

PLEASE NOTE VENUE

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM AGENDA



Tuesday 10 April 2007

at 10.00am

**at Throston Grange Community Centre,
Glamorgan Grove, Hartlepool**

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

Councillors Barker, Akers-Belcher, Brash, Fleet, Griffin, Lauderdale, Lilley, Rayner,
Wistow, Worthy and Young.

Resident Representatives: Mary Green, Jean Kennedy and Joan Norman

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To confirm the Minutes of the meeting held on 29 March 2007 *(to follow)*
- 4. RESPONSES FROM THE COUNCIL, THE EXECUTIVE, COMMITTEES OF THE
COUNCIL OR NHS TRUSTS TO FINAL REPORTS OF THIS FORUM**

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

No items.
- 6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY
FRAMEWORK DOCUMENTS**

No items

PLEASE NOTE VENUE

7. ITEMS FOR DISCUSSION

- 7.1 Hartlepool PCT – ‘Annual Healthcheck’ – *Scrutiny Support Officer*
- 7.2 North Tees and Hartlepool NHS Trust – ‘Annual Healthcheck’ – *Scrutiny Support Officer*

8. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT

ITEMS FOR INFORMATION

- i) **Date of Next Meeting: Tuesday 12th June 2007 commencing at 10.00am at the Jutland Road Community Centre, Jutland Road, Hartlepool**

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

27 February 2007

The meeting commenced at 2.00 pm in the Central Library,
York Road, Hartlepool

Present:

Councillor: Gerald Wistow (In the Chair)

Councillors: Jonathan Brash, Mary Fleet, Sheila Griffin, Geoff Lilley, Pat
Rayner and Gladys Worthy.

Resident Representative:
Jean Kennedy

Also Present Ian Dalton, Chief Executive, North Tees and Hartlepool NHS
Trust
Dave Allsopp, North Tees and Hartlepool NHS Trust
Lewis Atkinson, North Tees and Hartlepool NHS Trust
Clare Young, North Tees and Hartlepool NHS Trust
Dr Kailash Agrawal, North Tees and Hartlepool NHS Trust
R V Lonsdale, North Tees and Hartlepool NHS Trust

Officers: Sajda Banaras, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

102. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Stephen
Akers-Belcher, Caroline Barker and David Young and resident
representative Joan Norman.

103. Declarations of interest by Members

Councillor Mary Fleet declared a non-prejudicial interest in minute ???

104. Minutes of the meeting held on 16 January 2007

The minutes were deferred until the next meeting.

104. Responses from the Council, the Executive, Committees of the Council or NHS Trusts to Final Reports of this Forum

None.

105. Consideration of Requests for Scrutiny Reviews referred via Scrutiny Co-ordinating Committee

None.

106. Consideration of Progress Reports/Budget and Policy Framework Documents

None.

107. Foundation Trust Status – Consultation by North Tees and Hartlepool NHS Trust (*Scrutiny Support Officer*)

The Chief Executive of the North Tees and Hartlepool NHS Trust and members of his team were in attendance as part of the consultation exercise being undertaken by the North Tees and Hartlepool NHS Trust regarding their application to become a Foundation Trust. A consultation document prepared by the Trust was attached by way of Appendix. The Trust was required to consult with local overview and scrutiny committees in order to ensure that there was a wide consultation with key stakeholders.

The Chief Executive of the Trust gave a detailed and comprehensive presentation to the Forum which gave an overview of the plans to run as an NHS Foundation Trust if the application was successful. A NHS Foundation Trust would be a new type of NHS organisation bringing decision-making closer to home and enabling more accountability to local people. The Governance arrangements for a Foundation Trust would incorporate a Council of Governors including members of the public, staff and key stakeholders. The Trust's vision for the future was as follows:

- High quality care
- Easy to use services
- Encouraging good health
- Making the most of our people and resources

A discussion ensued which included the following issues:

- (i) **How would local people benefit from the change to a Foundation Trust?** The Chief Executive indicated that Foundation status should enable the Trust to be at the forefront of modern medical advances and be more effective in meeting its objectives.

- (ii) **Would market-led care lead to risks in the viability of Trusts?** The Chief Executive responded that ethically, the organisation would remain the same and the Trust would still be a clinically-led organisation. Dr Agrawal indicated that any organisation needed to provide a good cost effective service or it would face difficulties. The Chief Executive added that the main objective of the Trust would be to provide a good quality service.
- (iii) **What would happen if the Trust was not viable?** The Chief Executive responded that the Trust would be in the same position as it was now and in financial difficulties. There was provision for failing Trusts to be taken over by successful Trusts if this was feasible.
- (iv) **Why had there only been 4 consultation meetings?** The Chief Executive indicated that a whole range of consultation was being undertaken, including public meetings, production of leaflets and helpline numbers. Experience to date had shown that there was a low turn-out to consultation events. It was noted that there was another public meeting to be held on 13th March 2007. It was suggested that presentations to the three Neighbourhood Consultative Forums would be beneficial as part of the consultation process.
- (v) **Was there any feedback provided from the consultation?** The Chief Executive indicated that he was happy to return to this Forum to give feedback. The full results of the consultation would be on the Trust's website.
- (vi) **What was the medium-long term strategy in respect of Hospital Services?** The Chief Executive indicated that the Trust's strategy would be transparent and shared fully and posted on the Trust's website. There was a potential 10 years before the Independent Reconfiguration Panel's decision would be implemented, the strategy was therefore to continue with both North Tees and Hartlepool hospitals for that time. Hartlepool Hospital would concentrate on planned operations and certain emergencies.
- (vi) **Was there a business plan available to Members of this Forum?** The Chief Executive informed Members that a business plan had not been developed yet, but would be published on the website once complete.
- (vii) **As this was the second time Foundation Status had been applied for, had the reasons for the failure of the first application been examined?** The Chief Executive stated that at the time of the first application, the Trust had not been in a suitable financial position to achieve Foundation Status. The Trust had pulled out of the application before a decision was made as it became clear that the application would not be successful.
- (ix) **In relation to the element of competition, what was the Trust's view of how services should be provided?** The Chief Executive indicated that the Trust aimed to modernise the way care was offered by changing long stay to short stay, short stay to day cases and less evasive procedures. This change would also improve the efficiencies of the Trust and quality of the service provided.
- (x) **How would any capital receipts be managed?** The Chief Executive indicated that he did not expect high capital receipts from

either site although the Trust would be aiming to minimise its footprint on both sites. Although there was plans to clear the old surgical block at Hartlepool the plans were to develop this site and there was a proposal to create modern training facilities. It was added that there were no plans to commit to larger scale developments until they had been discussed and planned appropriately.

- (xi) **Were there any plans to move services away from Hartlepool following the application for Trust status?** There were plans to move some emergency services to North Tees and planned surgery to Hartlepool. The Trust would continue to examine where services would be best based and it was likely that as many services would move to Hartlepool as away from Hartlepool. However, any further changes would be consulted upon fully.
- (xi) **Does the North Tees and Hartlepool NHS Trust own the whole hospital site in Hartlepool?** The Chief Executive indicated that the Trust owned approximately 70% of the Hartlepool site. The remainder of the site was scheduled for national disposal although it was hoped that this could be retained and utilised for car parking or improving facilities at Hartlepool. Members welcomed the fact that the Trust were aiming to utilise the whole site.
- (xii) **How would conflict between the Management of the Trust and the elected Governors be dealt with?** The Chief Executive responded that the Governors and Trust Board had a very cordial relationship and that everyone had a responsibility to ensure that the best care was provided. Any conflict would be avoided as the Trust relies on its reputation to attract good quality doctors and nurses.
- (xiv) **How was the number of governors arrived at?** The Chief Executive stated that the Trust could determine the number of governors on the Council for Governors with the proviso that the public members had to be in the absolute majority. The membership was pro-rated across the Borough's served by the Trust.
- (xv) **Members were pleased to see the reference to partnership working with the PCTs and local authorities.** The Chief Executive added that the Trust worked predominantly with the PCT then the local authorities.
- (xvi) **How would Foundation Status improve equality of access to health care services?** The Chief Executive indicated that this would be monitored through the Council of Governors. A lot of the current journeys undertaken to access health care would become unnecessary due to treatment being provided within the community. One of the main aims would be to ensure easier access to health care services.

The representatives from the North Tees and Hartlepool NHS Trust were thanked for their informative presentation and for answering Members questions.

Decision

The content of the consultation and responses to questions were noted with a view to Members forming their response to the consultation at the next meeting of this Forum on 29th March 2007.

GERALD WISTOW

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM

MINUTES

6 March 2007

The meeting commenced at 10.00 am in Throston Grange Community Centre,
Glamorgan Grove, Throston Grange, Hartlepool

Present:

Councillor: Jonathan Brash (In the Chair)

Councillors: Mary Fleet and Gladys Worthy.

In accordance with Council Procedure Rule 4.2 Councillor Carl Richardson
attended as a substitute for Councillor Sheila Griffin

Resident Representative:
Joan Norman

Officers: Nicola Bailey, Director of Adult and Community Services
Alan Dobby, Assistant Director, Adult and Community Services
Sajda Banaras, Scrutiny Support Officer
Angela Hunter, Principal Democratic Services Officer

108. Inquorate Meeting

It was noted that the meeting was inquorate.

109. Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Stephen Akers-Belcher, Caroline Barker, Sheila Griffin, Gerald Wistow and David Young and resident representative Jean Kennedy. In light of the absence of the Chair and Vice Chair, Councillor Brash was nominated to take the chair for the duration of the meeting.

110. Declarations of interest by Members

None.

111. Minutes of the meeting held on 29th January 2007

Due to the meeting being inquorate, the minutes were deferred to the next meeting.

112. Responses from the Council, the Executive, Committees of the Council or NHS Trusts to Final Reports of this Forum

None.

113. Consideration of Requests for Scrutiny Reviews referred via Scrutiny Co-ordinating Committee

None.

114. Consideration of Progress Reports/Budget and Policy Framework Documents – Corporate Plan (BVPP) 2007/08 – Proposed Objectives *(Assistant Chief Executive)*

It was reported that at a meeting of the Scrutiny Co-ordinating Committee held on 19 January 2007 it was agreed that the Corporate Plan proposals be considered by each of the Scrutiny Forums which related to the Community Strategy themes that fell under their remit. The comments/observations of each Forum would be fed back to the meeting of the Scrutiny Co-ordinating Committee to be held on 19 March 2007 and would be used to formulate the formal Scrutiny response to Cabinet on 16 April 2007.

The Director of Adult and Community Services and the Principal Strategy and Performance Officer were in attendance to present the report which provided Members with the opportunity to consider the proposed objectives and actions for inclusion in the Corporate Plan 2007/08.

Discussion ensued in which the following issues were raised:-

- (i) Members were pleased to note the reference to service users within the objectives.
- (ii) Was their special provision made for any areas of the town not showing an improvement in relation to the health and care objective? The Director of Adult and Community Services indicated that in general, health across Hartlepool had improved significantly although some areas of the town were improving at a slower rate due to the levels of deprivation. Health trainers funded by the Neighbourhood Renewal Fund targeted the most disadvantaged wards.
- (iii) What did the Authority offer by way of support for people on the waiting list for housing? The Director of Adult and Community Services responded general housing issues were within the remit of the Regeneration and Planning Services Department. Support services were provided for people already living in their homes, including handyman schemes and floating support to help people manage their bills.

- (iv) Was there any support for individuals wishing to access sporting facilities or classes in the same way that there was for groups like Sportmobility? The Director of Adult and Community Services indicated that this would depend on the social care needs of the individual, but a direct payment could be made if this helped with accessing the appropriate exercise classes. Members were informed that there was successful partnership working across Community Services and Social Services including cross funding to facilitate increased access.
- (v) Was it correct that if someone did not receive any kind of benefit, it was more cost effective to purchase mobility aids from the private sector? The Director of Adult and Community Services responded that although it was a Government directive to initiate means testing, a lot of people chose not to undertake this and used their own resources. Members were asked to note that the Authority was legally obliged to use a charging policy as defined by the Government.
- (vi) Members highlighted that there was a systemic problem of people not engaging in the means testing process, especially amongst the elderly who often view such a process as an invasion of privacy. Consequently many elderly people were unable to access services that they were entitled to on the grounds of cost.
- (vii) Were all the Council's leisure facilities uniformly priced? The Director of Adult and Community Services stated that all fees and charges were uniform across the town and that they were reported to the Portfolio Holder. Under certain circumstances there was provision for reduced fees for some people to use the leisure services provided.

Decision

That the proposed objectives and actions for inclusion in the 2007/08 Corporate Plan as attached at Appendix A, be agreed and submitted to Scrutiny Co-ordinating Committee on 19 March 2007.

115. Any Other Business (*Scrutiny Support Officer*)

The Scrutiny Support Officer informed Members that Easington District Council's Scrutiny Committee had approached this Forum in relation to the Independent Reconfiguration Panel's decision with regard to the University Hospital of Hartlepool. The Committee had requested the views of this Forum and had invited Members to attend a meeting of their Scrutiny Committee on Tuesday 13th March 2007 at 11.30am at the Easington District Council offices. Members made clear their belief that close partnership working with Easington was absolutely essential in this matter and enthusiastically welcomed this opportunity to do so. Members were asked to contact the Scrutiny Support Officer and indicate if they wish to attend.

JONATHAN BRASH

CHAIRMAN

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM



Report of: Scrutiny Support Officer

Subject: HARTLEPOOL PCT – ‘ANNUAL HEALTHCHECK’

1. PURPOSE OF REPORT

- 1.1 To introduce representatives of Hartlepool Primary Care Trust, in attendance at today's meeting to address the Forum in respect of the Annual Healthcheck.

2. SETTING THE SCENE

- 2.1. As the Forum is aware, under a new quality checking regime of the Healthcare Commission, health scrutiny committee's have the opportunity to comment on Trust performance. Any comments made by a Health Scrutiny Forum will be inserted into the Trust's declaration of performance against the standards as unedited contributions.
- 2.2 Representatives of Hartlepool PCT are in attendance at today's meeting to take Members through the core standards and the trusts' evidenced performance against those standards.
- 2.3 The Forum is required to decide whether, following discussion, it wishes to express any views in relation to the Trust's performance which will be inserted into the trusts' declaration verbatim.

3. RECOMMENDATIONS

- 3.1 That the Forum considers the attached paper and the evidence received from the Hartlepool PCT.
- 3.2 That the Forum determines whether it wishes to make a contribution to the Trusts' declaration to the Healthcare Commission.

BACKGROUND PAPERS

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

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk



Reference: AHC10000
Date: 05/03/2007

Trust self-declaration:

Organisation name:	Hartlepool PCT
Registered user:	Karen Gater
Email:	karen.gater@hartlepoolpct.nhs.uk
Organisation code:	5D9

I have read the above guidance:

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Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>In order to ensure the continuous development and improvement of the PCT's compliance with the Standards for Better Health the organisation has included the seven domains for Standards for Better Health as organisational objectives. Directorate level objectives and responsibility for ensuring and providing evidence of compliance have been assigned to facilitate effective ownership.</p> <p>The assessment process for Standards for Better Health is now embedded in the organisation's Assurance Framework and the evidence to support compliance is identified within the document.</p> <p>Following the submission of the 2005/2006 Declaration and the publication of the HCC Assessment Guidance Hartlepool PCT has reviewed its assessment process and evidence base. The evidence base has been mapped against the assessment guidance to ensure compliance with the standards and all evidence identified documented within the Assurance Framework to provide the Board with the evidence used to support the PCT's Annual Healthcare Commission Declaration. This process has been reviewed by Internal Audit.</p> <p>The action plan developed to address the areas of non-compliance detailed in last year's submission has been actively pursued and monitored both internally and by the SHA. The actions identified have been completed and the Board is reasonably assured that the PCT is compliant with all of the core standards.</p> <p>The PCT has declared 'Good Developmental Progress' for the Public Health developmental standards D13a and D13b.</p> <p>Plans will be developed and monitored to maintain compliance and facilitate continuous improvement against core and developmental standards</p>
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Core and developmental standards declaration 2006/2007

	<p>In reaching this judgement the Board has been attentive to the views expressed by our patients and local communities, through our systematic processes of consultation, to the guidance issued by the Healthcare Commission, to the opinion of Internal Auditors and to the views of our partner organisations within the local health and social care context.</p> <p>The Board will continue to keep Standard compliance under active and systematic review.</p>
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Please enter this statement in the box provided.

Statement on measures to meet the Hygiene Code	<p>Hartlepool Primary Care Trust has in place a dedicated proactive infection prevention and control service for the trust and independent providers.</p> <p>Hartlepool Primary Care Trust has an annual infection prevention and control plan. This plan has been approved by the PCT board. Robust management arrangements are in place with board level responsibility for infection prevention and control agreed.</p> <p>The infection prevention and control annual plan of education, training, audit, policy development, with feedback on healthcare associated infection to the Director of Infection Prevention and Control is in place and monitored.</p> <p>Infection prevention and control service to independent contractors services is included in all aspects of the infection prevention and control annual plan delivery.</p> <p>The annual plan is underpinned by national and local priorities and is monitored through a formal process to the Infection Control Committee.</p> <p>The Primary Care Trust is proactively using 'Essential Steps' and the Health Act to focus priorities, improve quality and reduce the risk of healthcare associated infection for patients.</p> <p>The organisation proactively contributes to the Tees-wide collaboration to reduce MRSA and other healthcare associated infection.</p> <p>The Primary Care Trust is conversant with all the elements in the Health Act code of practice, management, clinical protocols and healthcare workers, where gaps exist action plans are in place to address these.</p>
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Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
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Core and developmental standards declaration 2006/2007

C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Compliant
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Compliant
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology	Compliant
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Core and developmental standards declaration 2006/2007

	appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that,	Compliant

Core and developmental standards declaration 2006/2007

	from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Compliant
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
C12	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliant
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems	Compliant

Core and developmental standards declaration 2006/2007

	in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	Compliant
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in	Compliant
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Core and developmental standards declaration 2006/2007

	environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	Compliant
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the	Compliant

Core and developmental standards declaration 2006/2007

	public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	
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Please supply the following information:

Declared level of progress in relation to developmental standards D13a) and b)	Good
Your comments on your performance in relation to the comparative information contained in your information toolkit(s)	The high standard of performance achieved in 2005/06 has been sustained in 2006/07. The PCT is performing well on all indicators.
Your highest local priorities for improvement relating to developmental standards D13a) and b)	Teenage conceptions Life expectancy Smoking prevalence

Please state how many individual(s) will be signing off the declaration (maximum of 30):

Number of signatories	
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Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	
Patient and public involvement forum comments	
How many overview and scrutiny committees will be commenting on your trust? (maximum of 10)	

ADULT AND COMMUNITY SERVICES AND HEALTH SCRUTINY FORUM



Report of: Scrutiny Support Officer

Subject: NORTH TEES AND HARTLEPOOL NHS TRUST-
'ANNUAL HEALTHCHECK'

1. PURPOSE OF REPORT

- 1.1 To introduce representatives of North Tees and Hartlepool NHS Trust, in attendance at today's meeting to address the Forum in respect of the Annual Healthcheck.

2. SETTING THE SCENE

- 2.1. As the Forum is aware, under a new quality checking regime of the Healthcare Commission, health scrutiny committee's have the opportunity to comment on Trust performance. Any comments made by a Health Scrutiny Forum will be inserted into the Trust's declaration of performance against the standards as unedited contributions.
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3. RECOMMENDATIONS

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

BACKGROUND PAPERS

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

Please see the attached paper from the North-Tees and Hartlepool NHS Trust and the previous letter from the Forum to the Trust with reference to the Draft Declaration process.

Contact Officer:- Sajda Banaras – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523 647
Email: Sajda.banaras@hartlepool.gov.uk

2nd March 2007
Healthcare Commission Annual Health Check 07
Declaration Status

Purpose of Report

The report demonstrates the Trust's position of compliance with the Annual Health check Core and Developmental Standards.

Background

The Annual Health Check for 06/07 was subject to changes from the previous year. The number of changes amounted to 22 which has led to a full appraisal of the 24 Core Standards which are disaggregated into 46 sub standards.

Each of the 46 have been reviewed for compliance with myself and identified leads in the Trust with the aim of assessing compliance. Project Plan was developed to describe Trust process. See Appendix A.

Last year the Trust had 2 areas of non-compliance which were:

1. NICE technology appraisal/NICE Clinical Guidelines and guidance – 5a
2. Mandatory Training – 11b and 11c

The Trust has placed significant emphasis on achieving action plans initiated to ensure compliance for 06/07. This has delivered a positive outcome.

The self assessment process is complex to say the least but again the Trust has carried out an extremely comprehensive review of evidence available to assess level of compliance which is set out in detail on Appendix b.

As such the Trust, under Core Standards, is declaring compliance.

In Developmental Standards the levels proposed are:

Safety – 'excellent' developmental progress

Clinical and Cost Effectiveness – 'good' developmental progress.

Requirements

The Trust welcomes the submission of 3rd party commentaries prior to 12th April 2007. These should be forwarded to myself preferably electronically to carole.pearson@nth.nhs.uk.

Carole Pearson
19th February 2007

PROJECT PLAN
HEALTHCARE COMMISSION ANNUAL HEALTH CHECK 06/07

Utilise:

- HCC Inspection Guidance May 2006
- Annual Health Check 06/07 Sept 06/07
- Document detailing Inspection Process published 28th November with a number of changes.
- Toolkit for Assessment Process (to be published January 21st)
- Developmental Standards Toolkit February 07.

- November – Review of 05/06 HCC Action Plans 3rd Quarter Report → SHA and DATAC
- Dec/Jan - Assessment review against all Core Standards with all Trust Directorates and Developmental Standards
 Plan for Service Reviews ie: Diabetes
 Maternity Services
 National Study of HAI
- Jan 07 - Final assessment against selected core standards ie: Safety and Clinical and Cost Effectiveness.
 Development of Action Plans where needed.
 Review Developmental Standards following launch of toolkit.
- Feb 07 – February Clinical Governance Committee (Progress Review)
 Trust Board Meeting (28/2/2007)
 Provide DRAFT document identifying declaration and Trust's highest priorities for improvement on standards both core and developmental.
 19th Feb – HCC Declaration form available on website.
- March 07 - Meeting with OSCIs
 PPI Forums 3rd Party Comments
 Submit proposal to SHA

 Submit Draft Declaration of Developmental Standards (snapshot assessment)
- April 07 - Collate all comments from partnership stakeholders by 12th April.
 Prepare for declaration to HCC by 12 noon, 1st May 2007.
 (Declaration Rules to be published prior to April)
 w/c 16th April – submit declaration on line.
- 25th April - Board Declaration to be completed.
- May 07 - Prepare for random visits related to declaration.
 Also Trust may be selected for random visit for HCC to prepare service reviews for Dignity and Cleanliness.
 By 18th May Trust to publish declaration

30th November 2006
Reviewed 16/2/2007
Reviewed 2/3/2007

**Annual Health Check
Declaration Status**

Core Standards

The Annual Health Check reviews core standards in 7 domains:

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

This year, in carrying out review against compliance, the following guidance has been used:

- The Annual Health Check September 2006
- Criteria for assessing core standards in 2006/07
- Healthcare Commission Inspection Guidance
(all posted on Trust Clinical Governance Intranet site)
- Code of Practice on Healthcare Associated Infection 2006
- 'Saving Lives' DH 2005

All 46 sub core standards have been reviewed during December 06/January 07 by myself and Trust Leads.

I am proposing the Trust declare compliance on all standards based on evidence reviewed with careful consideration.

Draft Developmental Standards

Shadow Year

The Trust is required to report on our progress for only 2 domains of the developmental standards, i.e.

- Safety
- Clinical and Cost Effectiveness

This year in carrying out review of progress the following guidance has been used:

- Criteria for assessing developmental standards in 2006/07. HCC Dec 2006
- Annual Healthcheck HCC Sept 2006
- NPSA
- 7 Steps to Patient Safety NPSA Guide 2003
- 7 Steps Self Assessment Tool – 94% score
- HCC Information Toolkit

The Trust is required to use a 4 point scale, i.e.

Limited

Fair – achieved at least one but not all criteria

Good – achieved all criteria

Excellent developmental progress – achieved all for good and at least one of the criteria for excellent.

The scoring is reliant on the Trust:

- Either declared 'met' for core standards mapped to developmental standards or have action plans in place
- Achieved final rating of partly met, almost met or fully met within core standards
- Use of 7 Steps self assessment tool for safety domain.

Safety Domain

The 7 Steps self assessment tool was used against the Trust's present position on Safety. A score of 94% was achieved ratified by Clinical Governance Committee on 5th March. In addition a comprehensive review of the Developmental Standards Information Toolkit which provides our Trust's comparative performance over a small number of measures also indicates the progress we have made in Safety since 2005 which was the baseline year for data collection.

As a result of the 7 Steps score this indicates the Trust to be in the level of 'Excellent developmental progress'. This score is based on a corporate analysis and individual directorates are likely to reach a different score based on embedding of safety principles.

In attempting to reach a final conclusion as to whether we can score the Trust as excellent we need to refer back to 4a of Core Standards where we need to agree compliance or not. Failure to comply with 4a would drop our score to Fair developmental progress for Safety (developmental).

Clinical and Cost Effectiveness

The Trust made excellent progress as a result of non-compliance in 05/06 in this area, hence compliance with Core Standards this year. However in reviewing guidance it is likely we assess ourselves as making Good developmental progress.

As a result of these conclusions for Safety and Clinical and Cost Effectiveness domains, appropriate action plans will be developed and monitored by Clinical Governance Committee to move towards a level of excellence.