

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 18th October 2005

at 10.00 am

in Committee Room B

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

Councillors Barker, Cambridge, Clouth, Cook, Griffin, Kennedy, Lauderdale, Lilley,
Sutheran, M Waller and Worthy

RESIDENT REPRESENTATIVES:

Mary Green and Evelyn Leck

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 To confirm the minutes of the meeting held on 20th September 2005.

4. ITEMS FOR DISCUSSION

- 4.1 Health Care Commission – Better Standards for Health Care – ‘Annual Health Check’ – *Scrutiny Support Officer*
- North Tees and Hartlepool NHS Trust – Draft Declaration – Discussion – *Jan Atkinson*
 - Hartlepool PCT – Presentation – *Karen Gater*
- 4.2 Enquiry into ‘Pandemic Flu – Contingency Planning’ – *Scrutiny Support Officer*
- 4.3 Tees Valley Joint Health Scrutiny Committee – Update Report – *Scrutiny Support Officer*

5. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

20th September 2005

Present:

Councillor: Harry Clouth (In the Chair)

Councillors: John Cambridge, Rob Cook, Sheila Griffin, Jean Kennedy, Geoff Lilley, Lilian Sutheran

Resident Representatives:

Mary Green, Evelyn Leck

Officers: Ian McMillan, Acting Director of Adult and Community Services
Graham Jarritt, Borough Librarian
Sajda Banaras, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

Also Present:

Councillor Jane Shaw
Gerald Wistow, Chairman of Hartlepool PCT
John Robuck, Chief Executive of Hartlepool PCT

21. Apologies for Absence

Apologies for absence were received from Councillor Maureen Waller.

22. Declarations of interest by members

None.

23. Minutes of the meeting held on 23rd August 2005.

Confirmed.

24. Changes to the Roles and Responsibilities of Health Service Organisations *(Acting Director of Adult and Community Services)*

The Acting Director of Adult and Community Services presented a summary of

a detailed and comprehensive report on the changing roles and responsibilities of health service organisations. The report detailed the issues to be addressed locally as part of the national framework along with the timetable for implementation of the requirements.

Various options had been developed by Hartlepool PCT and these were as follows:

- Hartlepool PCT to remain in its current form with no change to its method of operation
- Hartlepool PCT to remain in its current form and be developed
- Joint management arrangements with North Tees PCT
- Merger with North Tees PCT (Stockton and Hartlepool)
- Merger with Tees PCTs (Stockton, Middlesbrough, Langbaugh and Hartlepool)

Attached by way of an appendix was a document detailing the different stages involved in the programme of developing commission and the roles and responsibilities. The Chief Executive outlined the various options and the preferred choices for each of the PCTs in the Tees Valley area.

Members had concerns on the financial implications for Hartlepool Borough Council through these changes. The Chief Executive of the PCT indicated that the 15% savings which amounted to around £400k, were realistic. These savings would be made through partnership working with Hartlepool Borough Council and other partners for example, other PCTs. The public health links should also be strengthened by developing integrated teams and joint strategies. The Acting Director of Adult and Community Services indicated that whilst there would be no jobs lost at Hartlepool Borough Council, there may be changes in what jobs entailed to avoid duplication of effort. The Chairman of the PCT added that there was no question of the PCT's deficit transferring to Hartlepool Borough Council, but that by merging services, costs could be reduced enabling the deficit to be brought down.

The Chief Executive of the PCT added that the financial allocations for Hartlepool PCT had been agreed up to 2007/2008 and that they included £11m growth money. Although this financial planning would help develop longer term plans, the PCT was still underfunded by £4m annually.

One of the main changes highlighted in the report was practice-based commission where General Practitioners (GPs) would be entitled to manage their own budgets and provide services for people where they felt it would be best provided, rather than through cost implications. The budgets for GPs would be set at the beginning of the year by the PCT and targets and priorities would also be agreed for that year.

The Chairman of the PCT indicated that Hartlepool PCT were focussed on creating a patient-led NHS from a local PCT with locally appointed people. This had proved effective in fighting to keep services local. The Local Strategic Partnership had also indicated their support to keep a local PCT.

Members felt very strongly that a locally based PCT would be the best way forward for the residents of the town as it provided the best care for local people as well as local accountability.

Decision

- A letter of support be sent to all key stakeholders expressing the Forum's support for retaining Hartlepool PCT.
- A further report be brought back to a future meeting of this Forum with the Tees and Durham Strategic Health Authorities proposals.

25. Avian Influenza (Bird Flu) – Briefing Note (*Scrutiny Support Officer*)

The Scrutiny Support Officer outlined the report which gave the background to avian influenza, or bird flu which was a contagious disease of animals caused by viruses that normally only effects birds. This disease can be extremely contagious and rapidly fatal, with a mortality rate approaching 100%.

Although transmission to humans occurs rarely, the potential for transformation into a form that can cause severe disease in humans and spreads easily was a great concern for world health.

The Scrutiny Support Officer outlined the current situation and the risk to the United Kingdom. As there was concern from public health officials, the Government had announced plans to procure 14.6 million courses of the anti-viral drug Tamiflu. This amount had been recommended by the World Health Organisation and would provide vaccinations for key medical and emergency workers across Britain.

The Emergency Planning Advisor from the Health Protection Agency had given a full briefing to Hartlepool's Emergency Management Response Team. Directors had been requested to examine contingency plans in conjunction with Hartlepool PCT to deal with staff absences and the Emergency Planning Officer was currently working with the PCT to put appropriate emergency plans in place.

The Health Protection Agency were due to hold a full day event at the Government Office for the North East on 23rd September to appropriate senior officers.

There were some concerns raised that not enough of the vaccinations had been ordered. However, the Scrutiny Support Officer indicated that the preparation plans and amounts of the vaccine ordered were in line with the recommendations from the World Health Organisations, although the vaccine was still in the development stage.

A Member added the concern that the safety regulations did not cover 'back

yard' poultry and that this could be a problem with monitoring and controlling any outbreaks.

Decision

Members noted the report and requested that the Forum scrutinise the Council's pandemic flu strategy which was currently being drafted.

26. Annual Library Plan (*Acting Director of Adult and Community Services*)

The Acting Director of Adult and Community Services presented the report which gave the background to the Annual Library Plan, which was attached by way of an appendix. The plan consisted of four linked parts:

- Corporate Vision
- Public Library Service Standards and Impact Measures
- Resources
- Action Plan 2005-2008.

Following approval by Cabinet, consultation had taken place based around the new Impact Measures. The results of the consultation were attached by way of an appendix. The key findings of this consultation were that almost all who used Health Books found them useful and that people felt there was strong support from the classes within the libraries with ideas for future classes being suggested.

Members agreed that the service provided by the libraries in Hartlepool was excellent and that the staff were courteous, helpful and polite. The Chair of the Children's Services Scrutiny Forum added that previously, that Forum (formerly Culture and Learning Scrutiny Forum) had examined the library plan in great depth and had nothing but praise for the service providers.

Decision

Members noted the Annual Library Plan 2005-2006.

HARRY CLOUTH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM



Report of: Scrutiny Support Officer

Subject: HEALTHCARE COMMISSION – BETTER
STANDARDS FOR HEALTHCARE – ‘ANNUAL
HEALTHCHECK’

1. PURPOSE OF REPORT

- 1.1 To introduce the topic of the HealthCare Commission’s Better Standards for Healthcare – ‘Annual Healthcheck’.

2. WHAT IS THE HEALTHCARE COMMISSION?

- 2.1 The Healthcare Commission is an independent body, set up to promote and drive improvement in the quality of healthcare and public health. The Commission has a number of statutory duties that it is required to undertake, including:

- assessing the management, provision and quality of NHS healthcare and public health services
- reviewing the performance of each NHS trust and award an annual performance rating
- regulating the independent healthcare sector through registration,
- annual inspection, monitoring complaints and enforcement
- publishing information about the state of healthcare
- considering complaints about NHS organisations that the organisations themselves have not resolved
- promoting the co-ordination of reviews and assessments
- carrying out investigations of serious failures in the provision of healthcare.

- 2.2 In carrying out these duties, the Commission are required to pay particular attention to:

- the availability of, access to, quality and effectiveness of healthcare
- the economy and efficiency of the provision of healthcare
- the availability and quality of information provided to the public about

- healthcare
- the need to safeguard and promote the rights and welfare of children
- and the effectiveness of measures taken to do so

3. THE ANNUAL HEALTHCHECK

3.1 The Healthcare Commission exists to promote improvements in the quality of healthcare and public health. As noted above, the Commission has a statutory responsibility for reporting on the performance of NHS Trusts in England and annually issues a performance rating.

3.2 The Commission has created a new approach to assessing and reporting on the performance of healthcare organisations, namely ‘the annual healthcheck’ which replaces the star ratings system and is designed to provide a fuller picture of the performance of a trust against a set of twenty four core standards and, includes the requirement to give specified local partners the opportunity to comment on the performance of a trust against the standards. (Including Overview and Scrutiny Committees and Patient and Public Involvement Forums).

3.3 The 24 Core Standards are divided up into 7 domains of activity. These are:-

- **Safety**

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

- **Clinical & Cost Effectiveness**

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.

- **Governance**

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.

- **Patient Focus**

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 upon patient wellbeing.

- **Accessible & Responsive Care**

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.

- **Care Environment & Amenities**

Care is provided in environments that promote patient and staff well being 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.

- **Public Health**

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.

4. THE ROLE OF OVERVIEW AND SCRUTINY COMMITTEES

- 4.1 The annual health check provides for overview and scrutiny committees (OSCs) and patient and public involvement forums to participate in the self-assessment process. NHS trusts are expected to ask all Scrutiny Forums in their area for their views on the standards and each OSC can consider whether it wishes to contribute comments on any or all of the standards. The Forum may wish to note that the Healthcare Commission is clear that Members “are not expected to have an in-depth, expert knowledge about all the services that a trust is providing and being assessed on”.
- 4.2 The Forum is also asked to note that there is no obligation on an OSC to comment on the performance of the trust against any of the standards and the Commission indicates that any comments that an OSC does make should be based on work that has been undertaken that closely relates, either directly or indirectly, to the performance of a trust.
- 4.3 As the annual health check is a new process the Healthcare Commission expects each NHS trust to undertake a draft assessment for the period April to October 2005. Each trust will also be expected produce a draft declaration on how far they are meeting the core standards and whether there are any significant lapses in any one of the seven domains. Any comments that a trust receives from an OSC should be included on the draft declaration, which will need to be submitted to the Healthcare Commission by 31 October. Trusts will then be required to make a further declaration for the rest of the financial year next April. A guide clarifying the role of Scrutiny in the annual health check process, produced by the Healthcare Commission, is attached as an Appendix to this report.
- 4.4 The Healthcare Commission’s guidance suggests that an OSC may wish to particularly comment on those standards that may be of more direct relevance to work that it has previously undertaken. These standards include:
 - **Core Standard C13** - Health care organisations have systems in place to ensure that:

- a) staff treat patients, their relatives and carers with dignity and respect;
 - b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and
 - c) staff treat patient information confidentially, except where authorised by legislation to the contrary.
- **Core Standard C14** - Health care 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;
 - b) are not discriminated against when complaints are made; and
 - c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.
 - **Core Standard C15** - Where food is provided, health care 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; and
 - b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.
 - **Core 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.
 - **Core 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.
 - **Core Standard C22** - Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by
 - a) co-operating with each other and with local authorities and other organisations;
 - b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and
 - c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

- **Core 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.
- **Core 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.

4.5 The forum should note that the Commission suggested that when considering the performance of a trust Member's should consider areas of good practice as well as any areas for improvement. If the Forum wishes to comment negatively about an aspect of the PCT or Trusts performance against one of the core standards, this will need to be evidence based.

5. RECOMMENDATION

5.1 Members are recommended to note the report and agree a contribution to be submitted for inclusion in North Tees and Hartlepool NHS Trust and Hartlepool PCT's Health Check documentation should it be considered appropriate.

BACKGROUND PAPERS

The following background papers were used in the preparation of this report:-

- (i) "The Annual Health Check: Guidance on the Assessment of Core Standards" The Healthcare Commission
<http://www.healthcarecommission.org.uk/assetRoot/04/01/84/98/04018498.pdf>
- (ii) "Assessment for Improvement: The Annual Health Check. Criteria for Assessing the Core Standards" The Healthcare Commission
<http://www.healthcarecommission.org.uk/assetRoot/04/01/74/27/04017427.pdf>

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DRAFT DECLARATION

Assessment of Significance Level of Compliance against HCC Core Standards (Annual Health Check) 1/4/2005 – 31/3/2006

CORE STANDARD TO BE MET	ASSESSMENT AT SEPT 05	EVIDENCE	IDENTIFIED GAPS	ACTION PLAN TO MEET GAPS	LEAD PERSON
SAFETY					
C1 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:	COMPLIANT	The Trust has a robust process for reporting of all patient adverse healthcare incidents. This includes STEIS and NRLS to NPSA.			CP
b) ensure that patients safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales:	COMPLIANT	Trust system in place with audit trail to ensure all Safety Bulletins and MHRA alerts are circulated and acted upon.			CP JS
C2 Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	COMPLIANT	Comprehensive approach to Child Protection responsibilities. 100% rating achieved for assessment in 04/05. Trust Policy 'Procedures for Working together to Safeguard Children'. Tracking system in place. System to audit HCR (specific to Child Protection). Full comprehensive training programme in place. Regular audit of 'Procedure for Children Attending Hospital' in place.			SB HD
C3 Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance	COMPLIANT	All guidance cascaded to Directorates. Records maintained of applicability. NICE is a standing agenda item at all meetings. Clinical Effectiveness Committee leads the organisation and reports to Clinical Governance Committee.			TH

C4 Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that: a) the risk of healthcare acquired infection (HAI) 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)	COMPLIANT	Fully compliant. All evidence available now. MRSA Action Plan in place reviewed quarterly by Clinical Governance Committee. Planned schedule of audits to include MRSA. Hand Hygiene campaign fully adopted.			LW CD
b) all risks associated with the acquisition and use of medical devices are minimised	COMPLIANT	Trust has Policy in place for Management, Procurement and Training of Medical Devices.			CP BJ
c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed	COMPLIANT	Continue with existing membership/participation in SHA Project Board and Sub-groups currently implementing the SHA's policy to ensure all Trusts within their remit meet the national guidelines within the specified timetable. Timescale planned to be 2007.		Work with SHA Decontamination Lead to establish accredited process which will meet national guidelines	BJ BK
d) medicines are handled safely and securely	COMPLIANT	All evidence to support compliance available on Pharmacy website. Cross reference for assessment of compliance has been made using the Medicines Management Performance Framework for NHS Hospitals. Work has also been informed using Healthcare Commission Acute Hospital Portfolio July 05 Medicines Management.			PD
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	COMPLIANT	Evidence is available through policy and operational documents of the Trust together with Consortium Quality Standards embodied in the contract			BK

and the safety of the environment		document and protocols for the safe disposal of Clinical Waste. HSE is met.			
CLINICAL AND COST EFFECTIVENESS					
C5 Healthcare organisations ensure that: a) they confirm to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	INSUFFICIENT ASSURANCE	Methodology in Trust for dissemination. All Directorates discuss at meetings. Patient information leaflets reflect NICE HTAs. ICPs developed to meet NICE guidance. NICE features at Governance sessions in all Directorates. All NICE guidance led by Directorate Leads. Audit data available (Audit part of forward plan) RCP Sentinel Stroke Audits evidence available. MINAP monthly report is best source of evidence.	Identified areas where NICE guidance not fully implemented with evidence of audit.	All Directorates to review NICE guidance/ compliance and plan for implementation identifying cost implication if funding identified as an issue. Funding shortfall to be identified with Commissioners.	TH + All Directorates ADs & CDs
b) clinical care and treatment are carried out under supervision and leadership	COMPLIANT	Clinical Director Leadership Programme Certificate of Management Studies Institute of Leadership and Management CPD Career Framework programmes in place. Newly Registered Practitioner Programme. Primary Practitioner Programme. Lead Practitioner Programme (3 options) LEO Programme Matron/SCN Development			GA JMS
c) clinicians continuously update skills and techniques relevant to their clinical work	COMPLIANT	Job Plans Study Days Comprehensive training and development in place but room for further areas of training to be delivered.			JL JMS DB JO

d) clinicians participate in regular clinical audit and reviews of clinical services	COMPLIANT	<p>Clinical Effectiveness Unit in Trust facilitates all Clinical Audit work, all audit projects recorded.</p> <p>All Directorates have forward audit plan.</p> <p>Audit of Healthcare Records and Discharge monthly.</p> <p>All NCEPOD reports are subject to Action Plans.</p> <p>Clinical Coding Data/HES used in audit and review of services.</p> <p>Clinical audit is linked with adverse healthcare events, complaints and claims.</p> <p>Healthcare Commission surveys evidence of participation in CHD.</p> <p>Acute Hospital Portfolio audits to commence September, also Healthcare Commission Heart Failure pilots.</p>			TH
C6 Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly management and met	COMPLIANT	<p>The Trust has in place the Single Assessment Process accompanied by ongoing training and awareness. An IT solution will facilitate sharing with partner agencies.</p> <p>Integrated care pathways are under implementation.</p> <p>RCP Sentinel Stroke Audit: Rehab and Home Care – Both sites scored above national average.</p> <p>A standardised reporting system has now been developed in the department which monitors against the RCP key performance indicators for stroke care. This will become an established internal report in order to act as catalyst for service improvement.</p> <p>Healthcare Commission CHD Survey: It was noted that the CHD Steering Group felt this was inconclusive due to the great variation of the CHD diagnoses in</p>			AJ JA

		the survey sample. Because of this, the group requested we develop an MI-specific questionnaire which we are currently running (in two parts), based on the national questions. This also satisfies one of the requirements from the Healthcare Commission CHD review last year. A preliminary report has recently been produced, showing results to date.			
GOVERNANCE					
C7 Healthcare organisations: a) apply the principles of sound clinical and corporate governance c) undertake systematic risk assessment and risk management (including compliance with the controls assurance standards)	COMPLIANT	Evidence of robust corporate and clinical governance system in place. Accredited at CNST Level 2. Trust Board has agreed a move to Integrated Governance in Autumn/Winter 05/06 which will provide further assurance. Identified leads (Non-Executive Directors) for key elements of Governance.			CP
b) actively support all employees to promote openness, honest, probity, accountability, and the economic, efficient and effective use of resources	COMPLIANT	Budget holders (Assistant Directors and Heads of Service) exist within each Directorate – control is exercised via devolved management structures. This is supported by Divisional Finance Managers. Evidence of delegation and responsibility surrounding budget management exists within documented notes of meetings such as the Performance and Planning Meetings held within the Directorate of Elderly and Rehabilitative Care. The Trust has linked, in partnership with the PCTs through the LDP process, the delivery of activity to meet the NHS targets. Joint working with finance, contracting, information department and performance management has resulted			SI/LH DFM & Assistant Directors

		in the agreement of contracts with all major purchasers. Regular performance management meetings take place with the major purchasers on a monthly basis and quarterly with the smaller PCTs. This can be evidenced by Signed Contracts, copy of LDP submission and notes of performance meetings. SFI in place and cascaded to all staff. Training in Counter-fraud available to staff.			
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.	No action needed (separate assessment undertaken)				
e) challenge discrimination, promote equality and respect human rights	COMPLIANT	No complaints from staff. Equal Opportunities Policy. Employment Relations monitoring and reporting to the Trust Board quarterly. Equality and Diversity Steering Group. Equality and Diversity Strategy and action plan. Race Equality Scheme and action plan.			JL
f) meet the existing performance requirements set out in Appendix 1. This standard will be measured through the existing targets assessment.	No action needed (separate assessment undertaken)				
C8 Healthcare organisations supported 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	COMPLIANT	Disclosure of Concerns Policy in place. Trust has in place support system for staff.			JL

detrimental effect on patient care or on the delivery of services					
b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	COMPLIANT	Trust concentrating efforts on appraisal. Action Plan in place following staff survey. Appraisal to be carried out for all staff in liaison with KSF. Trust has recently invested in re-awareness training for appraisers.			JMS
C9 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	COMPLIANT	Evidence via Graham Evans. Information Governance structure in place with Clinical involvement Induction includes Information Governance practice and NHSIA Toolkit in use.			JA GE
C10 Healthcare organisations: a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	COMPLIANT	Audit Report suggests compliance Pre-employment checklist. Trust still putting into place emphasis to ensure all staff receive CRB checks.			JL
b) require that all employed professionals abide by relevant published codes of professional practice	COMPLIANT	Contracts require registration through professional bodies. Referral to professional bodies for investigation where behaviour has contravened a professional standard. Policies in place to identify and manage staff who are non compliant with code of practice. Registrations checked in accordance with Trust policy.			JL
C11 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	COMPLIANT	Staff Survey identifies Trust as top 20 in country. Recruitment Policy in line with all			JL

		<p>relevant legislation.</p> <p>Managers manual on recruitment practice</p> <p>Workforce plan.</p> <p>Personal Development Plans.</p> <p>Training records in place.</p> <p>Qualifications are checked as part of recruitment procedure.</p>			
b) participate in mandatory training programmes	INSUFFICIENT ASSURANCE	<p>Induction Policy</p> <p>Attendance at induction prior to starting with the Trust.</p> <p>Mandatory training records.</p> <p>Numbers of staff who have not attended to be notified to all Managers via RTIX.</p>	<p>Unable to demonstrate 100% attendance of staff attending mandatory training.</p>	<p>Training and Development Department to develop comprehensive programmes linked to RTIX to identify non attenders and feedback to departments. More work to ensure attendance at mandatory training. Examine different methodology for delivery of training packages. Trust introduced one date in month for all staff to attend induction in July 2005.</p>	JMS/JO & DB
c) participate in further professional and occupational development commensurate with their work throughout their working lives	INSUFFICIENT ASSURANCE	<p>Personal Development Plans.</p> <p>Professional development via Universities.</p> <p>Training records.</p> <p>Staff do participate in further professional and occupational development commensurate with their work throughout their working lives.</p> <p>Staff Survey results identifies where we need to give concentrated effort.</p> <p>Must ensure appraisal identifies learning requirements and that CPD</p>	<p>Although staff have opportunities for development, uptake could be greater.</p>	<p>Review of local arrangements for CPD to ensure closer linkage to governance plans. Develop effective processes for identifying the education and development needs of individuals. Focus on local service</p>	JMS/JO & DB

		programmes are flexible enough to meet different learning styles.		objectives. Promote understanding and use of up to date knowledge by linking together CPD, clinical audit and research development activities. Ensure that CPD programmes meet professional and educational standards and are flexible enough to accommodate different learning styles and be appropriately linked with CPD requirements of Royal Colleges. Develop accreditation for work based learning.	
C12 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	COMPLIANT	<p>A Trust policy has been developed according to the Research Governance Framework for Health & Social Care, Department of Health, March 2001. It's implementation ensures that the Trust fulfils it's obligations to uphold the principles of Research Governance and ensure that all researchers:</p> <ul style="list-style-type: none"> • Adhere to financial and business standards of good practice • Design and conduct studies in accordance with robust scientific methods • Adhere to agreed ethical standards of good practice <p>A streamlined R&D approval process has been established and expert advice is available on research design.</p>			ES

		Information on research activity obtained through the R&D approval process and data recorded. Quarterly reports of research activity are submitted to the national Research Register electronically.			
PATIENT FOCUS					
C13 Healthcare organisations have systems in place to ensure that: a) staff treat patients, their relatives and carers with dignity and respect	COMPLIANT	Customer Care training is provided to all staff. Patient Survey results have led to action plans for all areas of shortfall. The Trust has an internal PEAT Team and includes all of the National PEAT indicators as a measure of compliance. This includes the Privacy and Dignity aspect from the environment and staff attitudes. Documented evidence of inspections all available. Ongoing audit inspections lead to monthly reports. Trust Essence of Care comparison group reviews bi-monthly.			BK JL JA
b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	COMPLIANT	Consent Policy which is in accordance with the following: <ul style="list-style-type: none"> • Good Practice in Consent; achieving the NHS plan commitment to patient centred consent practice (HSC 2001/023) • Reference guide to consent for examination or treatment (DOH 2001) • Families and post mortems: a code of practice (DOH 2003) • Seeking consent: working with children (DOH 2001) Coroners Policy which is in accordance with the following: <ul style="list-style-type: none"> • Families and Post Mortems: a code 			YE

		<p>of practice</p> <ul style="list-style-type: none"> • Learning from Bristol • Shipman Enquiry • The New Coroners Rules 2004 <p>Consent within the Trust</p> <ul style="list-style-type: none"> • Delegation is permitted, all clinical staff who are to undertake consent where it has been delegated, are assessed by their consultant on a one to one basis about capabilities and competence around consent and the process, following assessment they will be entered onto a Trust-wide consent database. • Audit of the consent process is to take place every 6 months as this captures the new intake of junior doctors into the Trust. This will establish if the process of consent is being adhered to in the Trust. An action plan is formulated)Trust-wide) fed back to Directorates, implementation of changes to meet re-audit, target (all Directorates covered). • Consent is covered at induction for all clinical staff, consent is covered on the Clinical Governance Day for Managers and Consent Training is available as a rolling programme within the Trust for all clinical staff to access a 1 hour programme. Ad hoc sessions of consent are available if required. • All consent forms within the Trust have recently been reviewed, all comply with the DOH template for consent using the 4 specific forms. Available in the Trust are procedure specific consent forms using the DOH template (listed in Consent Policy) which are ratified at the 			
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		<p>Theatre Users Group.</p> <ul style="list-style-type: none"> • Patient Information Leaflets are available throughout the Trust (listed in Consent Policy), reviewed by PIEG. 			
c) staff treat patient information confidentially, except where authorised by legislation to the contrary	COMPLIANT	<p>Evidence via Graham Evans to be available.</p> <p>Staff receive Information Governance training at Induction.</p>			GE
<p>C14 Healthcare organisations have systems in place to ensure that patients, their relatives and carers:</p> <p>a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services</p>	COMPLIANT	<p>The Trust has an up to date Complaints Policy.</p> <p>Information leaflets are available on all areas advising how to complain.</p> <p>Linkages are made with PALs service and Patient Surveys (HCC).</p> <p>Mandatory training programme in place to ensure staff feel prepared to deal with complaints.</p>			DL
b) are not discriminated against when complaints are made	COMPLIANT	<p>An open culture with lessons learned and disseminated in the Trust is encouraged.</p> <p>Where possible complaints are dealt with locally and while the patient remains an inpatient.</p>			DL
c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	COMPLIANT	<p>All complaints, as appropriate, are subject to an Action Plan.</p> <p>Lessons learned are shared anonymously throughout the Trust.</p> <p>Trends are analysed by a Sub-Committee of the Trust Board and actions taken as necessary.</p>			DL
<p>C15 Where food is provided, healthcare organisations have systems in place to ensure that:</p> <p>a) patients are provided with a choice and that it is prepared safely and provides a balanced</p>	COMPLIANT	<p>The Trust provides a 24 hour meals service on both sites and operates an on line menu ordering system via</p>			BK

diet		<p>Patientline (the first in the country). The menus are designed to meet the 6 key requirements of the Better Hospital Food Programme. The quality of food and patient response is monitored via the PEAT National Standards and the BHF programme. The evidence is available from the catering managers on each of the 2 acute sites.</p> <p>Action needed: Ongoing monitoring of standards via internal PEAT team supported by external PEAT visits.</p> <p>Ongoing Essence of Care benchmarking since 2001 on Food & Nutrition Aspect of Care, this has included semi-structured patient interviews.</p> <p>Food hygiene training provided.</p>			
b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day	COMPLIANT	<p>The Trust has a Nutrition and Dietetics Department who work closely with the Catering Departments to provide appropriate meals for patients. The Patientline system is capable of being programmed to prevent inappropriate menus being ordered by patients with special dietary needs. Policies and procedures are available as evidence from each of the respective departments. In addition the development work with the on line menu ordering system provides assurance and evidence that the policies and procedures are being adhered to.</p>			BK MF
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	COMPLIANT	<p>Full evidence of compliance is available.</p> <p>Trust has a full range of Patient Information Leaflets and is able to provide in all languages on request. Within Children's area there is high reliance on other sources of</p>			AJ JA

care		<p>information.</p> <p>Pending information management system leaflets will be available via Trust intranet.</p> <p>New Patient Information Leaflets are available on Trust intranet site in PDF for read only.</p> <p>Information about Trust services is also available in Community settings.</p>			
ACCESSIBLE AND RESPONSIVE CARE					
C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	COMPLIANT	<p>The Trust has excellent linkages with Patient Forums.</p> <p>Patient surveys used as a baseline for developing action plans.</p> <p>Discovery interviews in place with patients.</p> <p>Trust has consulted with OSCIs and PPIs as part of this declaration process.</p> <p>Paragraph on the back of every Trust leaflet inviting patient comment and feedback.</p> <p>The Trust works in collaboration with local PCTs and Councils in delivery of Health/Social Care.</p>			JA
C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably	COMPLIANT	<p>Results of national and local Patient Surveys are utilised to plan the delivery and shape of services, e.g. A&E and Inpatient Surveys have driven many changes internally in terms of access and responsiveness i.e. Emergency Services Collaborative work.</p> <p>Access to services is offered according to national target profile requirements e.g. by December 2005 – to inpatient treatment within 6 months of referral and for outpatient treatment within 13 weeks of referral. This is monitored and benchmarked both locally (through SHA Performance Meetings) and nationally through performance ratings received via the SHA.</p>			JH JA

		<p>Patients who are likely to wait over 6 months and who achieve criteria for selection for treatment in the independent sector, are offered a Choice of alternative provider. Similarly patients will also be offered choice through the GSUP route. This is evidences and audit trailable through the waiting list information.</p> <p>Evidence is also available via noted of planning and performance meetings with individual PCTs and of LDP negotiations.</p> <p>The Trust has worked with individual PCTs and the SHA to forward plan the delivery of the December 2005 diversity option for patients. This includes utilisation of the local independent sector and the operationalisation of Choose and Book programme in all specialties, which achieve the 13 week wait criteria for inclusion.</p> <p>Current performance on A&E waits is in excess of the 98% requirement. A strategy to support the <i>Wait for a Bed</i> and <i>Wait for a Specialist</i> checklists is in place and was utilised to drive the work of the Emergency Services Collaborative and subsequent work since the end of this project.</p> <p>Waiting list management is practiced according to the rules and guidance contained within the Clinical Prioritisation and Treat Model. This model has been used to underpin training and development programmes for key stakeholders in waiting list management.</p> <p>A Capacity Plan is in place to develop services and improve utilisation of resources to deliver on the December 2008 waiting time targets.</p>			
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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 targets and new national targets assessments.	No action needed (separate assessment undertaken)				
CARE ENVIRONMENT AND AMENITIES					
C20 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	COMPLIANT	Equal Opportunity Policy. Disability Forum in place. Evidence of full compliance at 20a) & b) as a result of Essence of Care benchmarking which is at a very advance level in the Trust and provides assurance. All areas in Trust have benchmarked in last 12/12 against Essence of Care. The Trust is not in receipt of any HSE enforcement notices and RIDDOR guidelines are strictly adhered to. Portering service are able to demonstrate full safety in patient transportation.			BK JL
b) supportive of patient privacy and confidentiality	COMPLIANT	Full information available from Estates to support compliance. PEAT inspections and Patient Forum visits validate compliance.			BK AJ
C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with	COMPLIANT	Young person's survey – Based on traffic light system, only red area was availability of toys/entertainment. Outpatient's survey – Cleanliness of			BK JA TH

cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises		OPD and toilets both scored green. Adult Inpatient's survey – Ward cleanliness (green) and Toilets/Bathrooms (top end of amber). A&E survey – Department cleanliness and toilets both scored green.			
PUBLIC HEALTH					
C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by: a) co-operating 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	COMPLIANT	Health inequalities meetings – SHA led all organisations invited to contribute. Health equality audit is used to inform process/decision making in planning. Individual Directorate representatives are present on PCT led groups which address the requirements of the National Service Frameworks. The Trust is involved in LDP performance target setting and this in turn is utilised to underpin the future delivery of services and to enable successful contract negotiations for the populations of the local PCTs. The organisation is also involved in LITs and evidence of joint planning can be found in notes of meetings. The local PCTs are ensuring a drive to improve and promote health to the local population. Easington PCT, for example, have a Director of Public Health who is a joint appointment with the local council. Voluntary Groups are also involved in Health Improvement Groups. The organisation is involved in Sure Start projects – especially Community Midwives. All health professionals operate within a role of health promotion and this is evidenced through the assessment documentation and advice role			JH

		<p>practiced during assessment.</p> <p>The organisation supports the work of the OSC and actively participates in information sharing whereby informed decisions and the requirement for consultation can be facilitated, e.g. Darzi – Acute Services Review, Choose and Book Project, etc.</p>			
b) ensuring that the local Director of Public Health's annual report informs their policies and practices	COMPLIANT	<p>The Annual Public Health Report has proved vital when planning the future of acute services on Teesside.</p> <p>Knowledge of the local disease profile, demographics and the trends in childbirth have been used when making planning decisions and to assist in service reconfiguration.</p> <p>Performance targets in public health are linked to the LDP process and are used to drive joint planning and service configuration into the future.</p>			JH
C23 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	COMPLIANT	<p>Public health indicators are used to inform planning – as above. Work around the Long Tern Conditions Groups centres around understanding health status, health outcomes and the areas needing to be addressed to enable a streamlined pathway across primary and secondary care.</p> <p>The organisation shares information with the SHA and in turn contributes to the public health observatory data and the local PCT health needs assessments.</p> <p>Information is shared, where possible, to enable a joint approach to planning and service delivery. All information is broken down into categories which enable an understanding of the local population and the potential requirements for health care delivery. An example of this would be the work</p>			JH

		around the emergency care service and the provision of an Urgent Care Centre and alternative models of care delivery by Easington and Hartlepool PCTs.			
C24 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	COMPLIANT	<ul style="list-style-type: none"> • North Tees & Hartlepool NHS Trust have a recently reviewed Major Incident Plan which takes into account both internal and external emergencies. • The Major Incident Plan has been assessed by the health Emergency Planning Advisor from the HAP. • Both hospitals have participated in Multi-agency Major Incident Exercises throughout the Durham and Tees patch. • The Trust is represented on several Emergency Planning Groups, Local Resilience Forum, Local Resilience Working Group, Pandemic Flu Group, Smallpox Group, Durham Tees Valley Airport Emergency Planning Group, DT SHA Emergency Planning Group. • The Trust have established a Major Incident & Emergency Planning Forum, with Director level representation to undertake any/all roles with regards Emergency Planning including the Civil Contingencies Act. 			SG

Your part in the annual health check

This guide is for health overview and scrutiny committees and provides a route map and check list of suggested actions to help you take part in the new annual health check, whether your overview and scrutiny committee relates to one primary care trust (PCT) and/or NHS trust, or several.

The annual health check is the Healthcare Commission's new system of assessment for all PCTs and NHS trusts. It replaces star ratings and is designed to provide a fuller picture of the performance of PCTs and trusts against the Department of Health's 24 core standards, which were introduced in July 2004.

Under the new approach, PCTs and trusts will be asked to tell the Healthcare Commission about how they think they are performing against those standards over the period from April 1st 2005 until March 31st 2006 (using a 'declaration'). Trusts will be required to provide the declaration in April 2006. As it is a new system, the Healthcare Commission is conducting an early process in October 2005, when PCTs and trusts will be required to give an early version of their statement about how they are performing (a 'draft' declaration) for the period between April 1st 2005 and September 30th 2005.

Overview and scrutiny committees, along with patient and public involvement forums and strategic health authorities, are being invited to make comments on the performance of their local PCTs and trusts at both the draft stage in October 2005 and the final declaration in April 2006.

This guide will take you through the steps you might wish to consider in the lead up to the draft declaration and beyond. These are only suggestions and each overview and scrutiny committee will develop its own way of working with the new system, but we hope they will help you to plan your activities and be prepared to play your important role in the new annual health check.

There are a number of guides, outlined below, that have been produced, explaining the annual health check. If you need a copy of any of these please contact the Healthcare Commission on 0845 601 3012 or e-mail feedback@healthcarecommission.org.uk



Annual health check



***Criteria for assessing core standards**
The standards are outlined in these documents



Guidance for assessing core standards

*These are available for PCTs, ambulance services, acute services and mental health and learning disability services

September 2005

We would like overview and scrutiny committees to be involved in this process as they often have important and useful feedback from communities and from the experiences and views of patients. This helps us to understand how PCTs and trusts are performing. More importantly, it helps us to ensure that trusts are putting patients and the public at the heart of everything they do.

This is the first year of the new annual health check and we will be listening to your views on the process, and changing it if necessary. So things may change and overview and scrutiny committees will continue to be kept updated.

You may want to think about the 24 core standards and the seven areas they fall into and review the outcomes of your overview and scrutiny committee's work programme and decide whether any findings, conclusions or recommendations can help you to comment on your PCT and/or trust.

Please remember you don't have to comment on all 24 core standards. Only comment on those you feel able to. You are not expected to have an in depth expertise on any of the standards.

September 2005

PCTs and trusts must seek your comments and should contact you in, or by, October 2005. However, you may contact your local PCTs and trusts to establish when they will be submitting their draft declaration and agree the date by which you will be providing them with your comments for inclusion. The deadline date for submission of the draft declaration is October 31st 2005 but PCTs and trusts may be working to different timescales. You may want to think now about setting up regular meetings with PCTs and trusts. If your overview and scrutiny committee relates to several PCTs and trusts you do not have to comment on the performance of all of them - it's up to you.

Always think about why you are making your comments – do you have good examples to back up the points you are making?

Try and think about areas of good practice but also think about any areas for improvement that you would like to comment on. If you decide that you will be commenting negatively on a PCT or trust's performance against one of the core standards then you will need to have gathered suitable examples to support this. These examples do not need to be submitted with your comments but may be required by the Healthcare Commission if we need to do any selective follow up.

You may also wish to draft your commentary and share it with PCTs and trusts and ask for their comments, but you don't have to take this into account if you do not want to.

You may want to think about establishing contact with your local patient and public involvement forums to discuss respective roles and maybe share some examples of best practice in reviewing PCTs and trusts' performance against the core standards.

October 2005

PCTs and trusts have until October 31st 2005 to submit their draft declaration to the Healthcare Commission and by early October, or before, you should have established the actual date of the PCT or trust's submission, and when you need to submit your comments in time for them to be included.

PCTs and trusts are required to include your comments unedited in their declaration.

Please remember you are not being asked to sign off or comment directly on a PCT or trust's declaration. You are only being asked to comment on their performance against the core standards, where you feel able to comment.

October 2005

If you feel you cannot comment at all that is absolutely fine but it would be useful to let us know why, for example, if you are understaffed.

The PCT and trust should send you their declaration form once they have completed and submitted it so you can ensure they have included your comments.

When we receive the trust's draft declaration we will be checking they have included comments from overview and scrutiny committees and if not asking them why. If you have been asked to comment, but have said no, then neither you nor the trust will be penalised.

The Healthcare Commission will be looking at your comments and taking them into account when assessing PCTs and trusts and then eventually awarding them an overall rating.

November 2005 – January 2006

The Healthcare Commission will be considering the comments you have submitted.

During this period we will be cross checking declarations about trusts' performance. We will be examining all the information we have about them, as well as reviewing the comments from overview and scrutiny committees, patient and public involvement forums and strategic health authorities.

As part of the cross checking process we will arrange follow up checks with up to 20% of all PCTs and trusts – approximately 10% will be at random and another 10% will be those trusts we have identified from the cross checking information as being most at risk of not meeting the core standards. If your local PCT or trust falls within this group your overview and scrutiny committee may be contacted by a Healthcare Commission regional representative to discuss your comments, and to review the examples you have gathered to support them.

You might want to think about how your work programme for this period might relate to the final declaration as well as how you might want to amend the comments you made for the draft declaration.

Always think about how to back up the comments you make with good examples.

You may want to speak to other overview and scrutiny committees and patient and public involvement forums that relate to your committee's PCTs and trusts. The Centre for Public Scrutiny has produced a document providing tips for working with forums. The document *Local authority overview and scrutiny committee and patient and public involvement forums: working together, a practical guide* can be obtained from www.cfps.org.uk.

February 2006 – June 2006

During this time you might want to start thinking about your 2006/2007 work programme and whether you wish to carry out reviews that will help you gather evidence to support your comments in future. Don't forget though that the annual health check is only one part of the health and healthcare agenda.

You may want to start preparing your final comments in March ready to submit to your local PCTs and trusts in April 2006.

During this time you may also want to open discussions with your PCTs and trusts about the final declaration.

Think about PCTs and trusts' performance against the core standards so you are ready to send them your comments, which they must include unedited on their declaration form.

Please remember you don't have to comment on all 24 core standards, or about each PCT or trust you relate to. Only comment on those you have knowledge of. You are not expected to have an in depth knowledge on any of the standards.

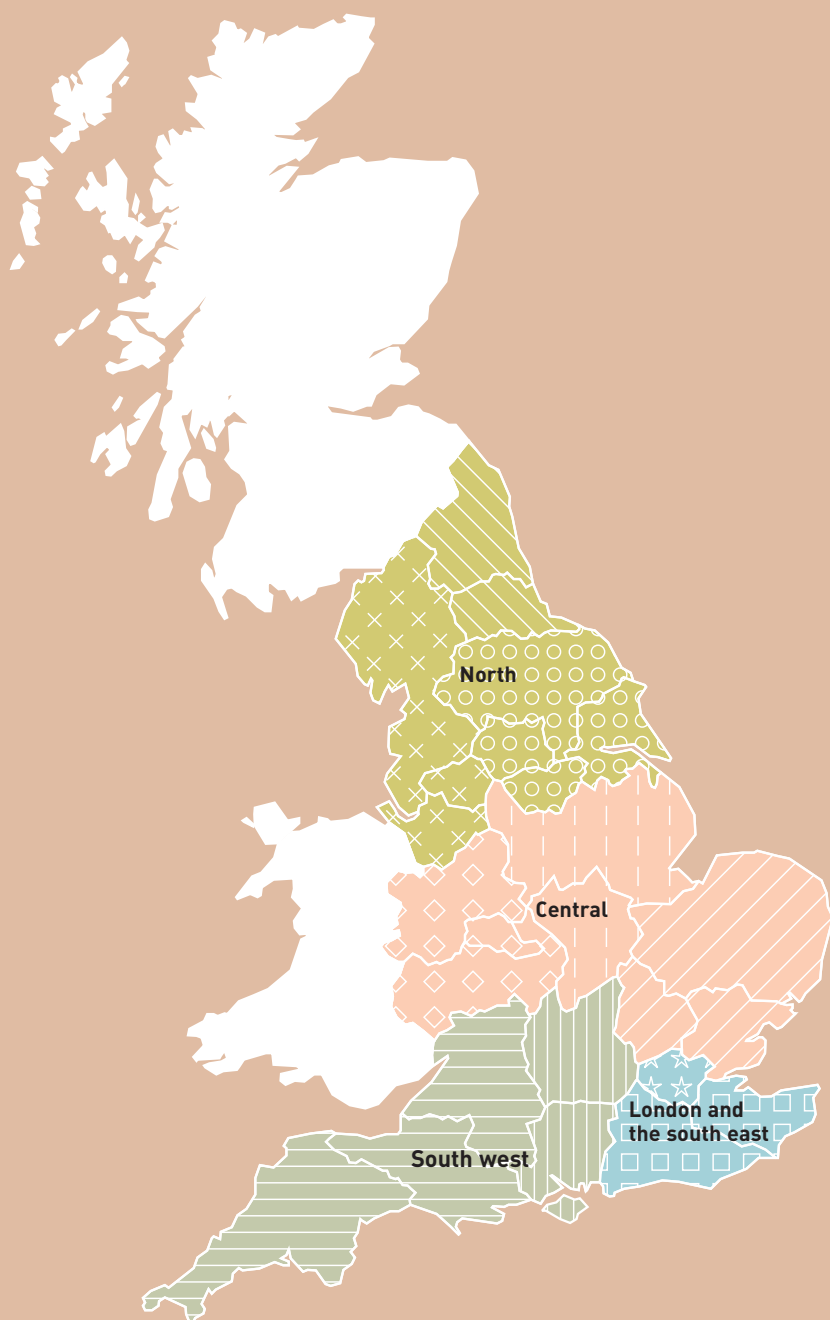
Try and think about areas of good practice but also think about any areas for improvement that you would like to comment on. If you decide that you will be commenting negatively on performance against one of the core standards then you will need to have gathered suitable evidence to support this. The evidence does not need to be submitted with your comments but may be required by the Healthcare Commission.

You may also wish to share a draft of your comments with PCTs and trusts and ask for feedback from them, but you don't have to take their views/comments into account if you do not want to.

The final declaration will be produced by April 30th 2006 and will need to be made public when completed.

When you plan your work programme for 2006/2007, remember that the annual health check will take place in March and April 2007.

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This information is available in other formats and languages on request.

Please telephone 0845 601 3012.

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM



Report of: Scrutiny Support Officer

Subject: ENQUIRY INTO 'PANDEMIC FLU – CONTINGENCY PLANNING'

1. PURPOSE OF REPORT

- 1.1 To make proposals to Members of the Scrutiny Adult and Community Services and Health Scrutiny Forum for their enquiry into the Hartlepool's 'Pandemic Flu Contingency Planning.'

2. BACKGROUND INFORMATION

- 2.1 A Member of the Adult and Community Services and Health Scrutiny Forum raised a number of concerns in relation to 'bird flu' and the potential impact it could have on Hartlepool. Consequently, at the last meeting of this Forum held on 20 September 2005, it was agreed that an enquiry be undertaken by this Committee with regard to contingency planning in relation to pandemic flu.
- 2.2 All requests to Scrutinise topics that are not included in a Forums work programme must be approved by Scrutiny Co-ordinating Committee. At the time of writing, it was anticipated that this issue will be approved for further Scrutiny by Co-ordinating Committee on 7th October 2005.

3. PROPOSED AIM OF THE SCRUTINY ENQUIRY

- 3.1 To undertake a short inquiry into Pandemic Influenza, looking at the overall (i.e. national, regional and local) contingency planning for a possible outbreak of "avian flu."

4. PROPOSED TERMS OF REFERENCE FOR THE SCRUTINY ENQUIRY

- 4.1 The following terms of reference for the review are proposed:-

- To identify how the UK is working with international bodies to monitor the development of the virus; and reduce the risk of pandemic influenza emerging and spreading.
- To consider the current assessment of the likely impact of pandemic influenza on the UK (both in terms of health and on wider society, including the economy)
- To consider if the UK's stockpile of antiviral treatments adequate, and how will it be distributed? Furthermore, to consider what steps are being taken to ensure that the UK has access to sufficient antiviral treatment and vaccine in the event of a flu pandemic?
- To identify how the risk of pandemic influenza is being assessed and how this assessment can be improved?
- To identify what the long-term strategy is for reducing the threat of pandemic influenza?
- To consider the plans to co-ordinate between health, emergency and other essential services for responding to a pandemic
- To identify the current assessment of the likely impact of pandemic influenza on Hartlepool (both in terms of health and on wider society, including the economy)
- To consider how well prepared and co-ordinate is the Local Authority, health, emergency and other essential services are both regionally and locally for responding to a pandemic?
- To consider the awareness raising plans in place to ensure that the general public are aware of the risks and likely effects of a pandemic, and of how they should react.

5. SOURCES OF EVIDENCE

- 5.1 Members of the Forum can request a range of evidential and comparative information throughout the Scrutiny review.
- 5.2 The Forum can invite a variety of people to attend to assist in the formation of a balanced and focussed range of recommendations as follows:-
- (a) Director of Adult Neighbourhood Services
 - (b) Joint Director of Public Health
 - (c) Cabinet Member with Responsibility for Adult Services and Public Health
 - (d) Chief Emergency Planning Officer

- (e) Representative from the Health Protection Agency

6. PROPOSED TIMETABLE FOR THE SCRUTINY ENQUIRY

- 6.1 Detailed below is the proposed timetable for the review to be undertaken, which may be subject to change at any stage.

⇒ **20th September 2005 – ‘Setting the Scene’ – Overview of the main issues relating to Bird Flu.**

Meeting of the Forum at which the Forum received a briefing note providing an overview of the key issues.

⇒ **18th October 2005 – ‘Scoping the review’ – Defining the aim of the investigation and the terms of reference.**

⇒ **15th November 2005 – Evidence Gathering Session**

Meeting of the Forum at which the Director of Adult and Community Services and the Joint Director of Public Health will be in attendance to outline the Local Authority's and the PCT's pandemic flu contingency plans. Discussions are also ongoing to secure the attendance of both the portfolio holder and a representative of the Health Protection Agency.

⇒ **13th December 2005 – Forum to consider Draft Final Report**

⇒ **24th January 2006 – Cabinet** – To consider the Final Report of this Committee.

7. RECOMMENDATION

- 7.1 Members are recommended to agree the remit of the Scrutiny investigation.

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled ‘Avian Influenza (Bird Flu) – Briefing Note ‘presented to the Adult and Community Services and Health Scrutiny Forum on 20th September 2005.

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ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM REPORT

18th October 2005



Report of: SCRUTINY SUPPORT OFFICER

Subject: TEES VALLEY JOINT HEALTH SCRUTINY
COMMITTEE – UPDATE REPORT

1. PURPOSE OF REPORT

- 1.1 To update Members of the Forum about the Tees Valley Health Scrutiny Joint Committee Meetings held on the 14th September 2005 and the 26th September 2005.

2. UPDATE

- 2.1 The Tees Valley Health Scrutiny Joint Committee (TVHSJC) met on two occasions during September. Outlined below are key outcomes/issues arising from the meetings:

- **14th September 2005**

- (i) **Health Care Commission –Better Standards for Healthcare**
Members were introduced to the topic of the Healthcare Commission's Better Standards Health Check and were invited to agree a contribution from the Joint Committee to be submitted for inclusion in a number of Trusts Health Check documentation. (See table below).
- (ii) Hartlepool Members serving on the Joint Committee agreed the contribution to be submitted to the various Trusts and this has been appended to this report.

Trust	Joint Committee Response – Attached at Appendix
Tees and North-East Yorkshire NHS Trust	A
South Tees NHS Trust	B
TENYAS Ambulance Trust	C

- **26th September 2005**

(iii) ACUTE SERVICES REVIEW (TEES REVIEW) – SCRUTINY INVOLVEMENT IN CONSULTATION.

Members were introduced to representatives from the local NHS who proceeded to present the consultation document following the Acute Services Review.

(iv) Members debated the Membership of a new Statutory Joint Committee that would act as the formal consultees during the consultation process. It was resolved that the Statutory Joint Committee would comprise of three Members from the following Local Authorities:-

- Hartlepool
- Middlesbrough
- Stockton
- Redcar and Cleveland
- County Durham
- North Yorkshire

(v) In addition, Members considered the witnesses that they would like to invite to speak to the Joint Committee during the review. A number of suggestions were made and it was resolved that the support officer will compile a project plan for the review which will be presented to a future meeting of the Joint Committee.

3. RECOMMENDATION

3.1 That the Forum notes the information provided.

Appendix A

Response of the Tees Valley Joint Health Scrutiny Committee to:-

Tees North East Yorkshire NHS Trust

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 14 September 2005. At that meeting the Committee considered information submitted to them with reference to the TNEY Healthcare Commission Draft Declaration. As regards the views of the Joint Committee, it should be noted that the meeting was inquorate. Nonetheless, the following is the Joint Committee's view.

The TNEY Trust provides high quality clinical services, which patient survey data indicates there is a high level of satisfaction with (90%). Through its dealings with the Trust in the recent past, the Scrutiny Committee has found the Trust to be accommodating, open and thoroughly committed to the Patient & Public Involvement Agenda.

The Joint Committees also notes that the Advance Business Case will greatly enhance the physical quality of the Trust's facilities, where services are provided.

The Joint Committee notes that improvements could be made in contacting and liaising with carers to ensure their appropriate involvement and their needs are also looked after. The Joint Committee also notes that the Trust could improve on making more information available and accessible to patients and the public, which the Trust has acknowledged.

In conclusion, the Joint Committee feels that local people are served well by the Trust. Nonetheless, as the two examples indicate above, room for improvement exists and the Joint Committee looks forward to assisting wherever possible in that improvement.

Appendix B

Response of the Tees Valley Joint Health Scrutiny Committee to:-

South Tees NHS Trust

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 14 September 2005. At that meeting the Committee considered information submitted to them with reference to the South Tees Healthcare Commission Draft Declaration. As regards the views of the Joint Committee, it should be noted that the meeting was inquorate. Nonetheless, the following is the Joint Committee's view.

The Joint Committee were pleased to see that the majority of Core Standards had been judged to be 'Green' by the Trust, i.e. they were being satisfied.

The Members expressed concern at the fact that due (in part) to the vacancy moratorium imposed, and (in part) as a result of the Trust's financial difficulties, members of staff in a significant number of divisions were not able to attend/receive mandatory training on areas as important as fire drills and moving and lifting of patients.

Further to that, the Joint Committee was pleased to see that MRSA rates had dropped significantly since 2000. Nonetheless, it was noted that there had been no reduction in the last year, which is a slight concern. Nonetheless, the Joint Committee felt that with no rises in the rates a victory of sorts had been won.

The Joint Committee also noted the financial difficulties which the Trust currently finds itself in. Whilst acknowledging Trust finances are considered under a separate regime, the Joint Committee expressed its hope that in addressing financial problems, clinical services and their effectiveness would not suffer.

In addition, it was noted that whilst the Trust does not have patient information in sufficient languages, there is ready access to interpreter services."

Appendix C

Response of the Tees Valley Joint Health Scrutiny Committee to:-

TENYAS Ambulance Trust

A meeting of the Tees Valley Health Scrutiny Joint Committee was held on 14 September 2005. At that meeting the Committee considered information submitted to them with reference to the TENYAS Healthcare Commission Draft Declaration. As regards the views of the Joint Committee, it should be noted that the meeting was inquorate. Nonetheless, the following is the Joint Committee's view.

The Joint Committee does not feel in a position to comment on the TENYAS Trust's performance, either positively or negatively, due to the fact that no information on Trust performance has been supplied to Members of the Joint Committee by the Trust, other than a letter asking for comments. The Joint Committee, therefore, feels powerless to engage in the process.

The Joint Committee would like to point out that, it is not the first time that the Joint Committee has felt inadequately engaged by TENYAS, as previously it has stated to have consulted with overview and scrutiny when it had not yet done, in connection with changes to Emergency Call handling.

As stated above, the Joint Committee does not feel in a position to comment on Trust performance, other than in relation to its processes of scrutiny involvement, which the Joint Committee feels are in need of significant development.