

HEALTH SCRUTINY FORUM AGENDA



Tuesday 24 February 2009

at 3.00 pm

**in Council Chamber
Civic Centre, Hartlepool**

MEMBERS: HEALTH SCRUTINY FORUM:

Councillors: Barker, Brash, R W Cook, S Cook, A Lilley, Plant, Simmons, Sutheran and Young

Resident Representatives: Jean Kennedy, Linda Shields and Mike Ward

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

3.1 Minutes of the meeting of the Health Scrutiny Forum held on 10 February 2009 (*to follow*)

4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM

None

5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE

None

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

None

7. ITEMS FOR DISCUSSION

7.1 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 – *Director of Clinical Governance*; and
- (c) Annual Health Check for Hartlepool Primary Care Trust (PCT) – *Planning Manager*.

7.2 Consultation Feedback – Local Procurement of GP Practices and GP Led Health Centres:-

- (a) Covering Report – *Scrutiny Support Officer*; and
- (b) Consultation Feedback Presentation - *Practice Based Commissioning Manager, Hartlepool Primary Care Trust (PCT)*.

7.3 Externalisation of Provider Services - Hartlepool Primary Care Trust (PCT) and North Tees and Hartlepool NHS Foundation Trust - Update:-

- (a) Covering Report – *Scrutiny Support Officer*;
- (b) Presentation by the Assistant Chief Executive North Tees and Hartlepool PCT; and
- (c) Presentation by Hartlepool NHS Foundation Trust Foundation Trust, Director of Strategic Service Development.

7.4 Six Monthly Monitoring of Agreed Health Scrutiny Forum's Recommendations – *Scrutiny Support Officer*

8. ISSUES IDENTIFIED FROM FORWARD PLAN

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

9.1 Tees Valley Health Scrutiny Joint Committee – *Scrutiny Support Officer*

10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

Date of Next Meeting

**Tuesday, 7 April 2009 at 3.00 pm in the Council Chamber, Civic Centre,
Hartlepool**









How we rated North Tees and Hartlepool NHS Foundation Trust

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For the year from **1 April 2007 to 31 March 2008** we rated North Tees and Hartlepool NHS Foundation Trust as:

Quality of Services	Use of Resources
 <p>This score covers a range of areas, including the safety of patients, cleanliness, access to services and ensuring people's individual needs are met.</p>	 <p>This score is based on how well a trust manages its finances.</p>
Ratings for this trust given in previous years were:	
2006/2007 	2006/2007 
2005/2006 	2005/2006 

How we calculate a trust's rating

The overall rating is made up of a range of assessments we carry out throughout the year. We look at how well the trust has performed against the targets and standards the Government has set for the NHS. We use a variety of methods including analysis of data and self-declaration from trusts, which we cross-check against other sources, for example information from surveys of patients who have recently used the trust. We also carry out targeted inspections.

We assess whether the trust has been getting the basics of healthcare right and whether it has been taking steps to improve the healthcare it provides. For example, we consider whether people are treated as individuals, not as 'just another patient'. We expect that patients or service users can choose food that meets their personal dietary needs. We consider whether patients or service users, their relatives and carers are treated with dignity and respect, and whether information about each person is treated in confidence. We assess whether trusts are delivering accessible services to all sections of the community and meeting their needs. We also expect that people should know how to make a complaint if necessary.

Here is a summary of how many of our assessments were met by North Tees and Hartlepool NHS Foundation Trust in key areas:

12/13	Safety and cleanliness
9/9	Standard of care
10/12	Waiting to be seen
10/10	Dignity and respect
5/5	Keeping the public healthy
17/17	Good management

More about this rating

Information about what we considered in the key areas listed above is available on our website.

Areas we checked at North Tees and Hartlepool NHS Foundation Trust that were not satisfactory included:

Advice about specific areas we assessed that were not satisfactory is available on our website

Safety and cleanliness

MRSA bacteraemia

The number of MRSA blood infections reported by the trust was not in line with the planned reductions for 2007/2008.

Waiting to be seen

Cancelled operations and those not admitted within 28 days

The proportion of patients whose operations were either cancelled for non-medical reasons or who were not offered a new date that was within 28 days of the original date was too high.

Referral to treatment time milestones











The proportion of patients who waited more than 18 weeks from GP referral to hospital treatment was too high.

Other information about North Tees and Hartlepool NHS Foundation Trust

As well as our assessments to determine a trust's overall rating, we look at its performance in other areas. These include: the experience of people who have recently used the trust; our reviews of the services it provides for particular groups of patients or service users; how it is working to make care safer and whether or not anything is going wrong to the point where we need to step in and investigate.

What patients say

We collect information about the experience of people who have used this trust's services through a national survey of NHS patients. We have grouped questions together by theme and based on people's responses in this year's survey the trust scored as follows:






Score (out of 10)	For questions about	How this compares with other trusts
8.1	the emergency / A&E department, answered by emergency patients only	
5.5	waiting lists and planned admissions, answered by those referred to hospital	
8.3	waiting to get to a bed on a ward	
7.8	the hospital and ward	
8.2	doctors	
8.1	nurses	
7.5	care and treatment	
8.2	operations and procedures, answered by patients who had an operation or procedure	
7.0	leaving hospital	
5.8	overall views and experiences	

For more information about the survey scores and to see the questions patients were asked and the scores for the individual questions visit www.healthcarecommission.org.uk

Find more detailed information for North Tees and Hartlepool NHS Foundation Trust on our website at www.healthcarecommission.org.uk

Services we're focussing on

Our service reviews look at whether trusts are striving to improve the care and treatment they provide in areas that are a priority for the NHS. Our findings and recommendations help trusts to identify where and how they can perform better. Over recent years we have carried out a number of such reviews and information about how North Tees and Hartlepool NHS Foundation Trust performed in each area is available on our website. The most recent reviews and ratings are given in the table below:

	Rating
Maternity	Published: 10 January 2008  BETTER PERFORMING
Services for children in hospital	Published: 18 October 2006  FAIR
Medicines management	Published: 18 October 2006  GOOD
Diagnostic services	Published: 18 October 2006  GOOD
Admissions management	Published: 18 October 2006  EXCELLENT

Making care safer

Any healthcare procedure can never be completely free of risk, although the level of risk will vary depending on circumstances. We look at an organisation's overall approach to safety and how well it manages specific areas of risk to the safety of patients or service users. On our website you can find details of our assessment of how North Tees and Hartlepool NHS Foundation Trust manages risks in a number of areas for example infection control, managing medicines, buildings and equipment, staff training, violence and protecting vulnerable people.

When we carried out an inspection of infection control issues at North Tees and Hartlepool NHS Foundation Trust on 8 June 2007, we found no problems.

Investigations and interventions

There has been no known cause for us to carry out an investigation of this trust.

Contact details

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- Call **0845 601 3012**
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How we rated North Tees Teaching Primary Care Trust

The Healthcare Commission is England's healthcare watchdog. Each year we give a rating to every NHS trust in England to show how it has performed over the last year.

This summary shows how we rated your local NHS trust and explains what the rating means. We hope that you find it helpful if you want to discuss healthcare choices with your doctor or another healthcare professional. It should also help you to know how well your local health services are performing. You can find more information about how we rated North Tees Teaching Primary Care Trust on our website at <http://www.healthcarecommission.org.uk>.

For the year from **1 April 2007 to 31 March 2008** we rated North Tees Teaching Primary Care Trust as:

Quality of Services	Use of Resources
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We assess whether the trust has been getting the basics of healthcare right and whether it has been taking steps to improve the healthcare it provides. For example, we consider whether people are treated as individuals, not as 'just another patient'. We expect that patients or service users can choose food that meets their personal dietary needs. We consider whether patients or service users, their relatives and carers are treated with dignity and respect, and whether information about each person is treated in confidence. We assess whether trusts are delivering accessible services to all sections of the community and meeting their needs. We also expect that people should know how to make a complaint if necessary.

Here is a summary of how many of our assessments were met by North Tees Teaching Primary Care Trust in key areas:

12/12 Safety and cleanliness
6/7 Standard of care
2/4 Waiting to be seen
9/11 Dignity and respect
7/7 Keeping the public healthy
13/16 Good management
14/16 Commissioning services
17/22 Planning for local improvement

More about this rating

Information about what we considered in the key areas listed above is available on our website.

Areas we checked at North Tees Teaching Primary Care Trust that were not satisfactory included:

Advice about specific areas we assessed that were not satisfactory is available on our website

Standard of care

Older people's mental health needs and services

An up-to-date assessment of the needs of older people has not been fully carried out in order to improve services for older people with mental health problems.

Waiting to be seen

Access to a GP

The proportion of practices in the PCT that could not offer a GP appointment within 48 hours was too high.

Access to a primary care professional

The proportion of practices in the PCT that could not offer an appointment to see a primary care professional within 24 hours was too high.

Dignity and respect

PCT facilities in place to support choice

The proportion of people not aware that they have a choice of hospital to go to for their first hospital appointment or not offered this choice was too high.

PCT booking

The proportion of patients added to the waiting list by GPs for their first hospital appointment who were booked through Choose and Book was not high enough. Choose and Book is a national referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic.

Good management

National child measurement programme data quality

The quality of information for recording children's weights as part of the national child measurement programme was not satisfactory.

Compliance with guidelines concerning obesity

This trust, in their role as an employer, did not have adequate plans in place which followed existing guidance to prevent and manage obesity.

Staff attended mandatory training

The organisation could not be sure that they had been meeting the standard of making sure that staff attended compulsory training.

Commissioning services

Thrombolysis - 60 minute call to needle time

The proportion of people suffering from a heart attack who received thrombolytic (clot-busting) therapy within 60 minutes of calling for professional help did not improve enough compared with previous years or was not kept at a satisfactory level.

Referral to treatment time milestones

The proportion of patients who waited more than 18 weeks from GP referral to hospital treatment was too high.

Planning for local improvement

Cancer mortality rate

The number of deaths from cancer was not in line with agreed plans.

Smoking status of the population

The number of people aged over 16 who had their smoking status recorded was not in line with agreed plans.

Teenage conception rates

The number of teenagers who got pregnant was not in line with agreed plans.

Access to reproductive health services

Adequate services and processes were either not in place to increase the use of sexual health services, and/or the number of young people screened for chlamydia was not in line with agreed plans.

Very high intensity users

























The number of people with complex long term conditions and high intensity needs who were under the case management of a community matron or case manager was not in line with agreed plans.

Other information about North Tees Teaching Primary Care Trust

As well as our assessments to determine a trust's overall rating, we look at its performance in other areas. These include: the experience of people who have recently used the trust; our reviews of the services it provides for particular groups of patients or service users; how it is working to make care safer and whether or not anything is going wrong to the point where we need to step in and investigate.

What patients say







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Score (out of 10)	For questions about	How this compares with other trusts
7.4	making an appointment with a doctor	  
5.7	visiting the GP practice or health centre	  
9.2	seeing a doctor	  
8.5	medicines	  
5.3	being referred to a specialist	  
7.6	seeing another professional from a GP practice or health centre	  
8.5	overall views and experiences	  
6.1	health promotion	  

For more information about the survey scores and to see the questions patients were asked and the scores for the individual questions visit www.healthcarecommission.org.uk

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	Rating
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Tobacco control	Published: 18 October 2006  EXCELLENT
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We have not carried out an inspection of infection control issues at this trust.

Investigations and interventions

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North Tees and Hartlepool NHS Foundation Trust

**Healthcare Commission Annual Health Check
Trust Declarations Standards for Better Health**

Health Scrutiny Forum 24th February 2009

1. Background

The Forum will be familiar with the process as we are now in the 4th year of using the method of self assessment. However there is a variation from last year that I need to explain.

On the 1st November 2008 the Trust became the first in the country to vertically integrate with both Hartlepool and Stockton PCT provider community services. The FT are hosting these services until 31st March 2010 when a decision will be made following a tendering process. As such the Healthcare Commission have asked that we make an integrated declaration on behalf of the Acute Trust and our newly acquired Community Provider colleagues in April 2009 to reflect 1st April 2008 – 31st March 2009.

This integrated approach was only agreed by the Healthcare Commission on 26th January and it has been an enormous task for Community colleagues to assimilate evidence using the Healthcare Commission standards for Acute Care.

2. History

The Forum will remember we attended the meeting on the 4th March 2008 and it was the beginning of a lengthy process to receive all 3rd party agency contributions.

The process yielded for the Trust a positive outcome when in October we were rewarded with an improved score:

Excellent for use of Resources
Good for Quality of Service

It is important to recognise the number of components which contribute to the quality aspect i.e. National Standards new and existing as well as the Core Standards.

3. Process

The Trust has electronically assimilated all evidence to support the declaration process and has progressed through a lengthy review and careful consideration of each piece of evidence. A list of this evidence linked to each of the standards and sub elements is attached at **Appendix 1**.

In addition to the Core Standards it is necessary to consider registration for CQC (Care Quality Commission). The Trust has submitted the application again on behalf of Acute and Primary Care Providers and **Appendix 2** identifies criteria. It is likely we will be advised of the confirmation as a registered health organisation prior to Healthcare Commission Declaration.

Also the Trust is required to meet the National priority indicators for 08/09 as at Appendix 3.

As the Healthcare Commission have agreed to use the findings of others, the Trust is able to use possession of Level 2 NHSLA to reduce the burden of the self assessment.

As is required the Trust has again worked with Durham and Tees Audit Commission in order to ensure we receive appropriate assurance from them to assist us in our declaration.

The process also includes other elements, i.e.

- Patient Survey 2008
- Staff Survey 2008
- Children's Review Follow-up 2008

The Trust has also sought support from 3rd parties in accordance with; 'Your part in the Annual Health Check 08/09' i.e.

- Local Authorities
- Strategic Health Authority
- Local involvement networks (LINKs)
- Overview and Scrutiny Committees
- Local Safeguarding Children's Boards
- FT Boards of Governors

As such the Trust will be pleased to receive your 3rd party commentary submission by 24th March, forwarded to myself.

Clearly supportive narratives are critical to the delivery of healthcare to meet the needs of our local population.

The timetable for declaration is fixed hence the request for narrative by 24th March. The narrative will be added to the Trust's declaration in verbatim format. There are tips to ensure your comments make a difference in the guidance 'Your part in the Annual Health Check' (previously circulated to you).

4. Summary

The Trust will be represented by myself and Jan Atkinson, Head of Patient and Public Involvement. As this paper is prepared as at the date of 5th February 2009 the status of the Trust's compliance with the core standards is not yet concluded. The Committee will be advised of status verbally on the day of the meeting.

Carole Pearson
Deputy Director of Clinical Governance
Lead for Healthcare Commission
5th February 2009

Standard	Elements	Description	Evidence Presented
Safety			
C1a:	1	Incidents are reported locally, and nationally via the appropriate reporting route/s to the National Patient Safety Agency (NPSA), Health and Safety Executive, Medicines and Healthcare products Regulatory Agency (MHRA), Health Protection Agency, Healthcare Commission, the Counter Fraud and Security Management Service and all other national organisations to which the healthcare organisation is required to report incidents.	<p>SUI Case reports to MHRA Example of RIDDOR report H&S mandatory training presentations Examples of outbreak reports to HPA Clip Report NHSLA level 2 success letter. Health & safety incidents datix report Policy RM12 which is the policy for investigation incidents complains and claims Rm14 SUI Policy NHSLA Level 2 assessment RMS level 2 success letter Minutes from needles stick injury and action plan Examples of departmental IR1's</p>
	2	Individual incidents are analysed rapidly after they occur to identify actions required to reduce further immediate risks, and where appropriate individual incidents are analysed to seek to identify root causes, likelihood of repetition and actions required to prevent the reoccurrence of incidents in the future	<p>Minutes and terms of ref of clinical governance committee HR45 risk management training policy RM 12 investigation of incidents complaints and claims NROLS feedback report Patient safety day presentation (band 5) Risk management presentation band 5 and above Clinical governance mandatory presentation for managers. Directorate CLIP report. Example communications pertaining to incidents and action plans.</p>

	3	<p>Element three – All provider sectors Reported incidents are aggregated and analyses to seek to identify common patterns, relevant trends, likelihood of repetition and actions required to prevent the reoccurrence of similar incidents in the future, for the benefit of patients /service users as a whole.</p>	<p>Trust falls group minutes Validation of results minutes Datix group minutes Being open policy C40 Review of Patient safety incident (NG tube) C29 Falls prevention policy CEMACH action plans Hyperkaleamia action plan Clip report Health and Safety administrator job description Head of Health and safety non clinical risk job description Directorate clip report (medicine and AHP) Hyperkaleamia management protocols LIPS fracture neck of femur report Root cause analysis presentation Risk management for managers presentation Trend analysis for consent cases Trust Mandatory training for band 5 (patient safety) Wrist band policy C38</p>
	4	<p>Element four – All provider sectors Demonstrable improvements in practice are made to prevent the reoccurrence of incidents based on information arising from the analysis of local incidents and the national analysis of incidents by the organisations stated in element one (above).</p>	<p>Patient safety committee terms of reference NRLS feedback report Chest drain alert rapid response report action plan Clip report Minutes and action plan needlestick meeting SHA safety watch news letter Training times Trend analysis consent training Copies of MDA returns Example communications relating to NPSA alerts AHP examples of improved practice through impact analysis</p>

C1b	1	<p>All communications concerning patient safety issued from the National Patient Safety Agency (NPSA) and the Medicines Healthcare products Regulatory Agency (MHRA) via national distribution systems, including the Safety Alert Broadcast System (SABS), the Central Alert System (CAS) the UK Public Health Link System (UKPHLS), are implemented within the required timescales.</p>	<p>Anticoagulation action plan Vinca alkaloid minibags rapid response alert action plan Management of arterial catheter Central line guide line SABS liaison officer job description Naso gastric tube guideline Health and safety committee minutes Head of Health and safety job description Health and safety committee terms of ref MPSA rapid response reports action plans :- Oral anti cancer medicines Heparin flush solution Opioid medicines Midazolam injections MPSA alerts Action plans :- Injectable medicines Oral medicines Epidurals Pediatric infusions Information on paraffin skin products Pharmacy health and safety/risk audits EF13 SABS policy C38 wrist bands policy Safety alert safety report Departmental MDA returns Risky BITS news letter Example action notices</p>

C2	1	<p>Element one – All provider sectors The healthcare organisations have made arrangements to safeguard children under Section 11 of the Children Act 2004 having regard to statutory guidance entitled Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.</p>	<p>C50 Safeguarding Children policy Safeguarding children steering group minutes Children and young childrens group minutes Childrens Trust board member job description Child protection training presentation Child protection steering group work programme Clinical governance committee safeguarding children briefing summary Childhood obesity action plan Childrens Trust fact sheet Childrens Trust board minutes Safeguarding children group terms of reference Safeguarding children newsletter Safeguarding children training policy Child protection up date presentation Departmental child protection training records AHP directorate child protection records</p>
	2	<p>Element two – All provider sectors The healthcare organisation works with partners to protect children and participate in reviews as set out in Working together to safeguard children (HM Government, 2006).</p>	<p>Children and you g person steering group minutes C50 Safeguarding children policy Reference request pro-forma Alert letters circular Vacancy successful candidate form Pre employment check pro-forma</p>

			<p>Short listing pack cover letter New starters pack CRB pro-forma Professional registration procedure Work permits scheme Interview panel proforma Reference letter pro-forma Pre employment health screen example HR26 recruitment and selection policy HR28 Appointment of locum medical and dental staff policy HR39 Alert letters policy HR40 Professional registration policy HR 49 Pre- employment checks policy HR52 CRB check policy Example common assessment framework documents.</p>
	3	<p>Element three – All provider sectors The healthcare organisation has agreed systems, standards and protocols about sharing information about a child and their family both within the organisation and with outside agencies, having regard to Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.</p>	<p>CRB operational procedures CRB check spreadsheet Notice of suspension example letter (undisclosed convictions) Adverse CRB return example HR40 Professional registration checks policy HR49 Pre employment checks policy HR52 Disclosure checks policy CRB compliance letter Sharing information single assessment process (co Durham & Tees Health and Social Care organizations) IG20 Sharing information policy Information sharing news letter (AHP)</p>

C3	1	<p>Element one – All provider sectors The healthcare organisation follows NICE interventional procedures² guidance in accordance with The interventional procedures programme (Health Service Circular 2003/011).</p> <p>Arrangements for compliance are communicated to all relevant staff.</p>	<p>Clinical Governance Committee minutes</p> <p>C15 New clinical procedures or techniques</p> <p>C45 Clinical Effectiveness Strategy</p> <p>Evidence from database of patients attending post surgery rehab.</p> <p>Protocol for pulmonary rehab (NICE IPG 114)</p> <p>Research evidence for pulmonary rehab</p>
C4a	1	<p>Element one</p> <p>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 Healthcare Associated Infections (Department of Health, 2006 revised January 2008).</p>	<p>Clinical Governance Committee minutes</p> <p>MRSA action plan</p> <p>C56 Anti-biotic policy</p> <p>Infection control audit programme</p> <p>IC19 C-diff policy</p> <p>MRSA patient leaflet</p> <p>IC12 Disinfection and Sterilisation policy</p> <p>IC2 Hand Hygiene policy</p> <p>Infection control training database</p> <p>Infection control committee minutes and terms of ref</p> <p>IC3 infection control policy</p> <p>Example of job description</p> <p>MRSA policy</p> <p>HCC Inspection programme report (HCAI)</p> <p>Health care acquired infection action group minutes</p> <p>IC1 Outbreak plan policy</p> <p>IC15 Patient isolation policy</p> <p>Various job descriptions</p> <p>HCC self assessment tool (HCAI)</p> <p>IC17 Standard precautions policy</p> <p>HR18 Uniform policy</p> <p>Washing patients clothing leaflet</p>

			<p>Departmental training records</p> <p>ITU hand hygiene audit results</p> <p>AHP directorate staff meeting minutes</p> <p>Evidence of addressed problems re hand hygiene (sink at Billingham forum, laundering facilities)</p> <p>Directorate communications regarding infection control responsibilities</p>
C4b	1	<p>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 Medicines Healthcare Products Regulatory Authority.</p>	<p>Medical device PPQ</p> <p>Induction process flowchart</p> <p>Staff training database</p> <p>Information confirming local specialty training packs</p> <p>Medical device inventory/PPQ</p> <p>RM3 Medical device policy</p> <p>Medical device group minutes</p> <p>Training needs group analysis (maternity)</p> <p>Directorate medical device portfolio (AHP)</p> <p>Suction protocol</p> <p>AHP On call work book</p> <p>AHP suction training handout</p> <p>Physio on call suction training feedback</p> <p>Evidence of Audiology compliance with national guidelines (cleaning and calibration).</p>

	2	The healthcare organisation has systems in place to meet the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 [IR(ME)R] and any subsequent amendment.	<p>Radiology Directorate meeting action sheets x17</p> <p>HCC IRMER report</p> <p>Exposure to ionising radiation procedure</p> <p>North Tees & Hartlepool IRMER procedures x8</p> <p>IRMER SUI report</p> <p>Radiology directorate minutes</p> <p>Trust local rules for safe use of xrays</p> <p>Radiation protection working group minutes</p>
C4c	1	Reusable medical devices are properly decontaminated in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, 2006 revised January 2008).	<p>Decontamination group minutes</p> <p>Decontamination audits x12</p> <p>Schedule of decontamination audits</p> <p>Facilities manager/medical engineering job description</p> <p>Medical device corrective action log events</p> <p>Decontamination group terms of ref</p> <p>ISO 13485: 2003 certification (CSSD)</p> <p>ISO 9001:2000 (CSSD)</p> <p>Directive 93/42/EEC certificate (CSSD)</p> <p>Sterilisation and decontamination manager Job description</p> <p>RM3 Medical device policy</p> <p>Decontamination certificate pro-forma</p> <p>Waste segregation presentation</p> <p>Departmental risk and action plan</p> <p>AHP training records</p> <p>Audiology cleaning guidelines</p>

C4d	1	<p>Element one</p> <p>Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, in accordance with the Medicines Act 1968 (as amended, and subsequent regulations, including the Medicines for Human Use (Prescribing) Order 2005), the Health and Safety at Work Act 1974, as amended, and subsequent regulations including the Control of Substances Hazardous to Health Regulations 2002; and the good practice identified in The safe and secure handling of medicines: A team approach (RPS, March 2005) should be considered and where appropriate followed.</p>	<p>Controlled drugs guidance</p> <p>Medicines Management policy</p> <p>Pharmacy SOP's</p> <p>RMS pharmacy training</p> <p>Register of prescribers</p> <p>F1/F2 training</p> <p>Drug and therapeutics committee meetings</p> <p>HCC patient survey reports</p> <p>MHRA aseptic unit inspections</p> <p>Internal medicines management audits</p> <p>Safer medication practices committee minutes</p> <p>Medicines errors surveillance reports</p> <p>MPSA safety alert action plans</p> <p>North East chief pharmacist's group medicines management governance framework</p> <p>Medicines management governance assessment matrix</p>

	2	<p>Element two</p> <p>Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971 (and amendments), Safer Management of Controlled Drugs: Guidance on strengthened governance arrangements (Department of Health, Jan 2007) and The Controlled Drugs (Supervision of Management and Use) Regulations 2006.</p>	<p>Drugs and therapeutics committee minutes</p> <p>Pharmacy SOP's</p> <p>Controlled Drugs daily audits</p> <p>3 monthly wards checks</p> <p>Internal auditors review of systems</p>
C4e	1	<p>The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients/service users, staff, the public and the environment in accordance with all relevant legislative requirements referred to in Environment and Sustainability: Health Technical Memorandum 07-01: Safe management of healthcare waste (Department of Health, November 2006) and Environment and sustainability: Health Technical Memorandum 07-05: The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment (Department of Health, June 2007).</p>	<p>PEAT inspection reports x4</p> <p>Waste analysis reports</p> <p>Environment agency audit reports x4</p> <p>Waste management certificate of competency</p> <p>Health & Safety committee terms of ref</p> <p>Hospital TVC report</p> <p>Waste registration certificate</p> <p>Waste management license</p> <p>Waste presentation for induction</p> <p>EF1 Waste disposal policy</p> <p>AHP departmental training records</p>

Clinical and Cost Effectiveness

C5a	1	The healthcare organisation ensures that it conforms to NICE technology appraisals where relevant to its services. Mechanisms are in place to: identify relevant technology appraisals; take account of clinical views and current practice in decision-making; and where necessary assess costs, and develop, communicate, implement and review an action plan for relevant technology appraisals.	Risk management standards presentation C45 Clinical Effectiveness policy Completed NICE questionnaires NICE traffic light report ACE committee minutes NICE news letter Clinical Effectiveness audit registration Example of clinical audits against guidance Physiotherapy NICE technology appraisal (falls clinic) Therapy business plan
	2	The healthcare organisation can demonstrate how it takes into account nationally agreed guidance where it is available as defined in National Service Frameworks (NSFs), NICE guidelines, national plans and nationally agreed guidance, when delivering care and treatment. The healthcare organisation has mechanisms in place to: identify relevant guidance; take account of clinical views and current practice in decision-making; and where necessary assess costs, and develop, communicate, implement and review an action plan for appropriate guidelines.	Risk management standards presentation C45 Clinical Effectiveness policy Completed NICE questionnaires NICE traffic light report ACE committee minutes NICE news letter Clinical Effectiveness audit registration Example of clinical audits against guidance Wheelchair services review (2008) COPD / pulmonary rehab review 2008 Protocol for development of re-feeding syndrome Development of whiplash protocol Diabetes service review Proposed dietetics audit on pro-biotics Audiology 6 week target

C5b	1	<p>The healthcare organisation ensures that appropriate supervision and clinical leadership is provided to staff when delivering clinical care and treatment. Where appropriate, staff also have the opportunity to receive 'clinical supervision'⁴; and where appropriate, this is in accordance with requirements from relevant professional bodies.</p> <p>Arrangements for clinical leadership and supervision (including 'clinical supervision') are communicated to all relevant staff. The effectiveness of these arrangements is monitored and reviewed on a regular basis and action is taken accordingly.</p>	<p>Ward acting-up rota Management course programme evaluations Business planning group minutes Radiology discrepancy meeting minutes Blood gas training presentation Senior staff meeting minutes (orthopaedics) AHP Board of Governors election report AHP data improvement programme Physiotherapy training presentations Appraisal examples NVQ assessment plans Educational audit example Clinical governance coordinator minutes Ventilation competency booklets Dieticians induction pack Physiotherapy on-call training programmes and documents AHP GRASP report KSF witness statement example Paediatric ward sisters meeting minutes Neuro- physiotherapy job description Endoscopy nurse specialist meeting minutes OT induction pack Physiotherapist induction pack Radiology medical device training records Respiratory assessment training presentation Standards and proficiency documents x5 Student appraisals (OT) Physiotherapy job descriptions Wheelchairs induction pack AHP preceptorship guide AHP induction workbook and check list AHP graduate workbook (/completed junior rotation booklet) OT supervision and appraisal structure Appraisal band 4 wheelchairs</p>
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			Dietetics supervision record Examples of AHP appraisals ON call course feedback AHK KFS appraisal list IPR KSF dates
	2	The healthcare organisation ensures that it provides opportunities for clinicians ⁵ to develop their clinical leadership skills and experience.	LDP Presentations programmes x5 LDP course action plans AHP leadership course attendance register Course outline Emails regarding appropriate candidates

C5c	1	<p>Element one – All provider sectors The healthcare organisation ensures that clinicians from all disciplines participate in activities to update the skills and techniques that are relevant to their clinical work in accordance with relevant guidance and curricula. This includes identifying and reviewing skills needs and skills gaps; providing and supporting on-the job training and other training opportunities; and where appropriate working in partnership with education and training providers to ensure effective delivery of training.</p>	<p>Mentor preparation programme Mandatory training programme spreadsheet Post grad lecture programmes Divisional clinical case presentations Preceptor ship programme Divisional teaching programmes (medical staff) Foundation programme self assessment document examples (various areas) F1/F2 teaching programme Associate practitioner programme proposal Acute illness management programme Risk management training programmes (various) Training times Appraisal documentation Medical staff study leave guidelines AHP clinical reasoning forms, preceptorship guides, supervision records AHP internal in service training programmes On call training programme evidence (AHP) AHP evidence on external courses attended AHP on internal courses attended</p>
C5d	1	<p>Element one – All provider sectors The healthcare organisation ensures that clinicians⁶ are involved in prioritising, conducting, reporting and acting on regular clinical audits⁷.</p>	<p>C45 Clinical Effectiveness strategy ACE committee membership and attendance figures CEU Information pack Clinical Audit training presentation CEU audit project database CEU survey project registration database Various examples of AHP clinical audits service</p>

			reviews and research
	2	Element two – All provider sectors The healthcare organisation ensures that clinicians participate in regular reviews of the effectiveness of clinical services through evaluation, audit or research.	C45 Clinical Effectiveness strategy ACE committee membership and attendance figures CEU Information pack Clinical Audit training presentation CEU audit project database CEU survey project registration database Various examples of AHP clinical audits service reviews and research

C6	1	<p>Element one – All provider sectors The healthcare organisation works in partnership with other health and social care organisations to ensure that the individual needs of patients / service users are properly managed and met: • Where responsibility for the care of a patient is shared between the organisation and one or more other health and/or social care organisations. and/or • Where the major responsibility for a patient's care is moved (due to admission, referral, discharge or transfer) across organisational boundaries. Where appropriate, these arrangements are in accordance with:</p> <ul style="list-style-type: none"> • Section 75 partnership arrangements of the National Health Service Act 2006 (previously section 31 of the Health Act 1999). • The Community Care (Delayed Discharges etc.) Act 2003 and Discharge from hospital pathway, process and practice (DH, 2003). Where appropriate, these arrangements are in accordance with the relevant aspects of the following guidance or equally effective alternatives: • Guidance on the Health Act Section 31 partnership agreements (DH, 1999). • Guidance on partnership working contained within relevant National Service Frameworks and national strategies (for example, the National Service Framework for Mental Health (DH, 1999), the National Service Framework for Older People (DH, 2001) and the Cancer Reform Strategy (DH, December 2007). • The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (DH, 2007). 	<p>Cancer network investment proposal Cancer network commissioning process model NE cardio vascular network MINAP report East Durham CHD LIT Clinical quality review group minutes and TOR Diabetes practice forum meeting minutes Diabetes LIT meetings schedule A&E winter plan discussion document Joint health long term conditions strategy Joint health long term conditions strategy group minutes Older peoples LIT Tall ships strategy group minutes Respiratory faculty group minutes Network/group minutes/training group presentations Thrombosis committee meeting minutes General manager meetings list Acute services review consultation document Discharge audit FT business plan Health inequalities in North East document NE SHA vision for the NE-flowchart SHA vision for the NE document NE vision agreed KPI's Tees wide capacity planning group minutes, methodology and scope C1 Admission transfer discharge policy Common assessment tool screening tool Common assessment contact assessment Respiratory steering group minutes Admission transfer and discharge policy review group meeting minutes NE single assessment steering group meeting Minutes Evidence of AHP multi- disciplinary working</p>
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			<p>Paediatric common assessment framework</p> <p>News letters</p> <p>Multi disciplinary support groups</p> <p>Inter organisational referrals and liaison</p> <p>Training sessions from community to highlight services to patients</p> <p>Guidance for staff on A&E breach times</p> <p>Tracheostomy discharge care proposal</p> <p>Food health action plan (Durham and Darlington)</p> <p>AHP service level agreements</p> <p>Community physiotherapy bid</p> <p>Therapy business plan</p> <p>New documentation form referral to multi link (AHP)</p> <p>Minutes /email re MDT working in intermediate care.</p>
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	2	<p>Element two – All provider sectors Staff concerned with all aspects of the provision of healthcare work in partnership with colleagues in other health and social care organisations to ensure that the needs of the patient / service user are properly managed and met.</p>	<p>Admission transfer and discharge policy group minutes Cardiac rehab network meeting minutes Optimizing discharge meeting minutes Deliberate self harm ICP Emergency care steering group minutes Trust Falls group minutes TIA services presentation DOH continuing healthcare needs check list example QSSG minutes Paediatric common assessment framework News letters Multi disciplinary support groups Inter organisational referrals and liaison Training sessions from community to highlight services to patients Guidance for staff on A&E breach times Tracheostomy discharge care proposal Food health action plan (Durham and Darlington) AHP service level agreements Community physiotherapy bid Therapy business plan New documentation form referral to multi link (AHP) Minutes /email re MDT working in intermediate care.</p>
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Governance

C7a&c	1	<p>Element one – All provider sectors The healthcare organisation has effective clinical governance⁹ arrangements in place to promote clinical leadership and improve and assure the quality and safety of clinical services for patients /service users.</p>	<p>Clinical Governance committee terms of ref and minutes Patients safety committee minutes and terms of ref RMS level 2 confirmation report Assurance framework Clinical Governance Strategy RM4 Complaints policy RM12 Incidents complaints and Claims Policy RM18 Patient safety strategy RM11 Risk management and strategy RM14 SUI policy AHP communications relating to governance issues</p>
	2	<p>The healthcare organisation has effective corporate governance¹⁰ arrangements in place that where appropriate are in accordance with Governing the NHS: A guide for NHS boards (Department of Health and NHS Appointments Commission, 2003), and the NHS trust model standing orders, reservation and delegation of powers and standing financial instructions March 2006 (DH, 2006).</p>	<p>Audit and finance committee minutes and terms of ref Editions of Anthem Board of Directors and COG meetings minutes Chief Executive briefings Directorate financial plans LDP activity schedules Recent press releases Annual plan Assurance framework Chairman's diary dates IG tool kit report NTHFT accounts report FT magazine (keeping in touch) Copy of NHS contract Monitoring template (from monitor)</p>

			08/09 financial commentary report Remuneration committee terms of ref Scheme of delegation of powers Standing orders Standing financial instructions Final (non foundation trust) annual report
	3	Element three The healthcare organisation systematically assesses ¹¹ and manages ¹² its risks, both corporate/clinical risks in order to ensure probity, clinical quality and patient safety.	Example documents for red risk Risk mandatory training evidence (presentations and attendance lists) RMS level 2 confirmation List of all corporate risks List of all open red risks Risk assessment training presentations Datix Risk register overview Example risk register report RM8 Risk assessment policy Route cause analysis presentation Guidance on risk assessments Risk management department annual report Inter professional education day training presentation AHP Risk register AHP email on risk awareness RIDDOR guidance

C7b	1	<p>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), NHS Counter fraud & corruption manual third edition (NHS Counter Fraud Service, 2006), and having regard to guidance or advice issued by the CFSMS.</p>	<p>Policy security liaison group minutes HR quarterly reports Hr 27 Disclosure of concerns policy Counter fraud annual report Personal responsibility framework F3Theft fraud and corruption policy RM6 Security policy Personal responsibility framework training presentations Local counter fraud service annual plan Trust annual report Local security management specialist job description Audit and finance committee minutes Trust disciplinary policy AHP evidence of apologies in response to complaints AHP review of staffing distribution (GRASP) Use of physio monies to fund OT post to reduce paed's waiting times (vacancy review form)</p>
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C7e	1	<p>Element one – All provider sectors 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 general and specific duties imposed on public bodies in relation to race, disability and gender (including, amongst other things, equality schemes for race, disability and gender, along with impact assessments) under the "public body duties"*. □□ "Employment and equalities legislation"**, including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time.</p> <p>***Acting in accordance with 'public body duties' means: Acting in accordance with the general and specific duties imposed on public bodies (including, amongst other things, equality schemes for race, disability and gender, along with impact assessments) under the following statutes: C37. □□ Race Relations (Amendment) Act 2000. □□ Disability Discrimination Act 2005. Equality Act 2006. and, where appropriate, having due regard to the associated codes of practice.</p> <p>***Acting in accordance with 'employment and equalities legislation' means: Acting in accordance with relevant legislation including: □□ Equal Pay Act 1970 (as amended). □□ Sex Discrimination Act 1975 (as amended). Race Relations Act 1976 (as amended). Disability Discrimination Act 1995.</p>	<p>Equality and diversity strategy HR 19 Equal opportunities policy HR 22 Bullying & harassment policy Equality and diversity steering group minutes Single equality scheme and action plan HR reports (SES consultation with workforce) The race equality scheme, action plan and annual reports Disability equality scheme, action plan and annual reports Gender equality scheme and action plan and annual reports Statement re DDA compliance of UHH physio and OT services Evidence of changes to working hours to facilitate family commitments AHP department training records Success review of term time pay for paediatric physio staff Evidence of disabled patient participation in treatment programmes</p>
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	2	<p>The healthcare organisation promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under:</p> <ul style="list-style-type: none"> • The Race Relations (Amendment) Act 2000. • The Disability Discrimination Act 2005. • The Equality Act 2006. <p>And where appropriate, having due regard to the associated codes of practice.</p>	<p>Equality and diversity steering group minutes Single equality scheme and action plan Equality and diversity training programme and material Equality and diversity specific induction material Equality impact assessment training material Statement re DDA compliance of UHH physio and OT services Evidence of changes to working hours to facilitate family commitments AHP department training records Success review of term time pay for paediatric physio staff Evidence of disable patient participation in treatment programmes</p>

C8a	1	Element one – All provider sectors 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).	HR 21 Capability policy Disciplinary operational procedure HR 27 Whistle blowing policy HR 24 Disciplinary policy HR Induction programme HR 3 Flexible working policy HR 2 grievance policy HR20 Organisational change policy HR51 Stress policy Director of HR board report Personal responsibility framework training
C8b	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 (IWL) standard at Practice Plus level and in accordance with "employment and equalities legislation" including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties" in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of practice.	Management of change guidance Varying contracts of employment guidance Organisational change check list , project plan and policy IWL meeting and agendas Example 360 degree appraisal results LDP evaluations PDR check list LDP course attendance spreadsheet Equality and diversity training course times Division of medicine clinical case presentations LCS self assessment stats Various divisional teaching programmes HR20 Organisational change policy IIP report IWL agenda Evidence of AHP participation in internal and external training Supervision schedules and records (OT's and dietetics) Therapy business plan Leadership development plan evidence Clinical Governance Half day

	2	<p>Element two</p> <p>Staff from minority groups are offered opportunities for personal development to address under-representation in the workforce compared to the local population in accordance with "employment and equalities legislation" including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties" in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender.</p> <p>* The phrases "public body duties" and "employment and equalities legislation" are defined in C7e.</p>	<p>Race equality scheme report</p> <p>Disability equality scheme report</p> <p>Gender equality scheme report</p> <p>Equality and diversity scheme report</p> <p>NE SHA widening participation in learning strategy.</p>

C9	1	<p>The healthcare organisation has effective systems for managing records in accordance with Records management: NHS code of practice (Department of Health, April 2006), Information security management: NHS code of practice (Department of Health, April 2007) and NHS Information Governance (Department of Health, September 2007).</p> <p>The healthcare organisation complies with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and with supplemental mandates and guidance if they are introduced during the assessment period.</p>	<p>EDM Deployment framework Healthcare records minutes Health records training presentation IG12 Health records policy Information policy committee minutes and terms of ref Health records committee terms of ref UK scan lead times document Information Governance Toolkit Email regarding potential data breach, documenting when patients not seen, change of referral form to multi link AHP notes audit</p>
	2	<p>The information management and technology plan for the organisation demonstrates how a correct NHS Number will be assigned to every clinical record, in accordance with The NHS in England: the Operating Framework for 2008/09 (Department of Health, December 2007).</p>	<p>NHS Number action plan AHP telephone triage form</p>

C10a	1	Element one – All provider sectors The necessary checks are undertaken in respect of all applications for NHS positions (prospective employees) and staff in ongoing NHS employment ¹⁴ in accordance with the NHS Employment Check Standards (NHS Employers) 2008)	HR 49 Pre employment policy HR 26 Recruitment and selection policy Recruitment materials Work permits operational procedures New starter check list Conditional offer letter template Workforce planning manual Occ health screening document Occ health certificate of fitness HR40 Professional registrations HR29 Alert letters policy HR52 Disclosure checks policy CRB documents HR26 Policy for the appointment of locum medical and dental staff PASA/PRONE national contract SLA documentation NHS professionals SLA documentation
C10b	1	The healthcare organisation explicitly requires all employed healthcare professionals ¹⁵ to abide by relevant codes of professional conduct. Mechanisms are in place to identify, report and take appropriate action when codes of conduct are breached.	Staff handbook HR induction material Relevant job descriptions HR25 Disciplinary policy HR 42 Procedure for dealing with conduct or capability of medical or dental staff Minutes of AHP staff meetings Letter of support for staff attending HPC meeting (AHP)

C11a	1	<p>Element one</p> <p>The healthcare organisation recruits staff in accordance with "employment and equalities legislation" including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties" in relation to employees, including, but not restricted to, its monitoring duties in relation to race,</p>	<p>HR26 Recruitment and selection policy</p> <p>Appointing officer recruitment materials</p> <p>Recruitment and selection training materials</p> <p>Equality and diversity training material</p> <p>Single equality scheme and action plan</p> <p>Race disability and gender scheme annual reports and action plans</p> <p>AHP examples of flexible, term time and part time contracts</p>
	2	<p>The healthcare organisation aligns workforce requirements to its service needs by undertaking workforce planning, and by ensuring that its staff are appropriately trained and qualified for the work they undertake.</p>	<p>HR Strategy</p> <p>HR Business plan</p> <p>Workforce plan</p> <p>GRASP (physio and OT)</p> <p>Therapy business plan</p> <p>Audiology staff schedule</p>
C11b	1	<p>Staff participate in relevant mandatory training programmes as defined by the relevant sector-specific NHS LA Risk Management Standards</p>	<p>Staff mandatory training programme evidence</p> <p>Training times</p> <p>Departmental training records</p> <p>Training non attendance lists</p> <p>Training needs analysis example</p>
	2	<p>Staff and students participate in relevant induction programmes.</p>	<p>Staff and students relevant training and induction programme evidence</p> <p>Departmental evidence of staff induction (AHP)</p>

	3	The healthcare organisation verifies that staff participate in those mandatory training programmes necessary to ensure probity, clinical quality and patient safety (including that referred to in element one). Where the healthcare organisation identify non-attendance, action is taken to rectify this.	Evidence of action taken when staff have not attended induction AHP department evidence of action taken when staff have not attended training
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C11c	1	<p>The healthcare organisation ensures that all staff concerned with all aspects of the provision of healthcare have opportunities to participate in professional and occupational development at all points in their career in accordance with "employment and equalities legislation". This includes legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties"* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of practice; and in accordance with the relevant aspects of Working together – learning together: a framework for lifelong learning for the NHS (Department of Health 2001) or an equally effective alternative.</p> <p>* The phrases "public body duties" and "employment and equalities legislation" are defined in C7e</p>	<p>NVQ course programmes Training attendance list Trust training attendance list by staff group Various AHP internal/external training evidence</p>
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C12	1	The healthcare organisation has effective research governance in place, which complies with the principles and requirements of the Research governance framework for health and social care, second edition (DH 2005).	Research and development committee terms of ref HR60 Research passports policy IG6 Research governance policy Evidence of AHP research studies, botox study, MS active, falls pilot and acupuncture study
Patient Focus			
C13a	1	The healthcare organisation ensures that staff treat patients / service users, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect.	<p> Essence of care scoring tools HCC patient survey report (emergency dept) Braille consent form C7 End of life policy A&E HCC survey action plan C1 Admission and transfer discharge policy 'Coming into hospital' patient leaflet Various patient leaflets National report on dignity Deprivation of liberty standards End of life pathway Essence of care meeting minutes Essence of car forward plan Health care for all briefing paper Equality and diversity training material Single equality scheme and action plan Equality impact assessments guidance and training materials C44 Interpreting and translation policy Essence of care documentation (learning disabilities) Essence co care comparison group meeting minutes Privacy and dignity action plan </p>

		Trust wide exit survey report
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	2	<p>Element two – All provider sectors The healthcare organisation meets the needs and rights of different patient groups with regard to dignity including by acting in accordance with the Human Rights Act 1998 and the general and specific duties imposed on public bodies in relation to race, disability and gender (including, amongst other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties"* statutes the Race Relations (Amendment) Act 2000</p> <p>□□the Disability Discrimination Act 2005, and □□ the Equality Act 2006 and where appropriate, having due regard to the associated codes of practice The healthcare organisation should act in accordance with the requirements in the National Service Framework for older people (Health Service circular 2001/007), to ensure that older people are not unfairly discriminated against in accessing NHS or social care services as a result of their age. * The phrase "public body duties" is defined in C7e.</p>	<p>Essence of care benchmark Consent form in Urdu Communication action plans Impact assessment guidance Hospital chaplaincy leaflet Single equality scheme and action plan Race disability and gender annual reports schemes and action plans List of leaflets in other languages Single assessment process contact assessment form Physical and sensory disability fact file Guide to religions and cultures Single sex wards document Induction loop and infrared system hearing aid project Examples of leaflet translations Comms. email on anti bullying and harassment event AHP evidence on DDA compliance</p>
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C13b	1	<p>Element one - 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) investigations and decisions in accordance with the Human Rights Act 1998, the Reference guide to consent for examination or treatment (Department of Health 2001), Human Tissue Authority: a code of practice (July 2006), and having regard to the Code of Practice to the Mental Health Act 1983 and 2007 and the Code of Practice to the Mental Capacity Act 2005.</p>	<p>Procedure specific consent forms (various) Coroners post mortem proforma Foreign language consent forms Braille consent forms C25 Consent policy Various post mortem consent forms Equality and diversity steering group minutes C44 Interpreting and translation policy C35 Policy of the development of patient information Single assessment process admission pack layout Mental capacity act steering group minutes C53 Mental act capacity policy AHP notes audit Draft consent form for acupuncture Example consent form to obtain information from GP (wheelchair services)</p>
	2	<p>Element two - Patients/service users, including those with language and/or communication support needs, are provided with appropriate and sufficient information suitable to their needs, on the use and disclosure of confidential information held about them in accordance with Confidentiality: NHS code of practice (Department of Health 2003).</p>	<p>12 key points on consent document Patient information leaflets (hernia and upper gastro) C44 Interpreting and translation policy NE single assessment process sharing of information leaflet and protocols</p>
	3	<p>Element three - The healthcare organisation monitors and reviews current practices to ensure effective consent processes.</p>	<p>Consent working group minutes Trust wide audit of elective consent Obs and Gynae Clinical audit report audit of consent (surgery and angiography) Consent audit report Nov 08.</p>

			Pilot patient safety theatre check list Consent working party terms of ref AHP notes audit
C13c	1	<p>Element one – All provider sectors When using and disclosing patients/service users' personal information staff act in accordance with the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 and Confidentiality: NHS code of practice (Department of Health 2003), Caldicott Guardian Manual 2006 (Department of Health 2006). The healthcare organisation complies with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and with supplemental mandates and guidance if they are introduced during the assessment period.</p>	Access to records poster IG12 Heath records policy Data protection training presentation NE single assessment process information leaflet NE single assessment process protocol SHA Your health and social care record patient leaflet Paediatric common assessment framework CALDICOTT approval form
C14a	1	<p>Element one – All provider sectors Patients / service users, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system, including information about how to escalate their concerns; and the healthcare organisation acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the healthcare organisation.</p>	Complaints annual report and business plan Complaints training presentations Essence of care documentation RM4 Complaints policy Trust leaflets (complaints) Various example's of complaints responses HCC report 'is anyone listening' GAP analysis GAP analysis and action plan HCC leaflet on complaints ICAS leaflet and poster Various complaint files Complaints department 'getting in touch' document NAO feeding back GAP analysis and exception

			report PALS patient information leaflet PALS poster PPI strategy and tool kit Complaints pack Complaints department induction pack Complaints leaflet translation paragraphs PALS posters AHP complaints departmental training records
	2	Element two – All provider sectors Patients / service users, relatives and carers are provided with opportunities to give feedback on the quality of services.	CLIP report Complaints compliments report Food and cleanliness action plan Complaints leaflet Compliments emails Learning disabilities complaints questionnaire (essence of care) Maternity survey Performa National in patient survey action plans National patient survey results National maternity survey results PPI strategy QSSG minutes Complaints evaluation survey letter CLIP report Action plan to encourage patient feedback
C14b	1	Element one – All provider sectors The healthcare organisation has systems in place to ensure that patients / service users, carers and relatives are not treated adversely as a result of having complained.	Being open leaflet Being open policy Being open poster Clinical governance news letter Complaints policy Complaints training presentation Equality and diversity strategy

			HCC report GASP analysis ICAS poster and leaflet Complaints time line National audit office action plan Complaints survey request for feedback letter Protocol for interface between PALS and complaints Compliments letters to department RM training programme Trust responses to complaints AHP departmental complaints action plans examples
C14c	1	Element one - The healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner; and acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the healthcare organisation.	Communication sheet proforma Complaint responses CLIP report Complaints proforma Monthly directorate reports Information on HCC referrals Monthly directorate report Performance summary in times Example of complaints reminders Reminder re action planning AHP examples of complaints, responses , action plans
	2	Element two - Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients / service users, relatives and carers.	Various action plans and reviewed action plans arising from complaints Agenda from clinical governance half day (orthopaedics) Example AHP changes made in response to complaints or issues

C15a	1	Element one - Patients/service users are offered a choice of food and drink in line with the requirements of a balanced diet reflecting the rights (including the rights of different faith groups), needs (including cultural needs) and preferences of its service user population.	Food and nutrition benchmark Nutritional information (per portion) Patient food menus Coming into hospital patient leaflets Exclusion listings data base (food free from various substances eg nuts eggs etc) Food and nutrition questionnaire Food patient survey report Essence of care forward plan C44 Interpreting policy Nutritional assessment tool Common assessment tool contact assessment National in patient survey report Patient leaflet translation paragraphs Paediatric diabetic food chart Menu review group Enteral feeding policy Diabetic information
	2	Element two - The preparation, distribution, delivery, handling and serving of food, storage, and disposal of food is carried out in accordance with food safety legislation including the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2006.	Nutritional care operational definitions Catering 5 star award criteria Example of staff rota Training poster on temperature checking meals Hazard analysis critical control points guidelines for catering Tees Valley food hygiene award certificate Catering staff training records Catering staff food related training records
C15b	1	Element one - Patients/service users have access to food and drink that meets the individual needs of the patients / service users 24 hours a day.	Directorate care core operational definitions (nutrition) Examples of out of hours food issues Complimentary email on over night food provision Staff rota example Evidence of dieticians working with kitchens (menu review group diabetic information)

2		<p>Element two - The nutritional, personal and clinical dietary requirements of individual patients/service users are assessed and met, including the right to have religious dietary requirements met at all stages of their care and treatment.</p>	<p>PEAT catering audits Essence of care food and nutrition information Patient menus Coming into hospital patient leaflet Trust internet-website screen shot on ethnic information Food and nutrition patient questionnaire Food and cleanliness survey Food satisfaction survey Essence of care forward plan Inpatient admission pack Nutritional assessment tool Prescription of care definitions Trust wide exit survey report Evidence of dieticians working with kitchens (menu review group diabetic information)</p>
3		<p>Element three - Patients/service users requiring assistance with eating and drinking are provided with appropriate support including provision of dedicated meal times, adapted appliances and appropriate consistency of food where necessary.</p>	<p>Essence of care benchmarking tool Patient menus Food and nutrition bench marking summary Coming into hospital patient leaflet Essence of care meeting minutes Food and nutrition patient questionnaire Directorate food and cleanliness action plans Essence of care forward plan Nutritional assessment tool Prescriptions of care definitions</p>

C16	1	<p>Element one -The healthcare organisation has identified the information needs of its service population, and provides suitable and accessible information on the services it provides in response to these needs. This includes the provision of information in relevant languages and formats in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties"* statutes:</p> <ul style="list-style-type: none"> • the Race Relations (Amendment) Act 2000 • the Disability Discrimination Act 2005 • the Equality Act 2006. <p>And where appropriate, having due regard to the associated codes of practice.</p> <p>* The phrase "public body duties" is defined in C7e.</p>	<p>Choose and book information Consent form in Braille C44 Interpreting policy Interpreting usage database RES report and action plan Trust services on DOH website Patient information leaflet translation paragraphs AHP specific patient information leaflets</p>
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	2	<p>Element two - The healthcare organisation provides patients / service users and, where appropriate, carers with sufficient and accessible information on the patient's individual care, treatment and after care, including those patients / service users and carers with communication or language support needs. In doing so healthcare organisations must have regard, where appropriate, to the Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs 2007) and the Code of Practice to the Mental Health Act (Department of Constitutional Affairs 1983).</p>	<p>Extract from leaflet front cover Consent form in braille C25 consent policy Deprivation of liberties standards information document C35 Information for patient policy C44 Interpreting and information policy C53 Mental capacity act policy</p>
Accessible and Responsive Care			

C17	1	<p>Element one - The healthcare organisation seeks and collects the views and experiences of patients/service users, carers and the local community, particularly those people who are seldom listened to, on an ongoing basis when designing, planning, delivering and improving healthcare services as required by Section 242 of the National Health Services Act 2006 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) and any subsequent statutory guidance introduced in the assessment year. In doing so the healthcare organisation acts in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties"</p> <p>*statutes:</p> <ul style="list-style-type: none"> • the Race Relations (Amendment) Act 2000 • the Disability Discrimination Act 2005 • the Equality Act 2006. <p>And where appropriate, having due regard to the associated codes of practice</p> <p>* The phrase "public body duties" is defined in C7e.</p>	<p>Communication patient questionnaire National emergency survey Trust results Food and cleanliness Trust survey report Hospital user group terms of ref and work plans Single equality scheme and action plan Equality impact assessment guidance and training materials Learning disabilities patient and family questionnaires National in patient survey reports PPI strategy and tool kit QRP scores Trust wide exit survey report</p>
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	2	<p>Element two - The healthcare organisation demonstrates to patients/service users, carers and the local community, particularly those people who are seldom listened to, how it has taken their views and experiences into account in the designing, planning, delivering and improving healthcare 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) and any subsequent statutory guidance introduced in the assessment year. In doing so the healthcare organisation should act in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties"* statutes:</p> <ul style="list-style-type: none"> • the Race Relations (Amendment) Act 2000 • the Disability Discrimination Act 2005 • the Equality Act 2006. <p>And where appropriate, having due regard to the associated codes of practice.</p> <p>* The phrase "public body duties" is defined in C7e.</p>	<p>Bench marking scoring information Food and cleanliness action plans Hospital user group minutes Directorate nation in patient survey actions plans QRP scores Trust wide exit survey reports Trust single equality scheme and action plan Completed impact equality assessment Equality impact assessment guidance and training materials</p>
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C18	1	<p>Element one – All provider sectors The healthcare organisation ensures that all members of the population it serves are able to access its services equally, including acting in accordance with the general and specific duties imposed on public bodies (including, amongst other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties" statutes:</p> <p>□□ the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005, and □□ the Equality Act 2006 ; and where appropriate, having due regard to the associated codes of practice. *</p> <p>The phrases "public body duties" is defined in C7e</p>	<p>Single race disability and gender equality scheme action plans and annual reports</p> <p>Equality impact assessment training guidance and training materials</p> <p>Community physio clinics accessible on evenings and weekends</p> <p>Therapy business plan</p> <p>Anthem article (AHP) investments, waiting lists</p>
	2	<p>Element two - The healthcare organisation offers patients/service users choice in access to services and treatment, and those choices in access to services and treatment are offered on a fair, just and reasonable basis, including to disadvantaged groups and including acting in accordance with the general and specific duties imposed on public bodies as in element one and including, where appropriate, having due regard to the associated codes of practice.</p>	<p>Single race disability and gender equality scheme action plans and annual reports</p> <p>Equality impact assessment training guidance and training materials</p> <p>Community physio bid</p> <p>Therapy business plan</p> <p>Wheelchair services review</p> <p>Physio 7 day working A&E results</p>

Care Environm ent and Amenities			
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C20a	1	<p>Element one - The healthcare organisation effectively manages the health, safety and environmental risks to patients/service users, staff and visitors, in accordance with all relevant health and safety legislation, fire safety legislation, the Disability Discrimination Act 1995, and the Disability Discrimination Act 2005; and by having regard to The duty to promote disability equality: Statutory Code of practice (Disability Rights Commission, 2005). It also acts in accordance with the mandatory requirements set out in Firecode – fire safety in the NHS Health Technical Memorandum (HTM) 05-01: Managing healthcare fire safety (Department of Health, 2006), in so far as the requirements are relevant to the healthcare organisation, and follows the guidance contained therein, or equally effective alternative means to achieve the same objectives. It also considers, and where appropriate follows, the good practice guidance referred to in The NHS Healthy Workplaces Handbook (NHS Employers 2007) or equally effective alternative means to achieve the same objectives.</p>	<p>Health & safety committee minutes Fire safety annual report Estates capitol programme including disability schemes RM1 Display screen equipment EF1 Environmental management policy EF13 Environmental purchasing policy Equality and diversity policy screening check list RM 13 Fire policy Fire safety group minutes RM8 Risk assessment policy Health and safety committee terms of ref Pharmacy health and safety inspection report RM10 Health and safety policy Single and disability equality schemes action plans and annual reports Example of internal safety action notice RM7 Violence and aggression policy IC24 Minimal handling policy RM 9 Strategy for policies Whole service equality impact service</p>
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	2	Element two - The healthcare organisation provides a secure environment which protects patients/service users, staff, visitors and their property, and the physical assets of the organisation, including in accordance with Secretary of State directions on measures to tackle violence against staff and professionals who work in or provide services to the NHS (Department of Health 2003, as amended 2006) and Secretary of State directions on NHS security management measures (Department of Health 2004, as amended 2006)	Security car parking patrol points (internal and external) CCTV policy Example MAPPA alert ID Badge policy RM7 Violence and aggression policy Police security liaison meeting minutes F3 Theft fraud corruption policy Directorate business continuity plans
C20b	1	Element one - The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation, access to private areas for religious and spiritual needs and for confidential consultations. This should happen at all stages of care and during transfers ¹⁷ .	PEAT inspection report graphs Dignity action plan Emergency department HCC patient survey report and action plan Multi faith contact numbers list Religious and culture requirements information Communication benchmark summary Privacy and dignity benchmark summary Care for dignity action plan Coming into hospital patient leaflet Communication action plans DOH religion and belief guide for the NHS Essence of care minutes Ethnicity in the NE Trust intranet screen shot Nation maternity survey results Statement from physio team leader on single rooms

	2	Element two - Healthcare organisations have systems in place to ensure that preventive and corrective actions are taken in situations where there are risks and/or issues with patient privacy and/or confidentiality.	PEAT inspection reports Mixed sex wards action plan Communication benchmark and action plan Mixed sex wards patient letter Privacy and dignity action plan
C21	1	Element one - The healthcare organisation has systems in place and has taken steps to ensure that care is provided in well designed and well maintained environments, including in accordance with all relevant legislative requirements referred to in Health Building Notes (HBN) and Health Technical Memoranda (HTM), and by following the guidance contained therein, or equally effective alternative means to achieve the outcomes of the HBNs/HTMs. The healthcare organisation should also act in accordance with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005; and have regard to The duty to promote disability equality: Statutory Code of practice (Disability Rights Commission, 2005).	PEAT inspection reports PEAT annual graph Estates work history reports PPM Planned maintenance regime Estates capitol programme National in patient survey results

	2	<p>Element two – All provider sectors except ambulance Care is provided in clean environments, in accordance with the relevant requirements of duty four of The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health, revised 2008).</p>	<p>Hygiene monitoring results Cleaning group minutes Cleaning monitoring results PEAT reports C Diff action plan MRSA action plan Infection control annual programme Cleaning group terms of ref Example infection control report to HPA IC 19 C diff policy IC 12 Disinfection and sterilisation policy DOH infection control code of practice National in patient survey Maternity survey Food survey IC2 hand hygiene policy Infection control training data base IC3 Infection control Policy IC6 MRSA policy Trust health care associated infections report MRSA screening leaflet example Infection control monthly performance bulletin HCC HCAI inspection programme reporting templates IC15 patient isolation policy DOH improvement team peer review action plan IC 17 standard precautions policy HCC code of practice HCAI self assessment tool</p>
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Public Health			
C22a&c	1	<p>Element one - The healthcare organisation actively works with other healthcare organisations, local government and other local partners to promote, protect and demonstrably improve the health of the community served and narrow health inequalities, such as by working to improve care pathways for patients / service users across the health community and between the health, social care and the criminal justice system, and/or participating in the JSNA and health equity audits to identify population health needs.</p>	<p>Patient survey press releases Momentum press releases C54 continence policy Corporate contact review group minutes LDP minutes C7 end of life policy Guideline for stroke management Cellulitis pathway Clinical quality review group minutes Acute services review consultation document Foundation Trust integrated business plan Tees capacity planning methodology Tees capacity planning scope PPI annual report Trust annual plan Self harm integrated care pathway AHP service level agreements with community health organisations Plans to extend community physio services Expansion of Audiology service</p>
	2	<p>Element two - The healthcare organisation contributes appropriately and effectively to nationally recognised and/or statutory partnerships, such as the Local Strategic Partnership, children's partnership arrangements and, where appropriate, the Crime and Disorder Reduction Partnership.</p>	<p>Board of directors and COG meetings Data quality contract review group minutes Police security liaison minutes Reducing violence group minutes</p>

	3	Element three - The healthcare organisation monitors and reviews their contribution to public health partnership arrangements and takes action as required.	<p>Guideline for treatment of pregnant substance misuse's</p> <p>Cancer locality group meeting minutes</p> <p>Sudden unexpected death in infancy guidelines</p> <p>Perinatal mental health guideline</p> <p>Alcohol health improvement partnership document</p> <p>Community midwifery smoking cessation process</p> <p>Developing safeguarding children's policy guidance (local safeguarding children board)</p> <p>Flow chart for patients with challenging behaviours</p> <p>Smoke free North East Local Alliance tool kit</p> <p>Hartlepool public health smoking action plan</p> <p>Childhood obesity action plan memo.</p> <p>North of England cancer network board meeting minutes</p> <p>North Of England cancer network development proposals (bowel screening, breast screening)</p> <p>PCT obesity digest document</p> <p>PCT no smoking policy</p> <p>Public health E bulletin</p> <p>Sexual health digest</p> <p>Health improvement partnership document</p> <p>EF12 smoke free policy</p>
C22b	1	Element one - The healthcare organisation's policies and practice to improve health and narrow health inequalities are informed by the local director of public health's (DPH) annual public health report.	<p>Momentum diagnostic services project report</p> <p>Momentum end of life long term conditions, planned care, step down, unplanned care, women and children reports and appendices.</p>

C23	1	<p>Element one - The healthcare organisation collects, analyses and shares data about its patients/service users and services, including where relevant data on ethnicity, gender, age, disability and socio-economic factors, including with its commissioners, to influence health needs assessments and strategic planning to improve the health of the community served.</p>	<p>Guideline for pregnant women using drugs Sudden unexpected death in infancy guidelines Perinatal mental health guidelines Bed frame trial project up date Community midwifery smoking cessation progress Fall training reports Falls audit action plan Falls flowchart Falls group minutes Fall prevention presentation Flow chart for patients with challenging behaviours Fractured neck of femur information booklet Smoking cessation action plan (Hartlepool public health) Bedrail training lesson plan Smoke free North East local alliance tool kit North England cancer network development proposal (bowel cancer, breast cancer) Public health E bulletin Business case for electric beds email Register of falls key trainers In patient falls audit form Dietetics Durham & Darlington food action plan Health weight , healthy lives group Therapy weight management programme information Smoking cessation training records</p>
	2	<p>Element two - Patients/service users are provided with evidence-based care and advice along their care pathway in relation to public health priority areas, including through referral to specialist advice/services.</p>	<p>Promoting health benchmark action plan Various patient information leaflets Bed frame trial project up date Cardiac rehabilitation heart start protocol PPI forum minutes Essence of care scoring sheet (stop smoking)</p>

			<p>Dietetics Durham & Darlington food action plan</p> <p>Health weight , healthy lives group</p> <p>Therapy weight management programme information</p> <p>Smoking cessation training records</p> <p>Falls key trainers data base</p> <p>Falls audit action plan</p> <p>Falls flow chart Stockton</p> <p>Falls prevention training presentation</p> <p>Challenging behaviours guidelines</p> <p>Drink related survey follow up letters example</p> <p>Hip fracture information for patients</p> <p>PPI annual report</p> <p>Essence of care scoring sheets on promoting health</p> <p>Self harm ICP document</p> <p>Smoking cessation documents</p> <p>Substance misuse poster</p> <p>Weight management diet sheet example</p>
	3	Element three - The healthcare organisation implements policies and practices to improve the health and wellbeing of its workforce.	<p>Great North run initiative</p> <p>HR Promotion of good mental health policy</p> <p>HR35 Work life balance policy</p> <p>HR 19 Equal opportunities policy</p> <p>HR 51 Stress policy</p> <p>HR2 Bullying policy</p> <p>HR4 Sickness absence policy</p> <p>HR27 Disclosure of concerns policy</p> <p>Improving working lives documents</p> <p>Occupational health direct access physiotherapy service</p>

C24	1	<p>Element one – All provider sectors The healthcare organisation protects the public by having 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 2005, and associated supplements (Department of Health, 2005, 2007), NHS Resilience and Business Continuity Management Guidance; Interim Strategic National Guidance for NHS Organisations (Department of Health, 2008) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).</p>	<p>RM17 Business continuity policy Business continuity plan examples Business continuity exercise presentation Examples of incidents de-brief Emergency preparedness training presentation Emergency preparedness leaflet Emergency preparedness training numbers Major incident policy Trust heat wave plan Pandemic flu plan Suspect package training numbers Trust evacuation plan Trust induction plan on emergency preparedness</p>
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	2	<p>Element two – All provider sectors except Mental Health & Learning Disability The healthcare organisation protects the public by working 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 associated annexes (Department of Health 2005, 2007) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).</p>	<p>Local resilience forum meeting minutes Pandemic flu group minutes</p>
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Application for registration with the Care Quality Commission in relation to healthcare associated infection**Part 1: Details for registration.**

Name of trust: North Tees And Hartlepool NHS Foundation Trust

Contact address: University Hospital of Hartlepool
Holdforth Road

Hartlepool
Cleveland

Email address: sue.smith1@nth.nhs.uk
(For all electronic communication with respect to this application)

Part 2: Statement of Compliance with the proposed requirement for the regulation of regulated activities relating to health care associated infections (HCAI) that will, subject to Parliamentary approval, come into force on 1 April 2009.

Requirement: A service provider in respect of carrying on of a regulated activity must, so far as reasonably practicable, ensure that patients, healthcare workers and others who may be at risk of acquiring a healthcare associated infection, are protected against identifiable risks of acquiring such an infection by the means specified in the regulations.

Statement: The trust considers it is, and will continue to be, in compliance with this requirement that will, subject to parliamentary approval, come into force on 1 April 2009.

☒ Compliant

☐ Not Compliant

Part 3: Statement on whether the criteria set out in the Code of Practice about compliance with the regulation on HCAs are being, and will continue to be, met.

(The supporting guidance to the Code of Practice illustrates how each of these criteria may be reliably met. Declaration of an improvement plan to strengthen systems of compliance will not necessarily be reflected in conditions being imposed on registration: this will be reserved for cases where it is considered there is a need for action to address a significant risk of the registration requirement being breached.)

Criterion 1: The trust has in place and operates effective management systems for the prevention and control of HCAI that are informed by risk assessments and analysis of infection incidents
meets
Criterion 2: The trust provides and maintains a clean and appropriate environment that facilitates the prevention and control of HCAI
meets
Criterion 3: The trust provides suitable and sufficient information on HCAI to patients and the public and to other service providers when patients move to the care of another healthcare or social care provider
meets
Criterion 4: The trust ensures patients presenting with an infection or who acquire an infection during care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission
meets
Criterion 5: The trust gains the co-operation of staff, contractors and others involved in the provision of healthcare in preventing and controlling infection
meets
Criterion 6: The trust provides or can secure adequate isolation facilities
meets
Criterion 7: The trust secures adequate access to laboratory support
meets
Criterion 8: The trust has, and adheres to, appropriate policies and protocols for the prevention and control of HCAI
meets
Criterion 9: The trust ensures, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI

meets

Part 4: Supplementary Information to support this application.

Trusts may wish to record here significant information that provides additional evidence that the requirement to protect patients, healthcare workers and others from identifiable risks of acquiring an HCAI are, and will continue to be, met. This should include confirmation whether any planned action to address non-compliance in the Core Standards Declaration for 2007/08 regarding C4a, C4c and C21 has been completed, or will be by 31 March 2009. It may also include a brief comment on how well targets on the reduction of HCAI, as appropriate, are being met.

North Tees and Hartlepool NHS Foundation Trust is hosting the PCT provider services for a 17-month period from 1st November 2008. This application for registration is submitted in relation to services across both the primary and secondary care provider services. Please note that PCT premises are owned and maintained by the PCTs and cleaning services remain largely the responsibility of the PCTs. As the hosting organisation providing services from those premises, we accept a responsibility to monitor and provide assurance that the premises are appropriately maintained and cleaned by the PCTs. Our Trust action plan shows the process and assurances that we have sought from the PCT and that we will be continuing to oversee during the hosting period.

Action plans are monitored monthly by the HCAI Action Group and quarterly by the Clinical Governance Committee. The Trust Board receive monthly updates on progress against HCAI improvement and the executive team hear all RCA investigation reports and offer support where required.

The unannounced visit by the Healthcare Commission in April 2008 found that the trust did not achieve compliance with Core Duty 4 with no material breach of the Code. All recommendations were carried out within two weeks, with the exception of a kitchen refurbishment programme which is now underway.

The trust declared itself compliant with Core Standards C4a, C4c and C21 for 2007/8 and can demonstrate a significant reduction in both MRSA bacteraemia and Clostridium difficile rates andreamins within trajectory for both, i.e:

MRSA bacteraemia 2007/8 = 28 cases, 2008/9 to date = 11 cases (trajectory to date = 13)

C difficile 2007/8 = 210 cases, 2008/9 to date 110 cases (trajectory to date = 150)

The trust is able to demonstrate consistent review and improvement in the overall level of compliance. This will continue to be driven this as a top priority in line with trust corporate objectives for services that we manage across both primary and secondary provider arms.

Part 5: Indication of willingness to receive notices by electronic communication.

The trust is willing to receive notices with respect to this application for registration by electronic communication to the email address provided in Part 1.


(This will include any notice of proposals and the notice of decision provided by ss 26 & 28 of the 2008 Act)

Part 6: Electronic sign off by the trust chief executive.

This application has been considered by the trust board and has been formally agreed by it prior to my sign off.

Name of chief executive:

Mr Alan Foster

Signature of chief executive 

Date of chief executive sign-off 2 February 2009.

Name of person completing the electronic form:

Mrs Sue Smith

It is an offence under section 37 of the 2008 Act to make a statement that is false or misleading in a material aspect in an application form

Please ensure that the form does not contain any confidential information about patients or staff.

Performance assessment 2008/2009



National priority indicators for acute and specialist trusts

As part of the Healthcare Commission's annual health check, we will be using 16 indicators to assess the performance of acute and specialist trusts against the national priorities (as described in Operating Framework for the NHS in England 2008/2009).

Each indicator includes details of why it is included (the 'rationale'), the data source, and the period of time assessed by the indicator (the 'data period').

Table of contents:

	Indicator name
Health and wellbeing	Infant health and inequalities: smoking during pregnancy and breastfeeding initiation
	Experience of patients – health and wellbeing domain(s)
Clinical quality	Participation in heart disease audits
	Engagement in clinical audits
	Stroke care
	Experience of patients – clinical quality domain(s)
	Maternity Hospital Episode Statistics: data quality indicator
Safety	Incidence of MRSA Bacteraemia
	Experience of patients – safety domain(s)
	Incidence of Clostridium difficile
Patient focus and access	18 week referral to treatment times
	All cancers: two week wait
	All cancers: one month diagnosis to treatment (including new cancer strategy commitment)
	All cancers: two month GP urgent referral to treatment (including new cancer strategy commitment)
	Experience of patients – patient focus and access domain(s)
	NHS staff satisfaction

HEALTH SCRUTINY FORUM

24 February 2009



Report of: Scrutiny Support Officer

Subject: CONSULTATION FEEDBACK - LOCAL
PROCUREMENT OF GP PRACTICES AND A GP
LED HEALTH CENTRE IN HARTLEPOOL –
COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members that representative's from Hartlepool Primary Care Trust (PCT) will be in attendance at today's meeting to update the Forum to provide feedback on the outcome of consultations in relation to proposals for the local procurement of GP practices and a GP led Health Centre in Hartlepool.

2. BACKGROUND INFORMATION

- 2.1 *The Darzi Interim NHS Next Stage Review (NSR)* emphasised the need to develop care outside of hospitals, in particular the prioritisation of improvements in access to GP led primary care services, and gave a commitment that the NHS would establish at least 150 GP led health centres, open 8am to 8pm, seven days a week. In addition to the new health centres, the NSR also gave a commitment that the NHS would establish at least 100 new GP practices in areas of greatest need.
- 2.2 As part of this commitment, Hartlepool PCT is to be required to develop 1 health centre and 2 additional GP practices and proposals to facilitate this have been drawn up. As part of the consultation process the Health Scrutiny Forum, on the 17 June 2008, considered a detailed briefing report on the proposals and formulated a view which was subsequently relayed back to the PCT.
- 2.3 In accordance with the wishes of the Forum, it was agreed that representatives from Hartlepool PCT would return to today's meeting to give a further update on the outcome of the consultation. The Practice Based Commissioning Account Manager will be in attendance at today's meeting to provide a further brief presentation.

3. RECOMMENDATION

3.1 That Members note the content of the presentation.

Contact Officer:- Joan Wilkins– Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

No background papers were used in the preparation of this report

HEALTH SCRUTINY FORUM

24 February 2009



Report of: Scrutiny Support Officer

Subject: EXTERNALISATION OF PROVIDER SERVICES
HARTLEPOOL PRIMARY CARE TRUST (PCT) AND
HARTLEPOOL NHS FOUNDATION TRUST UPDATE
- COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To advise Members that an update on the externalisation of provider services will be delivered at today's meeting by the Assistant Chief Executive (North Tees and Hartlepool PCT) and the Director of Strategic Service Development (Hartlepool NHS Foundation Trust Foundation Trust).

2. BACKGROUND INFORMATION

- 2.1 Continuing the development of strong working / communication links between the PCT, Foundation Trust and the Health Scrutiny Forum, it has been agreed that the Forum will be receiving regular updates from the PCT and Foundation Trust on the externalisation of provider services. The First of these updates being given by the PCT at the meeting on the 14 October 2008.
- 2.2 Arrangements have subsequently been put in place for the Assistant Chief Executive (North Tees and Hartlepool PCT) and the Director of Strategic Service Development (Hartlepool NHS Foundation Trust Foundation Trust) to be in attendance at today's meeting, to give brief presentations on progress in relation to the externalisation of provider services.

3. RECOMMENDATION

- 3.1 That Members note the content of the presentation, seeking clarification on any relevant issues from the Assistant Chief Executive (North Tees and Hartlepool PCT) and the Director of Strategic Service Development (Hartlepool NHS Foundation Trust Foundation Trust), where felt appropriate.

CONTACT OFFICER

Joan Wilkins – Scrutiny Support Officer

Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
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BACKGROUND PAPERS

No background documentation was used in the preparation of this report.

HEALTH SCRUTINY FORUM

24 February 2009



Report of: Scrutiny Support Officer

Subject: SIX MONTHLY MONITORING OF AGREED HEALTH SCRUTINY FORUM'S RECOMMENDATIONS

1. PURPOSE OF REPORT

- 1.1 To provide Members with the six monthly progress made on the delivery of the agreed scrutiny recommendations of this Forum since the 2005/06 Municipal Year.

2. BACKGROUND INFORMATION

- 2.1 In accordance with the agreed procedure, this report provides information of the progress made against investigations undertaken by the Forum since the 2005/06 Municipal Year.
- 2.2 In doing so, attached as **Appendix A** is a Summary Report that breaks down progress made by investigation and **Appendix B**, provides a detailed explanation of each recommendation that is either 'expected to achieve target' or 'not expected to achieve target'.
- 2.3 In summary, Members may wish to note that since the 2005/06 Municipal Year 96.9% of this Forum's recommendations have been achieved, 1.5% are expected to be achieved and 1.5% which are no longer deliverable due circumstances beyond the Authority's control.

3. RECOMMENDATION

- 3.1 That progress against the Health Scrutiny Forum's agreed recommendations, since the 2005/06 Municipal Year, be noted and explored further where appropriate.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 284142
Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

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

Adult & Community Services & Health Scrutiny Forum**Pandemic Influenza - 'Contingency Planning'**

G Target achieved 1

Access to GP Services

G Target achieved 48

Social Prescribing

N No longer deliverable 1

G Target achieved 12

**Withdrawal of Emergency Care Practitioners Service
at Wynyard Road**

G Target achieved 2

A Expect to achieve target 1

Scrutiny Recommendations (Not Completed) Monitoring Report

January 2009

Department: *
Division: *

Scrutiny: Adult & Community Services & Health Scrutiny Forum
Scrutiny Enquiry: *

N	No longer deliverable	1	1.5%
	Adult & Community Services & Health Scrutiny Forum	1	
A	Expect to achieve target	1	1.5%
	Adult & Community Services & Health Scrutiny Forum	1	
G	Target achieved	63	96.9%
	Adult & Community Services & Health Scrutiny Forum	63	
Total No. of Actions		65	

Scrutiny Recommendations (Not Completed) Monitoring Report

January 2009

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO:

ACS/06-7/3 SOCIAL PRESCRIBING

Recommendation:

ACS/06-7/3c As part of this process, detailed consideration should be given during the 2007/08 year to re-allocating funds to the MIND and other social prescribing services from existing activities that service users found less helpful and acceptable.

N

ACS/06-7/3c

This recommendation is specifically linked to NDC funding and we do not allocate these funds.

Unable to progress. HBC doesn't allocate NDC funding. However, the PCT has allocated significant funding to be administered by HVDA to support voluntary organisations (in the region of 250 -300k). These resources cover core costs as well as specific funding for projects such as social prescribing (as this is specifically linked in to the Public Health Strategy as a recommendation). MIND has received a significant amount of this funding and has also been allocated some voluntary sector core cost funding by the PCT.

*

Scrutiny Recommendations (Not Completed) Monitoring Report

January 2009

Progress	Rec. No.	Recommendation	By When / Milestone	Update on progress	Lead Officer
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SCRUTINY INVESTIGATION INTO:

ACS/06-7/4 WITHDRAWAL OF EMERGENCY CARE PRACTITIONERS SERVICE AT WYNYARD ROAD

Recommendation:

ACS/06-7/4c	That the creation of a formal set of protocols on consultation be debated between the PCT and the Forum to:- (i) Promote the real improvements in health services in Hartlepool; and (ii) Foster the improved links with Hartlepool PCT, that have developed in the intervening period between the closure of the ECP Service at Wynyard Road and the conclusion of this Forum's investigation.
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A	ACS/06-7/4c	Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chairs.	Draft proposals have been shared. This is being progressed by the PCT and Scrutiny Chair.	Ali Wilson
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HEALTH SCRUTINY FORUM

24 February 2009



Report of: Scrutiny Support Officer

Subject: TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of issues discussed at meetings of the Tees Valley Health Scrutiny Joint Committee held since the last meeting of the Health Scrutiny Forum on the 20 January 2009.

2. BACKGROUND INFORMATION

- 2.1 A summary is provided below of the issues discussed at recent Tees Valley Health Scrutiny Joint Committee meetings. Further information on these issues is available from the Scrutiny Support Officer and where appropriate clarification can be sought from Hartlepool's Tees Valley Health Joint Committee representatives who are present at today's meeting.

- 2.2 Issues discussed at the Tees Valley Health Scrutiny Joint Committee on the 30 January 2009:-

- (a) Cancer Screening Services – The Joint Committee is as part of its work programme for 2008/09 looking at the issue of cancer screening services across the Tees Valley. The joint committee received at its meeting on the 15 December 2008 a significant amount of information, and to further expand on this additional evidence was provided at the meeting on the 30 January 2009.
- (b) Community Based Arrhythmia Service (Briefing) – The Joint Committee received a briefing on developments in the Community Based Arrhythmia Service and was asked to highlight additional issues that they feel may need addressing in informing and involving the local community and how the it wished to be involved. An update on the Joint Committees response will be provided at the meeting; however, a copy of the PCT briefing paper is attached for Members information at **Appendix A**.

- (c) North East Ambulance Service – Foundation Trust Application – The Joint Committee received notification of the upcoming public consultation process pertaining to the NEAS move towards Foundation Trust status. Public consultations are to begin in Spring 2009 and the Joint Committee will be receiving a further presentation from NEAS to discuss the consultation and the associated consultation plan.

3. RECOMMENDATION

- 3.1 That Members note the content of the report and outline any possible comments which they would like the Chair to relay back to the Joint Committee in the future on their behalf.

Contact Officer:- Joan Wilkins – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
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Email: joan.wilkins@hartlepool.gov.uk

BACKGROUND PAPERS

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



**Hartlepool Primary Care Trust
Middlesbrough Primary Care Trust
Redcar and Cleveland Primary Care Trust
Stockton on Tees Teaching Primary Care Trust**

**Community Based Arrhythmia Service:
Hartlepool Primary Care Trust (PCT), Middlesbrough PCT,
Redcar and Cleveland PCT, Stockton on Tees Teaching PCT**

BRIEFING PAPER

INTRODUCTION

An arrhythmia is an abnormality of the heart's rhythm, either caused by an inherited problem or by an acquired condition that disturbs the electrical impulses which regulate the heart.

In line with national and local drivers, and following a successful pilot south of Tees, it is proposed to establish a community based arrhythmia service offering equitable access for those residing within the four Tees PCTs. The service would be delivered from community facilities in Middlesbrough (already established), Redcar and Cleveland (already established), Hartlepool and Stockton on Tees. The service will ensure that people presenting with arrhythmias will receive timely assessment by an appropriate clinician to ensure accurate diagnosis and effective treatment and rehabilitation. The service will be essentially nurse led with robust links to a Consultant Arrhythmia Specialist for any required advice or further management.

This development will ensure the delivery of an improved quality of initial and early care for patients with arrhythmia and will lead to these cases being managed more quickly, more cost effectively and in appropriate settings with improved quality of life and survival outcomes. A range of national, local and clinical drivers exist for providing a Primary Care Arrhythmia Service – see appendix 1.

PROCESS

In line with national guidance Hartlepool, Middlesbrough and Redcar and Cleveland PCTs and Stockton on Tees Teaching PCT are proposing to commission a Tees-wide community based arrhythmia service.

It is proposed that this specification will be tabled for discussion and negotiation with the community providers as part of the annual negotiations. In the event that the development of this service in North of Tees is not achieved through this route, procurement processes will be considered.

PROPOSALS

The National Service Framework for Coronary Heart Disease (NSF CHD), March 2000, set out a framework for improving the prevention, diagnosis and treatment of coronary artery disease. In 2006, the Department of Health added an additional chapter to this NSF framework which addresses diseases of the heart's electrical system. This chapter included specific recommendations for the treatment of arrhythmia in the community.

In October 2007 Middlesbrough and Redcar and Cleveland PCTs and South Tees Hospitals Trust successfully piloted a community based nurse led arrhythmia service. This service offers triage, assessment, diagnosis, treatment plans and patient support with onward referral as required. A recent clinical and financial evaluation has resulted in the service now being commissioned on a substantive basis. The service has achieved a reduction in waiting times for consultant outpatient appointments with a high level of patient satisfaction – a summary of the results of the patient survey can be found at appendix 2.

No primary care based arrhythmia services currently exist for the remainder of the Tees population. At the moment in North of Tees, patients who are suspected as having an arrhythmia problem are referred to a general cardiologist at either North Tees or Hartlepool Hospitals and if an intervention or an arrhythmia specialist opinion is required, they are then referred to the tertiary centre at James Cook University Hospital.

It is proposed to commission a Tees-wide community based arrhythmia service. Referral will be by GP within specified criteria via the Choose and Book System for any patient in whom they suspect an arrhythmia. Patients will have the choice of attending an initial appointment at one of four clinics located in each of the PCT areas. For south of Tees, this means the substantiation of the pilot scheme, which operates from the One Life Centre, Middlesbrough and Guisborough Primary Care Hospital. For north of Tees, providers will be asked to identify suitable sites in Hartlepool and Stockton on Tees from which services will be delivered.

The service will:

- Adopt a one-stop shop model, providing nurse led primary care clinics to triage, assess and diagnose arrhythmia, minimising waiting times
- Provide education, advice and reassurance for patients with benign conditions
- Undertake and coordinate diagnostic interventions
- Fast-track any patient who requires more specialist opinion, tests or procedures
- Manage appropriate patients within the arrhythmia service, or refer patients back to the GP with recommendations for appropriate management within primary care
- Provide access to an Arrhythmia Helpline

The aims and objectives of the service are to:

- Provide rapid investigation and assessment to suspected arrhythmias to confirm diagnosis and provide a treatment plan as appropriate
- Rapidly reassure patients who have clinically non-significant heart rhythm irregularities
- Provide care as far as possible within a community primary care setting
- Provide equitable standards of care across all four Tees PCTs
- Fast-track patients with potentially life-threatening conditions
- Provide standardised patient pathways and referral criteria across all four Tees PCTs
- Provide timely, high quality patient support and information, based on assessment in accordance with Chapter 8 of the CHD NSF
- Contribute to a reduction in strokes
- Reduce arrhythmia related urgent admissions
- Reduce cardiology outpatient referrals and waiting times
- Achieve national quality standards around delivery and provision of arrhythmia care
- Demonstrate value for money
- Play a key educative role, increasing the knowledge base of primary care in diagnosing and managing arrhythmia

Predicated Activity Levels

South Tees Arrhythmia Service's current demand is approximately 500 new contacts per annum based on a GP registered population (January 2008) of 288,995 (Middlesbrough 152,792 / Redcar and Cleveland 136,203) which equates to 0.17% of their current population.

North of Tees has a combined GP registered population of 285,158 (Hartlepool 94,590 and Stockton on Tees 190,588), similar to that of South of Tees. Therefore based on the South of Tees contact rate of 0.17% of its total population, it is anticipated that Hartlepool's activity will be approximately 163 new cases per annum and Stockton 329 new cases per annum.

South Tees Arrhythmia Service pilot study revealed that 17% of patients (52 individuals) required onward referral to secondary care for opinion or procedure. Of these 52 patients, only 17 (5% of total patients seen) needed to have a second opinion from a consultant – the rest were directly listed for a surgical procedure (at James Cook University Hospital).

Impact

For patients South of Tees, the current service model of initial referral to a community based arrhythmia service and onwards referral where appropriate to James Cook University Hospital will continue.

For patients North of Tees, initial referral will be to the community based arrhythmia service, located in a primary care setting (clinic) instead of

attendance at North Tees or Hartlepool Hospitals. For the minority of patients who require onwards referral (17% of patients) this may take place at North Tees or Hartlepool Hospitals with onward referral to James Cook for any intervention or by direct referral to James Cook Hospital. This will depend upon the hospital's ability to be able offer the necessary specialist consultant expertise described in the service specification.

INVOLVING LOCAL PEOPLE

Building upon the results of the previous patient survey (see appendix 2), the PCTs wish to engage with service users and identified stakeholders to ensure that the arrhythmia service best meets the needs of local communities. It is proposed that this involvement activity take place during January 2009.

Information regarding the establishment of community based arrhythmia facilities, including how patients can access the service and the care they can expect to receive, will be made available and views will be sought on:

- How can we ensure that the community based arrhythmia service best meets the needs of the local population?
- What steps can we take to ensure that the service is easy to access?
- What issues do we need to consider in establishing a community based arrhythmia service?

In addition, patients from the Stockton area who have used the community-based arrhythmia service in Middlesbrough will be contacted to seek their opinions on best practice and areas for improvement.

The engagement will include the following groups:

- Health Overview and Scrutiny Committees
- Local Involvement Networks
- Patients, Carers and Community

Action for Overview and Scrutiny

Overview and Scrutiny are asked to note the content of this briefing and highlight any additional issues that they feel may need addressing in informing and involving the local community and how they wish to be involved.

Appendix 1

Drivers for Providing a Primary Care Arrhythmia Service**National and Local Drivers**

- NICE Guidance Atrial Fibrillation June 2006 – *clinical guidelines providing guidance on the appropriate treatment and care of people with Atrial Fibrillation (the most common arrhythmia)*
- CHD NSF Chapter 8 Arrhythmia and Sudden Cardiac Death – *blue print for the provision of arrhythmia services covering patient support, diagnosis and treatment and sudden cardiac death*
- Our Health, Our Care, Our Say: a new direction for community service, July 2005 – *White Paper which sets out vision for NHS to become more responsive to patient needs and posed a major challenge to deliver more care out of hospital. This vision is reaffirmed in Our NHS, Our Future, October 2007 (NHS Review – Interim Report).*
- 18 Week Delivery Programme – *the arrhythmia service will have a maximum wait of two weeks*
- 10 High Impact Changes: *contributes to changes number 2 and 9 (improve patient flows)*
- Heart Improvement Programme (HIP) priority – *Atrial Fibrillation is one of the National HIP priorities*
- Quality and Outcomes Framework – Atrial Fibrillation
- North of Tees Joint Health and Social Care Long Term Conditions Strategy 2008/13 – *Deliver more services closer to home, reduce the number of people suffering long term disability from strokes*
- National Stroke Strategy, 2007

Clinical Drivers

- Arrhythmia affects 700,000 people in England
- Atrial Fibrillation (AF) is the most common arrhythmia
- NICE suggests the AF prevalence rate (General population) is 1.28%, QOF data for Tees reveals a higher prevalence rate at 1.37%
- Prevalence increases as adults grow older, the SAFE study 4 suggests prevalence of AF occurs in 7.2% of individuals older than 65 years
- NICE Guidance and CHD NSF Chapter 8 Arrhythmia and Sudden Cardiac Death state that AF is under-diagnosed and treated
- Patients with AF are at an increased risk of Stroke. 5% per year of those with AF have a stroke
- 1:3 patients admitted to hospital in the UK with a stroke was found to be in AF
- Cardiac arrhythmia is regularly one of the top reasons for admission using significant Accident and Emergency time and bed days. The cost of admissions across Tees for non-elective admissions (coded as Arrhythmia or Conductive Disorders - less than 70 and without complications and those over 69 and with complications 2007/08) was found to be over a million pounds at £1126,715. This represents almost 20% of the total cost of non-elective admissions for 2007/08.

Appendix 2

Patient Survey Results

As part of the evaluation of the South of Tees pilot scheme, 215 surveys were sent following the discharge of the patient from the arrhythmia service, 148 were completed and returned.

Waiting Times

99% of patients indicated that the time they waited for an appointment was about right.

Location

96% of patients indicated that it was easier for them to attend the community based clinic than attending the tertiary centre (James Cook Hospital) for their appointment, 4% said it made no difference.

Timeliness

86.4% of patients said they were seen on time when they visited the clinic, 3.6% were not.

Nurse led Services

89% of patients indicated that they were satisfied being seen by a nurse rather than a doctor, 11% would have preferred to see a doctor at some point in the proceedings.

Information

86% of patients found the information they were given very helpful, 12% found it helpful, 2% found it not helpful.

Did you understand the information you were given?

84% said, yes all of it, 16% said, some of it.

Were the various options of treatment for your condition discussed?

82% said, yes fully, 15% said yes mostly, 3% said no.

Were you able to ask questions?

81% said they asked all the questions they needed to, 16% said they asked most of the questions they wanted to and 3% said they asked some of the questions they wanted to.

Were your questions answered satisfactorily?

95% said yes fully, 5% said yes mostly.

Patients were asked what the worse thing was about the clinics. Comments included:

- Nothing.
- Not enough seats in waiting area.
- There wasn't a worse thing.
- Small waiting room.
- Couldn't find any bad points.

Patients were asked what the best thing about the clinics was. Comments included:

- Local, friendly, efficient.
- Going to the hospital can be quite daunting so much prefer to come to the One Life. The thorough information that I was given.
- I wasn't rushed, the nurse spent a long time explaining everything to me.
- Easy to get to and easy to park.
- Not having to go to the hospital.
- Staff very helpful and knowledgeable.
- It was just like it normally should be.
- Interpreter provided on time.
- Location.
- Nice staff and nice nurses.
- Everyone was very helpful and friendly, made me feel at ease as I was stressed. Everything.
- Helpfulness and interest.
- Very nice place.
- No waiting.
- Friendly and clean surroundings.
- Friendly staff, well informed when tended to by staff of the clinic.
- Whole thing was excellent.
- Nice and clean.
- Could not be improved.
- All of it.
- Size is small so this is more friendly.
- I was seen really quickly and looked after really well, couldn't fault my treatment. Everyone was helpful.
- All very good.
- Made me feel safe.

