially assessed the GP accommodation further routine inspections should be undertaken to all contractor and PCT premises.
- In regard to other commissioned services these are usually located within the Acute trust providing the SLA for the services to the PCT. The Hospitals reorganisation for Hartlepool and North Tees will ultimately lead to the services being either within a new hospital setting or more favourably in new purpose built community premises
- Reception areas amended to provide increased privacy, details added for link as evidence.
- Room data sheets are provided for all developments ensuring that sound levels meet the design criteria for all elements of new buildings. separate rooms are provided in health centres for private confidentiality as may be necessary
- see Q1
- The PCT does not have any inpatient accommodation on its property register
- The PCT has inspected premises, including those of its GP contractors to establish minimum standards of accommodation are met.

**Standard C21 - Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.**

Yes: 9      No: 0 N/A: 1      Un-answered: 0

**Compliance: 100%**

- At Hartlepool automated entry doors and new floor coverings, reception desks and internal doors have been installed at Caroline Street. Building to be replaced in 2010 by new town centre development.

- Cleaning contract for PCT patient accessible buildings are monitored regularly and the contract specification follows the guidance for clean environments as outlined in the national specification
- Cleanliness in patient utilised areas of the Trusts building are to the levels set out in the National Specification and up until Dec 2007 delivered through an external contract with Sodexo as part of the neighbouring Acute trust contract. This contract has been tendered and won by the in-house tender with the trained Sodexo staff being transferred back into the Acute trust.
- Draft SLA documents are being followed pending the formal sign off delayed by hospitals reviews.
- Each PCT has an estate strategy document outlining the occupied estate and its merits. In essence the existing estate is being replaced over time but interim works to improve access have been implemented. New developments planned are in accordance with NHS guidelines, building notes and Health technical memorandum with both AEDET and NEAT assessments in place.
- In 2006, capital was made available via the PCT for GPs to improve premises in order to comply with DDA and other relevant legislation.
- Inspection of GP premises to ensure compliance with minimum standards undertaken
- Inspection of minimum standards for GP premises undertaken to establish compliance.
- programme of inspections to be implemented to confirm compliance other than GP premises where survey has been undertaken
- The PCT have a service level agreement with its local acute Trust and obtain cleaning services as part of an external contract with Sodexo, which is due to expire December 2007. An equivalent service will then be provided in house by the Acute Trust.
- The PCT have an Estate Strategy, formally reviewed every two years to identify the quality of its estate and the measures to be taken to maintain acceptable environments for its patients and staff. Backlog maintenance is prioritised following risk protocol.
- The specification outline standards compliant to those in the national specification.

**Standard C22ac - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by: a) Cooperating with each other and with local authorities and other organisations c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships**

<b>Yes: 7</b>	<b>No: 0</b>	<b>N/A: 0</b>	<b>Un-answered: 0</b>	<b>Compliance: 100%</b>
<ul style="list-style-type: none"> <li>- Discussions with Neil Stevenson suggest that this will be an action that is part of the Tees commissioning function</li> <li>- DPH or other senior manager represents the PCT on these partnerships.</li> <li>- evidence to show that partnership working is taken seriously and there are established mechanisms in place</li> <li>- Local and national priorities and concerns are frequent agenda items on partnership agendas, and addressed through multi agency action plans</li> <li>- Needs assessment, audits and PSA including LAA drive the priorities for action and new investment in HPCT and NTPCT</li> <li>- presentations to partnership groups on health improvement issues Public health data on Tees Public Health website and notification of publication shared with partners</li> <li>- priorities discussed and agreed with partners, including the LAA</li> </ul>				

**Standard C22b - Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices;**

**Yes: 5**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Action plans of the health action groups reflect the DPH reports in both localities DPH reports influence LDP
- Audrey McCann will post the service and financial framework as evidence of compliance
- Discussions with Neil Stevenson suggest that this will be an action that is part of the Tees commissioning function
- SLA's have been informed by the needs analysis, priority for investment agreed and existing evidence base

**Standard C23 - Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.**

**Yes: 23**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- Discussion with R Harrety
- Discussions with Neil Stevenson suggest that this will be an action that is part of the Tees commissioning function
- discussions with R Harrety about processes in 2006/07 which are believed to be planned for 2007/08 by the Tees commissioners once staff are in post Sandra Hill said all contractors will be asked for their responses on compliance
- discussions with R Harrety about processes in 2006/07 which are believed to be planned for 2007/08 by the Tees commissioners once staff are in post Sandra Hill said all contractors will be asked for their responses on compliance
- health promotion activity is targeted at areas and groups most in need
- lead arrangements for CDC and IPC in place
- measures in place to track progress on inputs and outputs
- NICE guidance and NSF and other evidence based approaches inform all programmes
- North Tees PCT Directorate of Public Health has mechanisms in place within the Service Level Agreements to ensure that this element is addressed.
- North Tees PCT Directorate of Public Health have mechanisms in place within the Service Level Agreements to ensure this element is addressed.
- North Tees PCT has a Locality Director of Public Health in post. The locality structure also includes Public Health Specialists who have a lead area of interest.
- North Tees PCT Public Health Directorate have mechanisms built into the Service Level Agreements to respond to this element.
- NRF evaluations have informed business planning processes for 2008/09. With those evaluating satisfactorily being submitted for mainstream funding via the LDP process.
- Population health needs Nov 2007 includes these data and QOF stats
- priorities for investment in 2007/08 reflected local needs and resulted from discussions with partners
- The development of the Public Health Nurses was as a direct result of the priorities identified in Choosing Health.
- work place health programme

**Standard C24 - Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.**

**Yes: 9**

**No: 0**

**N/A: 0**

**Un-answered: 0**

**Compliance: 100%**

- At present North Tees & Hartlepool will be required to use the MI plan within their PCT for an interim period until the Teesswide plan is taken to board in march
- Awareness/familiarisation training organised at police Hq 11th & 14th Feb 08 Gold Command training exercise multi agency organised for 3rd march
- BCP Plans under review
- In July 2007 we tested the MI plan with multi agency partners in exercise Jordan. On Nov. 6th 2007 we had a multi agency training day familiarisation with the Strategic Command Centre as well as STAc training. Staff have also attended rest centres & survivor reception centres in an exercise capacity Attendance at a schools out event in Hartlepool on 27th April (flu Pandemic) Multi agency event attendance at Exercise LEODIS in Leeds on 15<sup>th</sup> May Multi agency event
- MoU in place with HPA, under review at present
- Mutual Aid Agreements in place
- On July 2007 the plans were tested in a multi agency exercise involving a nuclear incident (Exercise Jordan). Awaiting final report should be with us by Jan 08
- Plans being relooked at due to new guidance
- We have a seat on the LRF, the LRF working group as well as many other multi agency groups. our plans reflect multi agency workings

**Directorate of Planning & Performance**

**Briefing Paper Annual Health Check**

**Core Standards**

A tremendous amount of work has been undertaken to facilitate the manual reporting processes used previously by both organisations onto the MIDAS Performance Management System.

This has been successfully achieved and now provides a much more streamlined assessment process, robust assurance and has embedded ownership across the organisations.

Each core standard now has a lead director and operational lead for each organisation. There are a series of questions designed to determine compliance assigned to each standard. The operational leads have responded to the questions and identified evidence to support their response. The summary of these results has provided us with the compliance levels for each organisation.

**Position 2006/2007**

<b>Hartlepool PCT</b>	-	Compliant with all 24 core standards Good Developmental Progress for Public Health Developmental standards
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**Current Position 2007/2008**

<b>Hartlepool PCT</b>	-	Compliance with all 24 core standards
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The Developmental standards are not being included in the assessment of standards this year.

Evidence identified to support compliance levels is currently being posted into a central evidence base on the shared drive.

Directorate level reports will be issued to facilitate validation of evidence identified by operational leads and sign off by lead directors.

The compliance levels will be transferred into the annual submission document prior to submission to the Audit Committee and Board in March.



# **ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM**

**4 March 2008**



**Report of: Scrutiny Support Officer**

**Subject: INVESTIGATION INTO THE WITHDRAWAL OF THE  
EMERGENCY CARE PRACTITIONERS SERVICE  
AT WYNYARD ROAD PRIMARY CARE CENTRE –  
CONSIDERATION OF INDEPENDENT SPECIALIST  
ADVICE**

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## **1. PURPOSE OF REPORT**

- 1.1 To introduce the independent specialist advisor, in attendance at today's meeting to present his findings in relation to the withdrawal of the emergency care practitioner's service at the Wynyard Road Primary Care Centre.

## **2. SETTING THE SCENE**

- 2.1 The remit for the Adult and Community Services and Health Scrutiny Forum's investigation into the withdrawal of the emergency care practitioner's service at Wynyard Road Primary Care Centre was agreed by the Forum at its meeting on 4 September 2007.
- 2.2 As part of this investigation, the Scrutiny Co-ordinating Committee on 21 November 2007, approved the commissioning of independent specialist advice via the Dedicated Overview and Scrutiny Budget. The purpose of this being to provide the Adult and Community Services and Health Scrutiny Forum with a one-off piece of impartial work that will either compliment or challenge the evidence received from the stakeholders to date.
- 2.3 The independent specialist advisor has now completed this piece of work and will be attendance at today's meeting to present his report, a copy of which will have been circulated in advance of today's meeting.

## **3. RECOMMENDATIONS**

- 3.1 That the Forum considers the report of the independent specialist advisor and utilises it findings to inform the fomulation of a view on the withdrawal of the emergency care practitioner's service at the Wynyard Road Primary Care Centre.

**BACKGROUND PAPERS**

No background papers were used in the preparation of this report.

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**UNIVERSITY<sup>OF</sup>  
BIRMINGHAM**

**Review of the withdrawal of Emergency Care  
Practitioner services at Wynyard Road Primary Care  
Centre**

**carried out for  
Hartlepool Borough Council  
Adult and Community Services and Health Scrutiny Forum**

**by**

**Dr Jonathan Shapiro  
University of Birmingham**

**February 2008**

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# **Hartlepool Borough Council Adult and Community Services and Health Scrutiny Forum**

## **Review of the withdrawal of Emergency Care Practitioner services at Wynyard Road Primary Care Centre**

### **Introduction**

This review was commissioned by Hartlepool Borough Council's Adult and Community Services and Health Scrutiny Forum in December 2007. Its brief was to review the events surrounding the withdrawal of primary Emergency Care Practitioner services at the Wynyard Road Primary Care Centre in the autumn of 2006. To this end, the University of Birmingham was commissioned to carry out a rapid investigation of these events by means of a series of confidential interviews with a selection of the key players involved in the events of 2006, by a reviewer with broad experience of the healthcare 'industry' both in the UK and abroad. The findings of these interviews, integrated with some of the relevant publications, were synthesised into a series of observations and conclusions, due to be reported to the Council's Scrutiny Forum in the spring of 2008.

### **The context**

Hartlepool Borough Council is one of the smallest unitary authorities in the UK, with a population of under 100,000 people; however, it offers all the facilities of a unitary authority, supplying all its own services and with its own elected mayor.

The boundaries of the Borough Council are coterminous with those of Hartlepool Primary Care Trust (PCT), itself the smallest PCT in England. Within the past two years, its management arrangements have been linked to those of North Tees Teaching PCT, with a single management executive team serving the needs of both Boards.

The population of Hartlepool is relatively deprived, although (like most local authorities) there are pockets of deprivation interspersed with areas of relative prosperity. In terms of health care, the area has an historical shortage of general practitioners (GPs), although this deficit has been lessening in recent years.

As in so many deprived areas, the population in general suffers under the 'inverse care' rule (a term coined by Julian Tudor Hart) by which those with the greatest need receive the least provision; in areas where the law applies, GP list sizes are large, and an inappropriately large number of people seek help directly from local A&E Departments, thus swamping a specialised service not designed to deal with primary care problems.

The area is served by two District General Hospitals, one in Hartlepool and the other in Stockton on Tees. In 2005, a review of hospital services was carried out, that concluded that both hospitals had a viable future (the Darzi review). However, shortly afterwards a second review was carried out by an independent review panel (IRP), that overturned the findings of the Darzi review, and suggested the creation of a single acute Trust across the whole of North Teesside, and this is now being planned. The location of the new hospital (probably between Hartlepool and Stockton) has yet to be decided.

The local public reaction to these developments of the NHS in Hartlepool has been largely negative, and a perception that the NHS is being weakened locally seems to be pervasive. This 'atmosphere' is important in that it provides a context for the events that occurred concerning the Wynyard Road Primary Care Centre.

## **Emergency Care Practitioners**

The appearance of emergency care practitioners (ECPs) is part of a continuing trend towards the development of paramedical professionals who work in multidisciplinary teams in various parts of the health service. Like physician assistants and nurse consultants, ECPs come from a variety of the professions allied to medicine, and undergo specialised training in order to fulfil a relatively closely defined role. Physician assistants generally work under the direct supervision of doctors, while nurse consultants often have a greater degree of autonomy and are most commonly found dealing with chronic conditions and patients requiring long-term care; ECPs on the other hand are usually involved in dealing with emergencies, often in Accident and Emergency (A&E) departments, or in mobile paramedical units.

In 2004, the Department of Health initiated a work programme across the country looking at the provision of emergency care, that included the development of more ECPs. It is unclear from this review how this was interpreted locally, but the PCT found itself with six ECP posts towards the end of that year.

Initially, the incumbents of these posts (comprising three ECPs with a nursing background, and three with a paramedical ambulance background) were developed and distributed as an adjunct to general practice in the Hartlepool area. Their role was to assist the overstretched practices in carrying out their day-to-day work, and it was suggested that following some sort of 'pilot' phase, the ownership (and hence cost) of such a service would be picked up by the practices.

In the event, this transfer did not occur, and the PCT attempted to find a new role for the six ECPs. Since the natural focus for ECP working is in emergency care, it was suggested that they should be attached to the local A&E Department in order to deal with those patients whose attendance at the Department did not merit the attentions of the even more highly specialised hospital staff.

Once again however, these plans did not come to fruition, a number of issues around the terms and conditions of service preventing the establishment of such a scheme, appropriate though it may have been. The PCT was once again faced with the problem of allocating the staff and using this valuable resource in a way that would help the health of the local population.

### **The Wynyard Road Primary Care Centre**

One of the more deprived areas of Hartlepool is Owton Rossmere; it is economically less prosperous, less well served by general practitioner services, and its inhabitants tend to use A&E services more readily than those of some of the other wards in Hartlepool. An audit of the usage of A&E services showed that Owton residents not only used these more often than residents in other parts of Hartlepool, but a greater proportion of their attendances could more effectively have been handled in a primary care setting.

In order to overcome some of these difficulties, and to provide better community services for the whole of Hartlepool, the PCT decided to invest in the development of a primary care centre that would comprise a number of services including a rehoused and improved general practice, a number of community clinics (e.g. podiatry, minor surgery, health information, family planning etc) as well as a pilot community based ECP service.

The fact that this last element of the project was experimental was unfortunately never made as clear as it might have been, which added to the public perception that its later closure was a betrayal of a promise, rather than the failure of an experiment.

The new general practice was set up as a PCT service, with GPs salaried to the PCT rather than being independent, self-employed businessmen in the traditional GP mould. In the first instance, a GP who had been running a single-handed practice with a small list in the Owton area was taken on as a salaried GP, with a number of other salaried doctors augmenting the services offered by the practice.

The ECP service itself was intended to provide the 'front end' of an A&E service, offering assistance to 'walk in' members of the public, offering them help with 'one off' conditions including the following:

- minor injuries and illnesses that could not wait to be seen by a GP
- stings and insect bites
- sprains and strains
- chest and throat infections
- skin rashes, allergic reactions
- eye problems and infections

Interestingly, particularly in view of the events that followed, the communications issued by the PCT at this time concerning the conditions that could be treated at the ECP Centre included 'chest pain', not usually considered a minor injury or illness (press briefing appended on page 24).

The ECP service was intended to stand alone, independent of either the GP practice or the other clinics located in the Wynyard Road Centre. Its hours of opening were to be 9am to 6pm on weekdays, so it was never meant to function beyond the early evening, nor was it ever designed to have dedicated medical cover. It was never intended to offer emergency care for serious injuries, nor was ongoing care for chronic conditions intended to be offered.

However (to quote from PCT publicity material), patients could drop in without an appointment, regardless of age or illness; anyone could use the service, and there would be no limit on the time taken to deal with patients.

Fast, expert assessment and opinion would be offered with full explanations of what was happening, and patients would be referred to an appropriate wide range of experts quickly and efficiently if the ECPs were unable to complete treatment there and then.



## The crisis

The Wynyard Road Centre was opened in the summer of 2006, amid much publicity and high expectations from the general population, and even the local media; the Hartlepool Mail announced the start of 'a town wide 'urgent care' service provided by emergency care practitioners to deal with a range of health issues on a drop in basis as an alternative to hospital accident and emergency based care'.

Within the first six weeks, the ECP service had dealt with approximately 150 patients and, to quote the Hartlepool Mail 'has the capacity available to treat hundreds of people every day if needed'. One could almost gain the impression from the article that the PCT was trying to drum up extra business at the ECP Centre.

However by mid-November 2006, the Emergency Care Practitioner service had been closed; a press release (full text appended on page 24) issued by the PCT stated that:

*"A review currently ongoing across Hartlepool aims to ensure that urgent care services provided across local GPs, community based services and A&E meet local needs.*

*"As part of this review, Hartlepool PCT is temporarily suspending the urgent care service currently based at the Wynyard Road Primary Care Centre from Monday 20th November. PCT clinicians have highlighted concerns over patient safety following an evaluation of the pilot service."*

It is worth stating at this juncture that despite vigorous questioning, no evidence could be found during this review of either the formal notification of closure by the PCT to the Local Authority (and in particular the Scrutiny Forum), nor of the results of any evaluation of the pilot service. In formal terms then, the ECP service apparently remains closed only temporarily.

The PCT announced the closure of the ECP service in a press release that suggested that patients needing emergency care should seek help from their own GP, including the GP based at the Wynyard Road practice, but the emphasis throughout, in the optimistic pre-opening phase, during its lifetime, and after its closure, was firmly on the ECP service.

This meant that the attention of the public (and certainly of the media) was firmly on that service, with scant if any attention being paid to the community clinics or the general practice that were also based at the new Centre, and indeed continue to function there to this day. As far as the media was concerned, the innovative services introduced at the Centre largely began and ended with the ECP service.

There are a number of reasons why this announcement was greeted with so much disappointment; it has to be remembered that the public perception of the NHS in Hartlepool was quite downbeat at the time, given the announcements that the PCT would (effectively) be subsumed into a larger PCT, and that the local acute Trust would be merged with the North Tees acute Trust, following a promise that this would not happen. Given the strong emphasis on the ECP aspect of the Centre's services, it is perhaps not surprising that its closure exacerbated the feelings of healthcare disenfranchisement that already existed in the town.

Many of the interviewees seen in the course of this review attributed the outcry to an excessive media reaction, but an appraisal of the Hartlepool Mail coverage showed that the newspaper's reportage reflected fairly accurately the press releases issued by the PCT. Thus, for instance, the paper stated (15 December 2006) that

*"Hartlepool PCT suspended the pilot service based at the town's Wynyard Road Primary Care Centre after a review revealed risks to patients".*

It required another press release from the PCT on 7 December to emphasise that

*"The future of the Wynyard Road Primary Care Centre in Owton Rossmere will not be affected by the recent suspension of the urgent care service.*

*"Hartlepool PCT is keen to reassure local people that the Centre which was formally opened by MP Iain Wright in September 2006 will continue to deliver Hartlepool PCT's GP practice, podiatry services, a minor surgery facility and a range of clinics offering basic health information, minor ailments/minor injuries, extended nurse prescribing, contraception and sexual health services."*

However, 15 months after the closure of the service, there was still a strong sense of disappointment, ranging almost into a 'victim mentality', amongst many of those who were interviewed. Local politicians who had espoused the opening of the centre as an asset to their constituents, continued to call for its re-opening, whilst the (admittedly few) representatives of the patient and public involvement forums who were interviewed had

views which were not fully informed, and reflected the pervading sense of let-down, cynicism, and mistrust. These perceptions continued despite the fact that the Wynyard Road Centre is in fact working at almost full capacity, with the community services functioning well, and the GP practice growing its list size, albeit slowly.

It may be worth mentioning the GP practice in a little more detail at this stage. The Owton Rossmere area of Hartlepool has traditionally been poorly served both in terms of the numbers of GPs, and (in particular) the condition of their premises. Interviewees reported that when the development of the Wynyard Road Centre was mooted, there was one single-handed GP practice in the vicinity. The practice list size was small, the state of the premises was poor in terms of both its physical condition and administrative infrastructure, and the practice was apparently not very popular with local residents. The PCT decided that the new Centre would best be served by a salaried practice, into which the existing single-handed GP was incorporated.

Despite the fact that the practice was supported by a number of other sessional clinicians, the overall list size has grown only slowly and is apparently still not very popular locally. In the words of one interviewee,

*“people don’t want a new GP, they want their existing GP to deliver services on their [the patients] patch, but their sense of ‘patch’ is very small”*

Attempts at recruiting patients have occasionally been perceived as overly aggressive, with one or two interviewees making accusations of ‘patient poaching’, accusations that were firmly refuted by interviewees from the PCT.

From the PCT perspective, it was apparent from the review interviews that issues about clinical governance began to emerge almost as soon as the ECP service started. (It has to be stated that none of the ECPs were available for interview; of the original six, four have left the area, and the other two work in different parts of the NHS.)

Although no patients were ever noted to come to actual harm through the services offered by the emergency care practitioners, a number of incidents occurred that made the practitioners themselves feel uncomfortable and insecure. In particular, there were a number of patients with severe central chest pain that needed immediate transfer to the local hospital for treatment of their myocardial infarctions, and a case where a patient was nearly given medication to which they were allergic.

It was this rising anxiety amongst the practitioners themselves that finally persuaded the PCT to close the service in mid-November 2006. Careful questioning of all those significantly involved in this closure showed that they felt genuine misgivings about the level of clinical risk being carried by the ECPs, misgivings that were compounded by some unhelpful regulations: of the six emergency care practitioners involved in the service, the three who came from a nursing background were qualified as 'independent prescribers' permitted to prescribe most medications except controlled drugs. However, the other three ECPs came from a paramedical background and (although they had been allowed to administer certain drugs as paramedics) they were not allowed to prescribe any drugs themselves in the context of the ECP service. This meant that the issuing of prescriptions to users of the service was haphazard and *ad hoc*, unsatisfactory to both patients and clinicians.

In addition to these internal bureaucratic issues, the issue of the 'wrong sort of patients' needs to be aired. This phrase occurred repeatedly during the interviews but was cited most formally in the Hartlepool Mail of 24 October 2007 in an article by Richard Mennear that referred to a quotation by the PCT's Deputy Director of Health Systems Development who was quoted as saying

*"Too many of the wrong patients were coming here instead of going to A&E. That was the risk and we felt we could not continue. That's why we suspended the service."*

The Chair of the PCT's Professional Executive Committee (PEC) said

*"One of the things we never anticipated was people attending with major illness.... One of the things we could not influence was who was attending"*

In fact, in preparation for the setting up of the ECP service, the PCT had carried out an audit of attendances at the local hospital's Accident and Emergency department that revealed that not only was A&E attendance by residents of the Owton Rossmere area higher than average, but that a higher proportion of cases could more effectively have had their problems solved in a primary care setting. The ECP service was set up to offer this facility.

However this notion was clearly not well disseminated; both the public perception of the ECP service, and its utilisation figures suggest that it was patients at the 'heavier' end of acute illness that were attending the Centre rather than the 'lighter' end for which it had been designed.

It has to be said that the image of emergency care practitioners is more generally linked to 'real' emergencies, rather than to minor illnesses and small-scale accidents, and their title bears this out.

Could (and should) the Urgent Care service been extended to cover 'heavier' cases? The term is a simplistic way of summarising the level of severity and of overall clinical risk; the higher the risk, the more difficult (and expensive) it is to cover. To offer surgical facilities, for example, requires a level of staffing, technical facilities, and clinical skills, that would clearly be too difficult to provide outside the confines of a hospital. Moreover, the throughput of patients requiring such services would be far too small to justify; apart from the financial implications, there are also clinical consequences to consider, such as the minimum number of patients with a particular condition that a surgeon needs to treat in order to keep up his or her skills.

Such factors concerning so-called 'economies of scale' mean that it would never have been feasible to cover anything other than the 'walking wounded' that were specified in the Urgent Care Centre. So, from the systematic point of view, the notion of the 'wrong sort of patient' does have a certain topsy-turvy validity.

However, users of the NHS in all parts of the country make their own decisions as to how to access the service, and as non-professional 'consumers' they cannot therefore be blamed for accessing services in a manner that may be deemed inappropriate by those planning and managing them. In planning the service, the PCT should perhaps have given more thought to the issue of inappropriate attendances, and ensured that mechanisms were available to deal with the inevitable occasional 'heavy' emergency without having to close the entire service.

In addition, ordinary consumers tend to make inappropriate choices when they are inadequately informed, and the same can be said about choices in health care. It is clear that despite the best efforts of the PCT to issue communications and press releases, these messages were not 'heard' by the local residents in the manner intended.

This theme of 'non-communicative communication' may be extended to the events at and after the time of closure. The PCT's press release about the closure (appended) made reference to a number of issues that were not well known to those outside the PCT.

Specifically, according to the PCT, the Urgent Care service was 'temporarily suspended', but interviewees were not aware that this closure has ever been reversed or made permanent; the skills provided by the ECPs were intended to be 're-introduced through different services', but there has never been any real sign of this occurring; and a 'Hartlepool-wide review' was to be carried out, which was to be completed 'early next year' (2007), but no such report has ever been made public.

Perceptions of public bodies are by definition subjective and ephemeral, but cynicism is much easier to engender than to overcome, and both the manner and the substance of the PCT's communications during the whole ECP episode suggest that serious attention needs to be given to its 'image management' if it is to improve its credibility literally (i.e. its 'believability').

## **Hartlepool Council**

The concept of the Welfare State can only work effectively if there are such good links between its elements that its services appear completely seamless to its users. Thus, for example, boundaries between health care and social care may be necessary for political or organisational reasons, but if they get in the way of a client (or patient) getting the services they need in any way, then the system is failing them. However, this need for co-ordination and reciprocity may need to be balanced by the requirement to deal with the conflicts of interest that may sometimes arise: local authority accountability and governance is different to that in the NHS, for instance, and so the limitations of accountability need to be demonstrable too.

Over the past few years, there have been good links between Hartlepool Council and its Primary Care Trust. The Chair of the PCT has always been a local Councillor, and clear mechanisms have existed to cope with explicit conflicts of interest. In many ways, the relationship could be used as an exemplar: good links between the PCT Chair and other councillors allow free and frank discussions to be carried out informally, and operational problems can be sorted out before they become political obstacles. Similarly, councillors with a particular constituency issue to sort out have the room to do so without upsetting the service delivery applecart.

The interviews carried out for this review emphasized this healthy state of affairs, but it may be that the relationship needs to be calibrated a little more tightly for maximum effectiveness.

For example, the previous PCT Chair is a Councillor for the ward in which the Wynyard Road Centre is situated, and although he never acted with any impropriety whatsoever, this position may have made his position vis à vis his responsibilities to one organisation and the other more difficult to manage. Conversely, another Councillor for the same ward has made reversal of the closure of the Urgent Care service a significant part of a service improvement strategy for the Ward, possibly making pragmatic resolution of the issue harder to achieve.

Somewhere between these extremes may lie a better balance of pragmatism and principle, one that should not be difficult to find, given the traditionally cordial relations and goodwill that exist between the Council and the NHS.

The position of the Adult and Community Services and Health Scrutiny Forum in relation to the PCT is another area in which fine tuning may be desirable; the overview and scrutiny mechanism has been gaining credence as an important part of public sector governance, with the democratic mandate of a local authority committee adding a valuable dimension to the accountability of the traditionally managerial NHS. This relationship depends more on its symbolic power than on any formal disciplinary tools or mechanisms, and as such, requires a fair amount of confidence building and even perhaps 'emotional investment' by both the PCT and the Council to make it work effectively.

The fact that the closure of the Urgent Care service has never been formally notified to the OSF is one example where the PCT has not made enough investment in the overview process; the non-production of its promised review of ECP services is another. It would not be difficult to strengthen the relationship, and use its presence to ensure better probity and legitimacy for both the Council and the PCT.

## **Conclusions**

The review carried out for the Overview and Scrutiny Committee was necessarily rapid, and did not have the resources needed to follow all the emerging themes to their fullest extent. However, a number of conclusions could be drawn about the urgent care service in particular, and about the health of the Welfare State in Hartlepool more generally.

### **1. The ECP service was an example of structure in search of a function**

The introduction of the emergency care practitioners was predicated on a national initiative (although it was implemented with local resources). As such, the PCT was faced with the problem of finding some useful activity for them to carry out, and three attempts were made to do this. All the attempts tried to find a suitable function for an unsuitable structure; the local health economy did not have the perfect role for ECPs to fill. Thus, the odds were stacked against the success of the initiative from its inception.

### **2. Public perception of the service was inaccurate from the start**

Despite the communication strategy of the PCT, and the various press releases (which were reflected fairly accurately in the press), the residents of Owton Rossmere saw the urgent care service as an alternative to the local A&E service, not as a different way of getting primary care more quickly. Partly, this reflected the title of the service, and partly the inclination of human nature to see (and value) the most dramatic aspects of health care. Either way, the service was probably doomed to be misused from the start.

### **3. The experimental nature of the 'pilot' service was virtually invisible**

Pilot services (of whatever nature) may be set up for three possible reasons: they may form the first phase of the general implementation of a new idea, giving the idea's progenitors the opportunity to withdraw gracefully from implementation should anything go wrong; they may be set up as a way of sidelining an idea and allowing it to fade into obscurity; or they may form the platform for a real experiment, whose outcome is genuinely not known.

There was no formal record made available to this review as to the true status of the Urgent Care project, but the impression gained was that it was a pilot of the first sort, expected to flourish and enter the mainstream of local services, but with the room from its title to allow the PCT to withdraw from it if anything went wrong (as indeed it did).

### **4. The ECP service as perceived by local residents could never be viable**

To set up a true front end of A&E type of urgent care service in a viable fashion requires an economy of scale that would never be possible in a setting such as



Hartlepool. Such a service requires so many staff, such a range of technical skills, and such a panoply of equipment and physical facilities that it would be impossible to provide unless the population served was very much larger, or the service was based alongside an actual A&E department in a hospital.

In the absence of these factors, there are three other possibilities:

- setting up a form of 'souped up' general practice (probably what was intended here), an idea that would be redundant if general practice itself was delivering what it was designed to do
- a 'sub-general practice' 'walk in' service that deals with minor injuries and offers simple advice and treatments. NHS 'walk in' centres were a political invention based on whim rather than evidence, probably intended to offer an NHS-badged presence in areas where no other was feasible (such as Whitehall...), and lacking evidence as to their efficacy
- a 'triage service' at which the sick and injured could be assessed, treated if their illness was appropriate, and sent on to a formal A&E/hospital setting if their problem could not be treated locally. Such a system works where access to the hospital service is a significant time or distance away (as in a very rural setting), but adds rather than solves problems for the seriously ill where the local hospital services are relatively close; the time taken to get to the triage centre and be assessed is relatively too great, compared to the time taken to go directly to the local hospital.

## **5. The PCT's risk management strategy could have been more rigorous**

In retrospect, it is surprising that the PCT did not anticipate that the Urgent Care service might be used in the way it was; members of the public are never as aware as the professionals providing a service of the facilities available, and the possibility of inappropriate attendees should perhaps have been better considered in the PCT's original risk management plans. Certainly, it should not have surprised the service that people with potential myocardial infarctions might have attended, as we all tend to reach for the nearest help (however inappropriate) in moments of acute anxiety and illness.

Where the potential allergic reaction was concerned, details of the incident were not available, but there was clearly an issue of equity of roles amongst the ECPs providing the service; some could prescribe and some could not, and despite the best attempts of

the PCT to sort this out, this led to problems that were not surmountable in the lifetime of the Centre.

## **6. Hartlepool's health care 'triple whammy'**

Allusions have been made to the negative perceptions of the NHS that existed in Hartlepool, with the 'sub-merger' of Hartlepool PCT with North Tees Teaching PCT, and the creation of a single North Tees and Hartlepool NHS Foundation Trust, particularly since this last decision was made only a few months after a number of political promises to maintain the local hospital configuration. When these two perceptions are combined with a promise to provide 'emergency services' locally apparently broken, one can begin to see how a 'triple whammy' of public sector paranoia may arise.

## **7. The PCTs' management of events at Wynyard Road could have been improved**

It was not possible within the constraints of the current review to carry out a full 'process mapping' exercise, but it is clear that the PCT initiated a number of actions that were then not followed up appropriately:

- the closure was temporary, and has apparently never been confirmed as permanent
- a review of urgent care services was instigated but apparently never completed
- the PCT suggested that one result would be more GPs, but this hasn't happened
- the return of 'skilled ECPs' was promised, but most have now left the area

In addition, this small sample of interviews showed a general sense of cynicism about the change in the nature of the general practice in the Wynyard Road Centre. It seems as if the PCT assured itself about the clinical skills of the particular clinician, but did not factor any other aspect of patient choice into its planning processes, leaving local residents feeling as if they had not been offered any new choices at all.

There was also little external perception of the other parts of the Centre, that were set up at the same time, never had any problems, and continue offering a wide ranging and highly acceptable service to this day.

Interviewees were also asked about their perceptions of the new town development, and the differences between its services and those of the Wynyard Road Centre. Most knew very little about it, and any sense of its function was coloured by perceptions, that (to paraphrase)

*“if it can be done in town, why couldn’t it be done in Owton?”*

## **8. Managing the tensions between ward politics and the needs of Hartlepool**

There was a great deal of local political interest in the Owton development, given the relative deprivation of the area in terms of services and need. This interest does not seem to have abated significantly, despite the passage of time and events. Health is always an emotive issue, particularly when the local population is both needy and feels disenfranchised in NHS terms, but this seems to have become exaggerated here.

The interviews revealed a general sense that whatever has happened in the past, the Council and NHS should probably move on, and find new causes to champion: the prevailing healthcare climate has changed, both NHS politics and clinical planning suggest that the re-opening of the urgent care service is no longer possible or desirable, and the staff that would be involved have also left.

The challenge is to find a common cause to which the Council and the NHS can aspire; whether this is to ensure that new hospital fairly represents the needs of the people of Hartlepool, or to facilitate the optimal development of the new town centre primary care service, or to promote some other health and social care initiative, is not for this observer to suggest. Suffice it to say that for all the reasons elucidated in this report, the ECP service as it was is unlikely to return, however much lobbying is carried out.

## **Future models of health care**

Drawing on the information gleaned from the interviews, the literature reviewed for the purposes of the review, and many years experience of the developing health care scene both in the UK and the rest of the developed world, a number of observations may be made on the changing nature of such care, and the direction in which services may move. These observations are mainly generic (with one or two exceptions), but may help members of the Scrutiny Forum to consider how the relationship between the Council and the PCT may develop.

- a) The current informal arrangements between the Hartlepool and North Tees Teaching PCTs are likely to become formalised in the next few years; not only are PCTs changing to reflect their increasing role as strategic commissioner and health ‘authority’, but there is constant pressure to gain economies of scale and reduce

relative costs. PCTs under 200,000 population will become more and more unusual, and the combined PCTs will come under pressure to merge formally.

- b) The rationalisation of hospital services into larger 'techno-palaces' is inevitable. There are two reasons for this: those services that can only be carried out in hospital (major surgery, intensive care, high tech treatment, and so on) are gradually being centralised because they are so 'expensive' (in terms of staff recruitment, training, and skills as much as in financial terms), with the result that fewer larger units are required for these activities.

On the other hand, those services that do not need the facilities of a hospital (out-patient departments, units for simple surgery, treatment and investigation, etc) are gradually migrating into the community, with GP controlled units and centres such as the Wynyard Road Centre, taking on more and more of such activity. The net result is that the 'standard' district general hospital is increasingly becoming anachronistic. The service is polarising into a small number of vast 'techno-palaces' with much smaller community based satellites; middle sized units will probably wither away.

- c) The organization of community services will need to be more logical and evidence based, and less dependent on parliamentary whim. There are moves to strengthen the role and position of general practice, albeit with a wider skill mix amongst primary care clinicians. In some areas, general practice may offer 'vertically integrated' services that go far beyond what was traditionally provided, to include more community nursing, most outpatient services, and some simple in-patient facilities.

However, general practice in many areas will need to 'raise its game' in order to ensure that it is functioning effectively and efficiently, and here traditionally under-doctored places such as Hartlepool may have to work harder. Alternative models of general practice are emerging (examples include those that are run by nurses with doctors in attendance, some that are much larger and more businesslike, others that are run by corporate companies, and so on), and the control of demand for hospital services (including emergency services) will be passed increasingly to this sector, probably with the incentives to 'lubricate' this process.

- d) Rural areas (or areas where access to A&E departments is poor for other reasons) may need some form of minor injury units, where the 'walking wounded' may be treated, with those who are too ill to be treated locally being stabilized before they are moved to the local 'techno-palace'.

- e) The evidence for the effectiveness of services such as NHS 'Walk-in Centres' is less well established, as they risk falling between the two stools of informal care (deliverable by relatively untrained staff) and 'proper' urgent care which is expensive and difficult to deliver.
- f) Many towns are now beginning to combine minor injuries and walk in services with their A&E services, so that a single 'front door' is available for anyone needing an urgent, non-general practice services.
- g) Urgent care centres of the type originally envisaged at Wynyard would probably best be run by nurses and nurse-consultants (or even the physician assistants beginning to emerge from training) working alongside some supervising doctors, rather than by ECPs.

### **The implications for health care in Hartlepool**

The conclusions that emerge from these reflections about the models of health care that may best serve Hartlepool are as follows:

Hartlepool needs more, and better, general practice. Recruitment is better than it was a few years ago, and alternative models are starting to appear in other parts of the country. Such models, applied to Hartlepool are likely to include fewer, larger practices, with a changing skill mix that includes doctors, nurses, physician assistants, and professions allied to medicine. Once these services are working at their optimum, then the issues of demand management and control of entry into the acute sector should begin to sort themselves out.

There is no real place for ECPs in primary care, and the health system would be better off if such highly trained staff were to be placed in 'rapid response units' attending serious emergencies in co-ordination with ambulance services, or in providing some of the 'front door' services mentioned above, alongside A&E departments.

The town needs better emergency services, to deal with those problems that cannot effectively be dealt with in general practice. As has been stated, it may be that the co-location of minor injury services with A&E is the model that emerges.

In many places, such co-ordination has a third arm, that of GP 'out of hours' services, attached too, so that patients needing services outside the normal working day have access to a 'one stop shop' that can meet all their urgent needs. Given the possibility of a large new hospital based outside Hartlepool itself, the development of 'out of hours' services alongside a more appropriate 'urgent care' service within the town would probably be a viable alternative, and this is perhaps the type of model that should be encouraged in the town centre development.

If the town does want to persevere with the concept of ECPs, they will need to work within a number of firm parameters: they will need a much clearer, more consistent remit; better and more unified training so that there are no administrative inequities; protocols and boundaries that delineate their areas of competence; and much more explicit ways of dealing with the unexpected problems that are bound to occur on a regular basis. They should probably also work in an environment where the lines of clinical accountability are clearly defined, and have an element of medical cover built in.

Health services in Hartlepool would benefit from much better community engagement, not just in the delivery of services, but in planning them too. It is only by involving the public in the development of services that their comprehension and expectations can be understood, incorporated, and where necessary modified in ways do not smack of the paternalistic, patronising, tokenistic, disenfranchising models that have been around as long as the Welfare State itself. It has not been in the remit of this review to explore this element in any depth, but in many parts of the country, it has lain with the local authority to set the example of how public engagement may be carried out more meaningfully, and there may be lessons to be learned in Hartlepool too.

If public expectations were better managed, one might expect to see a diminution in the numbers of the 'wrong sort of patients' turning up at NHS venues, and a more responsible, less accusatory utilisation of the services that are provided.

Finally, it is worth observing that although the Wynyard Road Centre issue blew up over the treatment of emergencies, little if any reference has been made to the ambulance service; if the Ambulance Trust had been included in the planning and delivery of services, it may be that a better vehicle for the use of ECPs would have emerged, that the public would have had a better idea of how to use the service, and that if 'wrong sort of patients' did turn up, then they could have been moved quickly and without drama to more appropriate treatment venues.

## Appendices

### List of people invited to contribute to interview process

Adult & Community Services and Health Scrutiny Forum Chair	Cllr Jonathan Brash
Cabinet Member with Adult and Public Health Portfolio	Cllr Ged Hall
Previous Cabinet Member with Adult and PH Portfolio	Cllr Ray Waller retired
Councillor for affected ward	Cllr Marjorie James
Councillor for affected ward (and previous PCT Chair)	Cllr Gerald Wistow
Director of Adult and Community Services	Nic Bailey
	(could not attend)
Scrutiny Manager - Corporate Strategy	Charlotte Burnham
	(could not attend)
Local community rep	Margaret Goulding
Local community rep	Ruby Marshall
Primary Care Trust (PCT) Chair	Steve Wallace
Primary Care Trust Chief Executive	Chris Willis
Primary Care Trust Professional Executive Committee Chair	Dr Carl Parker
Primary Care Trust Assistant Chief Executive	Celia Weldon

Interviewees were invited to an hour long conversation with the reviewer. With the exception of the two community representatives (nominated by the Council's Scrutiny office) who were seen together, each participant was seen on his or her own. Each was assured of a completely confidential discussion, and encouraged to give their views on a range of topics based around a semi structured interview pro-forma (see below).

# UNIVERSITY OF BIRMINGHAM

## Hartlepool Borough Council

### Adult and Community Services and Health Scrutiny Forum

#### Review of the withdrawal of emergency care practitioner services at Wynyard Road Primary Care Centre

**Interview schedule: January 2008**

**Name:** .....

**Job title:** .....

**Date:** .....

**Interviewer:** .....

### **Preamble**

Introductions: self; purpose of review; policy context etc.

Use of interview information – i.e. aggregated within analysis; direct quotations not to be attributed to individuals; etc. Participants to understand objective of review, confirm willingness to contribute, and have an opportunity to ask any questions about the project before starting.



## **Interview topics:**

### **1. Personal details**

Brief outline of professional role and connection with PCT or Borough Council

*Job title, role, CV, place within Hartlepool environment, etc*

### **2. What do you know about the Wynyard Road ECP service?**

#### **a. What was it intended to do?**

*Why was it originally established? Who suggested and promoted it?*

*What were the anticipated outcomes? Who shared them, etc?*

*What was your connection with the service?*

#### **b. What happened to the service?**

*e.g. timelines, the 'story' of the closure, who did what and why, etc*

- c. In your view , was this action appropriate?

*The action itself, its timing, handling, etc*

### **3. Perceptions of the Borough Council and the PCT**

- a. What are their respective roles in 'improving health'?

*How well do they fulfil these roles?*

- b. What do you know about their relationship with each other?

*Dynamics, personalities, cultures etc*

- c. What is **your** view of the purpose of the Scrutiny Forum?

*Factual knowledge (what does it oversee, how many OSFs are there etc)*

*Perceptions (role, status, effectiveness, etc)*

- d. How is it perceived by **others**?

*Within the PCT and within Local Authority (role, status, effectiveness, etc)*

**4. Future options for emergency care in Hartlepool**

- a. Are you aware of any other plans for emergency primary care in Hartlepool?  
*New 'ECP practice' in the middle of town*

- b. What do you think of these?

- c. Do you have any other alternatives in mind?

**5. Any other thoughts or comments**

**Post interview notes: emerging themes and messages**

# PRESS RELEASE



**for release: Friday 17<sup>th</sup> November 2006**  
**contact: Xxxx Yyyy on 01429 xxxxxx**

## **Urgent care services being reviewed**

A review currently ongoing across Hartlepool aims to ensure that urgent care services provided across local GPs, community based services and A&E meet local needs.

As part of this review, Hartlepool PCT is temporarily suspending the urgent care service currently based at the Wynyard Road Primary Care Centre from Monday 20<sup>th</sup> November. PCT clinicians have highlighted concerns over patient safety following an evaluation of the pilot service.

The service, provided by emergency care practitioners, has dealt with minor illnesses and injuries since the pilot began in September. Patients needing advice and treatment for minor conditions should now contact their GP practice, including the PCT's GP practice based at the Wynyard Road Primary Care Centre.

This move will see the skills provided by the team of highly qualified emergency care practitioners being re-introduced through different services. The PCT will discuss this development with local partners, as well as other urgent care issues.

The review of urgent care services is expected to be complete early next year. The outcome is likely to recommend increasing numbers of GPs in the town as well as developing other services based in GP practices and health centres.

- ends -

## **(Briefing for Hartlepool Mail feature Aug 06.doc)**

### **Summary of Emergency Practitioner Role**

The team consists of 6 emergency care practitioners. Three are ex paramedics; the other three are ex senior nurses.

They have over 100 years of medical experience between them.

### **What is an ECP?**

Qualified medical professional who provides an urgent care service for with patients who have minor illness or minor injuries

### **What is unique about the ECP role?**

- Wider range of skills and knowledge
- Able to assess and diagnose wide range of conditions and patients
- Freedom to act – diagnose, make decisions i.e. treat, prescribe, refer to other services, advise

### **What is the urgent care service?**

A drop in service provided between 9.30 am and 6.00 pm Mondays to Fridays at Wynyard Road Primary Care Centre. No appointment is required.

The service treats patients with urgent minor injuries and illnesses – that is, patients who cannot wait to see a GP but need advice and potentially treatment immediately.

### **What conditions which would be treated by this service?**

'One off' conditions such as:

- Stings and insect bites
- Sprains and strains
- Chest and throat infections
- Skin rashes
- Allergic reactions
- Eye problems and infections
- Chest pain

### **What will ECPs do?**

- Advise
- Assess conditions thoroughly
- Diagnose
- Treat certain conditions
- Prescribe certain drugs e.g. some antibiotics, creams, emergency contraception
- Inform the patient's GP of assessment and treatment

## **What is unique about the urgent care service?**

- Patients can drop in - no appointment is needed
- Anyone can use the service, regardless of age or illness
- There is no limit on the length of time taken to deal with patients
- Patients receive a fast expert assessment and opinion
- ECPs will give patients a full explanation of what they are doing
- Links with wide number of local services
- Patients referred quickly to other services, including specialist hospital services, if ECPs are unable to complete treatment there and then

## **What the urgent care service is not**

- Emergency care for serious injuries
- Management of chronic conditions such as heart and circulatory diseases, stroke, cancer, diabetes

## **Key messages**

- New service to meet local needs
- Team will work to raise awareness
- PCT will work with Hartlepool hospital to encourage patients to use the right services at the right time
- New type of NHS role – wide range of experience, knowledge and skills enables them to work anywhere on the frontline
- We will develop the service in the future as we learn more about the needs of local people