

A G E N D A

Health Scrutiny Committee

Date: **Thursday, 3rd April, 2008**

Time: **10.00 a.m.**

Place: **The Council Chamber, Brockington, 35
Hafod Road, Hereford**

Notes: Please note the **time, date** and **venue** of the meeting.

For any further information please contact:

*Tim Brown, Members' Services, Tel 01432
260239*

E-Mail: tbrown@herefordshire.gov.uk

**County of Herefordshire
District Council**



AGENDA

for the Meeting of the Health Scrutiny Committee

**To: Councillor JK Swinburne (Chairman)
Councillor AT Oliver (Vice-Chairman)**

Councillors WU Attfield, MJ Fishley, KS Guthrie, P Jones CBE, G Lucas, GA Powell, A Seldon, AP Taylor and PJ Watts

1. APOLOGIES FOR ABSENCE

To receive apologies for absence.

2. NAMED SUBSTITUTES (IF ANY)

To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.

3. DECLARATIONS OF INTEREST

To receive any declarations of interest by Members in respect of items on the Agenda.

GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS

The Council's Members' Code of Conduct requires Councillors to declare against an Agenda item(s) the nature of an interest and whether the interest is personal or prejudicial. Councillors have to decide first whether or not they have a personal interest in the matter under discussion. They will then have to decide whether that personal interest is also prejudicial.

A personal interest is an interest that affects the Councillor more than most other people in the area. People in the area include those who live, work or have property in the area of the Council. Councillors will also have a personal interest if their partner, relative or a close friend, or an organisation that they or the member works for, is affected more than other people in the area. If they do have a personal interest, they must declare it but can stay and take part and vote in the meeting.

Whether an interest is prejudicial is a matter of judgement for each Councillor. What Councillors have to do is ask themselves whether a member of the public – if he or she knew all the facts – would think that the Councillor's interest was so important that their decision would be affected by it. If a Councillor has a prejudicial interest then they must declare what that interest is and leave the meeting room.

4. MINUTES (TO FOLLOW)

To approve and sign the Minutes of the meeting held on 19 March 2008.

Pages

5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY	
To consider suggestions from members of the public on issues the Committee could scrutinise in the future.	
6. ANNUAL HEALTH CHECK THIRD PARTY COMMENTARIES	1 - 20
To consider the preparation of the Committee's commentaries on health bodies in Herefordshire as part of the Healthcare Commission's Annual Health Check process.	
7. STRATEGIC REVIEW OF PROVIDER SERVICES	
To receive an update at the meeting from the Chief Executive Herefordshire Council/Herefordshire Primary Care Trust on the strategic review of provider services.	
8. COMMUNICATION MATTERS (TO FOLLOW)	
To receive an update on work on communication issues between the Council and the Primary Care Trust.	
9. LOCAL INVOLVEMENT NETWORK PROGRESS	21 - 22
To update the Committee on progress towards procuring a host organisation for Herefordshire's Local Involvement Network (LINK).	
10. PROVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS	23 - 24
To advise the Committee on initial discussions taking place between the Primary Care Trust and Children's Services over the future provision of services for children with special needs.	
11. WORK PROGRAMME	25 - 28
To consider the Committee's work programme.	

PUBLIC INFORMATION

HEREFORDSHIRE COUNCIL'S SCRUTINY COMMITTEES

The Council has established Scrutiny Committees for Adult Social Care and Strategic Housing, Childrens' Services, Community Services, Environment, and Health. A Strategic Monitoring Committee scrutinises corporate matters and co-ordinates the work of these Committees.

The purpose of the Committees is to ensure the accountability and transparency of the Council's decision making process.

The principal roles of Scrutiny Committees are to

- Help in developing Council policy
- Probe, investigate, test the options and ask the difficult questions before and after decisions are taken
- Look in more detail at areas of concern which may have been raised by the Cabinet itself, by other Councillors or by members of the public
- "call in" decisions - this is a statutory power which gives Scrutiny Committees the right to place a decision on hold pending further scrutiny.
- Review performance of the Council
- Conduct Best Value reviews
- Undertake external scrutiny work engaging partners and the public

Formal meetings of the Committees are held in public and information on your rights to attend meetings and access to information are set out overleaf

PUBLIC INFORMATION

Public Involvement at Scrutiny Committee Meetings

You can contact Councillors and Officers at any time about Scrutiny Committee matters and issues which you would like the Scrutiny Committees to investigate.

There are also two other ways in which you can directly contribute at Herefordshire Council's Scrutiny Committee meetings.

1. Identifying Areas for Scrutiny

At the meeting the Chairman will ask the members of the public present if they have any issues which they would like the Scrutiny Committee to investigate, however, there will be no discussion of the issue at the time when the matter is raised. Councillors will research the issue and consider whether it should form part of the Committee's work programme when compared with other competing priorities.

Please note that the Committees can only scrutinise items which fall within their specific remit (see below). If a matter is raised which falls within the remit of another Scrutiny Committee then it will be noted and passed on to the relevant Chairman for their consideration.

2. Questions from Members of the Public for Consideration at Scrutiny Committee Meetings and Participation at Meetings

You can submit a question for consideration at a Scrutiny Committee meeting so long as the question you are asking is directly related to an item listed on the agenda. If you have a question you would like to ask then please submit it **no later than two working days before the meeting** to the Committee Officer. This will help to ensure that an answer can be provided at the meeting. Contact details for the Committee Officer can be found on the front page of this agenda.

Generally, members of the public will also be able to contribute to the discussion at the meeting. This will be at the Chairman's discretion.

(Please note that the Scrutiny Committees are not able to discuss questions relating to personal or confidential issues.)

Remits of Herefordshire Council's Scrutiny Committees

Adult Social Care and Strategic Housing

*Statutory functions for adult social services including:
Learning Disabilities
Strategic Housing
Supporting People
Public Health*

Children's Services

Provision of services relating to the well-being of children including education, health and social care.

Community Services Scrutiny Committee

*Libraries
Cultural Services including heritage and tourism
Leisure Services
Parks and Countryside
Community Safety
Economic Development
Youth Services*

Health

*Planning, provision and operation of health services affecting the area
Health Improvement
Services provided by the NHS*

Environment

*Environmental Issues
Highways and Transportation*

Strategic Monitoring Committee

*Corporate Strategy and Finance
Resources
Corporate and Customer Services
Human Resources*

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- Attend all Council, Cabinet, Committee and Sub-Committee meetings unless the business to be transacted would disclose 'confidential' or 'exempt' information.
- Inspect agenda and public reports at least five clear days before the date of the meeting.
- Inspect minutes of the Council and all Committees and Sub-Committees and written statements of decisions taken by the Cabinet or individual Cabinet Members for up to six years following a meeting.
- Inspect background papers used in the preparation of public reports for a period of up to four years from the date of the meeting. (A list of the background papers to a report is given at the end of each report). A background paper is a document on which the officer has relied in writing the report and which otherwise is not available to the public.
- Access to a public Register stating the names, addresses and wards of all Councillors with details of the membership of Cabinet and of all Committees and Sub-Committees.
- Have a reasonable number of copies of agenda and reports (relating to items to be considered in public) made available to the public attending meetings of the Council, Cabinet, Committees and Sub-Committees.
- Have access to a list specifying those powers on which the Council have delegated decision making to their officers identifying the officers concerned by title.
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- Access to this summary of your rights as members of the public to attend meetings of the Council, Cabinet, Committees and Sub-Committees and to inspect and copy documents.

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If you have any questions about this agenda, how the Council works or would like more information or wish to exercise your rights to access the information described above, you may do so either by telephoning the officer named on the front cover of this agenda or by visiting in person during office hours (8.45 a.m. - 5.00 p.m. Monday - Thursday and 8.45 a.m. - 4.45 p.m. Friday) at the Council Offices, Brockington, 35 Hafod Road, Hereford.



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COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

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ANNUAL HEALTH CHECK THIRD PARTY COMMENTARIES

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider the preparation of the Committee's commentaries on health bodies in Herefordshire as part of the Healthcare Commission's Annual Health Check process.

Financial implications

2. None identified.

Background

3. Health scrutiny committees are asked by the Healthcare Commission to submit commentaries on the performance of trusts against the standards, based on their experience of scrutinising the NHS during the year.
4. They are not being asked to comment on the trusts' own self assessments, nor on their degree of compliance.
5. Commentaries should be evidence-based. There is no set template for presentation of commentaries. Commentaries should address the core standards that are relevant to the county. The core standards are divided into these domains: safety; clinical and cost effectiveness; public health; governance; patient focus; accessible and responsive care; care environment and amenities.
6. The Healthcare Commission will code comments, matching them to core standards, as positive, negative or neutral. Commentaries will contribute to the annual performance rating for each trust. Trusts will attach health scrutiny committee commentaries verbatim to their self-assessments, the deadline for which is 30 April 2008.
7. The Commentary from this Committee needs to be finalised by 6 April 2008 to give trusts time to digest and comment on them and present them to their boards before their deadline for submission.
8. Information provided by the Primary Care Trust and the West Midlands Ambulance Service NHS Trust is appended. Representatives of the trusts will be present at the meeting to provide further information to the Committee and answer the Committee's questions.

Further information on the subject of this report is available from \ Sara Siloko, Directorate Services Officer (Health) Tel: 01432 261804

9. It is proposed that the Director of Adult and Community Services is then authorised to finalise the Committee's commentaries for transmission to the trusts taking account of comments made at the meeting, following consultation with the Chairman of the Committee.

RECOMMENDATION

THAT (a) the Committee consider the presentations of the Ambulance Trust, PCT and Hospitals Trust relating to the Annual Health Check;

and

- (b) the Director of Adult and Community Services be authorised to finalise the Annual Health Check commentaries for transmission to the trusts taking account of the Committee's comments, following consultation with the Chairman of the Committee.**

BACKGROUND PAPERS

- None



West Midlands Ambulance Service **NHS**

NHS Trust

Our ref: ACM/DJL/NJS

25 February 2008

Regional Ambulance Service Headquarters

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Waterfront Way
Brierley Hill
DY5 1 LX

Tel: 01384 215555

Fax: 01384 451677

Web Site: www.wmas.nhs.uk

anthony.marsh@wmas.nhs.uk

Dear

Please find attached a briefing paper in relation to the declaration on performance by the West Midlands Ambulance Service NHS Trust for the Healthcare Commissions Annual Health Check 2007/08.

As you will see from the briefing paper, we expect to achieve all the Key National Targets set by the Department of Health and the Healthcare Commission for the financial year 2007/08, with good progress being made in other areas.

I am pleased to report that a seamless merger between West Midlands and Staffordshire Ambulance Service NHS Trusts took place on 1 October 2007. This was due to the effective partnership arrangements and convergence criteria that were put in place pre merger, and the commitment of senior officers from both organisations.

West Midlands Ambulance Service NHS Trust was voted as the Ambulance Service of the year for 2007/08, this accolade highlights the dedication of all Trust staff in providing the best service possible for its patients.

I understand that representatives from the Trust have offered to attend Health Overview and Scrutiny Committee meetings to update on West Midlands Ambulance Service performance, in order to provide information for members to make their commentary about the Trust. These comments will form part of the Trusts final declaration to the Healthcare Commission, which will be presented to the Trust Board on 30 April 2008, for submission to the Healthcare Commission on the same day. Therefore, I would ask that, wherever possible statements are returned to myself by 6th April 2008.

If you require further visits or clarification please do not hesitate to contact Mrs Sue Green, Regional Head of Risk and Governance on 01384 246436, or Mrs Diane Lee, Director of Corporate Services on 01384 246414.

Continued.../

Continued.../1

I would like to take this opportunity to thank you for your continued support of West Midlands Ambulance service NHS Trust. Please do not hesitate to contact me on the above telephone number if you require any further assistance.

Yours sincerely

Anthony C Marsh
Chief Executive Officer

Encs

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
The Healthcare Commission
Annual Health Check 2007/08 - Briefing Paper

Creating a Sustainable Organisation

- Top performing Ambulance Trust (All targets currently being achieved).
- Ambulance Service of the Year award (Ambulance Service Institute).
- Regular engagement with Patient and Public Involvement Forum, members take an active part in various trust committees.
- Health Overview & Scrutiny Committee presentations / visits by Officers of the Trust.
- Staff Side Engagement.

Key Targets

- Financial Duties On Target
- A8 Target On Target
- A19 Target On Target
- B19 Target On Target
- Thrombolysis On Target

Standards for Better Health Domains

The 24 core standards set within the seven domains define a level of service which is 'acceptable & universal'. Further details of the Trusts assessment against the standards are set out at ANNEX A at the end of this document.

External Assessment

- External Audit reports.
- Health & Safety Executive inspection 2006 – No major concerns noted.
- Improving Working Lives Practice Plus.
- NHSLA Risk Management Standard Level 1- Pilot assessment at level 2 undertaken during 2007. No ambulance service achieved level 2, WMAS achieved the highest score overall.
- Security Management Service – 99% positive return.

Recruitment & Development

- Career progression opportunities.
- Flexible working arrangements.
- Flexible retirements for staff.
- Education, development and learning opportunities.
- Appraisals and Personal Development Plans for all staff.
- Recognition agreement with union representatives.
- Emergency Care Practitioners (ECPs) established.
- 150 Emergency Care Assistants (ECA) posts currently being recruited.

Vehicles commissioned during 2007

- 34 Rapid response 4x4 cars
- 10 Rapid response cars
- 5 A&E ambulances (4x4)
- 60 A&E ambulances
- 6 Major incident vehicles
- 2 A&E Motorbikes

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
The Healthcare Commission
Annual Health Check 2007/08 - Briefing Paper

ANNEX A

How We Meet the Standards - What our Assurance Clearly Shows:

Domain 1: Safety

- ✓ Risk Management Strategy, Incident Reporting Policy and related policies are monitored closely throughout the committees' structure.
- ✓ NHSLA criteria for Risk Management Strategy achieved level 2 in August 2007.
- ✓ Patient Safety Incidents are reported, investigated and followed up to ensure all actions required have taken place.
- ✓ 'Root Cause Analysis' of all serious untoward incidents takes place. (Shared with relevant PCT).
- ✓ Incident reporting key performance indicators monitored at local and Board level.
- ✓ Incident reporting training mandatory for all staff.
- ✓ Child Protection / Vulnerable Adults lead director and lead manager in place; reporting procedures working well.
- ✓ Nominated staff attend Safeguarding Children Boards.
- ✓ Medicines Management Policy in place and audited.
- ✓ Medicines Management Working Group established and processes harmonised across the Trust.
- ✓ Nominated Director Lead for Infection Prevention and Control.
- ✓ Infection Prevention and Control policies and procedures in place.
- ✓ 'Clean your Hands' campaign running across the Trust.
- ✓ Auditors Local Evaluation 4.1 'Risk Management' scored at level 3.
- ✓ Trust 'Weekly Briefing' and 'Clinical Times' identify changes in practice or further advice following incident investigations.
- ✓ Vehicles and Clinical Equipment Working Group established and monitoring of MHRA guidance and safety alert bulletins continues.

Domain 2: Clinical & Cost Effectiveness

- ✓ Joint Royal Colleges Ambulance Liaison Committee Guidelines accepted and adhered to.
- ✓ Cardiac thrombolysis is managed in a multi-agency approach.
- ✓ Complaints actioned within strict timescales and reported to NHS database.
- ✓ Clinical audit and peer reviews regularly undertaken.
- ✓ Annual 'Post Qualification Updates' for all staff.
- ✓ Partnership working with other health and social care providers to ensure patients needs are safely and effectively met.

Domain 3: Governance

- ✓ Integrated governance structure in place.
- ✓ Risk Management process adhered to (evidenced by NHSLA and ALE reports).
- ✓ Information Governance framework in place and advice issued to all staff.
- ✓ Records Management Policy in place and closely managed.
- ✓ Financial management and external reviews of our existing performance shows we are on form to meet all key targets.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
The Healthcare Commission
Annual Health Check 2007/08 - Briefing Paper

- ✓ Human Resources policies and procedures are in place for recruitment including Criminal Review Board checking.
- ✓ Human Resources policy on 'Whistle Blowing' implemented.
- ✓ Improving Working Lives Practice Plus achieved.
- ✓ Workforce Data shows our ethnicity staff mix.
- ✓ Mandatory training is planned and monitored.
- ✓ Procedure for reviewing NSFs, NICE and JRCALC guidance implemented and working.

Domain 4: Patient Focus

- ✓ Complaints and Patient Advice and Liaison Service managers and policies in place.
- ✓ Patient and Public Involvement Strategy implemented.
- ✓ Complaints, concerns and incidents are monitored for actions.
- ✓ Complaints key performance indicators monitored at local and Board level.
- ✓ Code of Conduct and Consent policies implemented.
- ✓ Consent and confidentiality.
 - > Taught in basic training.
 - > Reinforced by Information Governance updates.
- ✓ Customer Care Training in place for all staff.

Domain 5: Accessible & Responsive Care

- ✓ Patient and Public Involvement Forum members' participation in:
 - Trust Board and Governance agenda
 - Policy reviews
 - Infection Prevention and Control monitoring of vehicles
 - Patient Transport Service patient satisfaction survey
- ✓ Communications Strategy and team in place.
- ✓ Trust attendance at Health Overview and Scrutiny meetings throughout the year.
- ✓ Language line available for communication issues.
- ✓ Emergency text contact available for hearing impaired.
- ✓ Category C triage in place.
- ✓ Emergency Care Practitioners (ECP) treat at home where possible.

Domain 6: Environment & Facilities

- ✓ Estates Strategy in place and implemented.
- ✓ Risk management strategy and practices.
- ✓ Quarterly good housekeeping checks of stations.
- ✓ Fire risk assessment compliance.
- ✓ Vehicle and Clinical Equipment Working Group.
- ✓ Vehicle risk assessments.
- ✓ Vehicles CEN compliant with patient safety and dignity a top consideration.
- ✓ Infection Prevention and Control Policy, management and audit.

WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
The Healthcare Commission
Annual Health Check 2007/08 - Briefing Paper

Domain 7: Public Health

- ✓ Partnership working through Emergency Care network.
- ✓ Local managers involved in partnership work to improve care pathways.
- ✓ Attending Public Health workshops.
- ✓ Involvement in local Substance Misuse Action Teams.
- ✓ Data shared daily with commissioners to improve strategic planning.
- ✓ Healthy working Improving Working Lives Practice Plus.
- ✓ Occupational Health and clinical debriefing services.
- ✓ Health Surveillance for staff.
- ✓ No Smoking policy.
- ✓ Regular healthy living advice for staff in weekly briefings.
- ✓ Major Incident Strategy and cross agency working.

Herefordshire Primary Care Trust

Standards for Better Health Process for 2007/08

Introduction

The purpose of this report is to provide details on the process and a current assessment of the Standards for Better Health for the 2007/08 final declaration. Please note that the current assessment status against the core standards is the position considered to be at as of 31st January when the assessment was carried out. It is unlikely that the position as at 31st March will alter this assessment.

Requirements for the 2007/08 Declaration

Core Standards

This year has seen a review of the elements within the core standards with some being merged or omitted as no longer appropriate. The Healthcare Commission were waiting on the Department of Health sign-off before the final version could be released, in mid-December, which has held up the process.

PCTs will no longer be assessed against Core Standard 3 - *Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance.*

Commentaries & Statements

As in previous declarations we have to submit a general statement of compliance. This is usually completed by the Accountable officer – Chief Executive.

As part of our declaration for 2007/08 we must provide a statement of the measures that our trust has in place to observe the provisions of the Code of Practice on Healthcare Associated Infections (the Hygiene Code).

Also new for this year, we have been asked that we invite a commentary from the Local Safeguarding Children Board. This has proved to be somewhat problematical with NHS organisations as this requirement was only released very recently and has not been well published. Nor are the LSC boards aware that they we will be approached to make a comment.

Developmental Standards

This year healthcare organisations will not be assessed on their position/progress against the developmental standards for 2007/08, nor will it form part of the overall assessment for the Annual Health Check. However organisations will be asked to submit a progress of achievement.

Assessment Process

Initial Assessment

As part of Standards for Better Health process, Herefordshire PCT has chosen to adopt a similar assessment process from the one used for the 2006/07 declaration with some slight alterations to evidence assessment process.

For 2007/08 the PCT Directorial Leads have been asked to assess the status of each element within their relevant standards using the following criteria;

Compliant – we are currently meeting all aspects of the standard
Insufficient assurance - There may/may not have been lapses in compliance
Non-compliant - There have been lapses against the standard

Action plans will be developed for any line of enquiry that is not scored as compliant with the action required to move towards compliance and the expected date of completion.

The Healthcare Commission say that when using the lines of enquiry as an assessment tool, where the majority of the lines of enquiry are compliant then organisations should score the standard as compliant.

Evidence to Support Assessment

This year we have had to adopt a new approach to the way we collect, and types of evidence, that supports our assessment. This has been as a result of the new way the Healthcare Commission will conduct inspections of NHS organisations based on their 2007/08 declarations. Previously the Healthcare Commission would trawl through files of evidence, selecting documentation that demonstrates compliance and assess if it is appropriate. This year their inspections will look at documented evidence but will mainly involve meeting with individuals to assess compliance is inherent throughout the organisations.

This year PCT Leads will not be able to compare evidence from previous years and assess whether it is still valid. There will be a complete refresh of evidence that supports compliance and PCT Leads will be asked to provide the following;

- Evidence that supports compliance
- How does the evidence ensure compliance & minimise risk to the organisation
- Frequency that assurance is given to the Board or a delegated Sub-Committee
- Systems to identify non-compliance

Timetable

The timetable for our final declaration process is as follows

Date	Action	Status
25 th January	Distribute standards to PCT Lead Directors for initial self assessment	Completed
Week Commencing 11 th Feb	Healthcare Commission to contact Chief Execs. Asking them to identify a nominated lead who will complete the declaration.	Completed
15 th February	PCT Lead Directors to return initial assessment to Performance Management	Completed
Week Commencing 18 th Feb	Send out proposed declarations to 3 rd parties for commentary with request to return to us by 1 st April. (SHA, OSC & PPIF)	Completed
Week Commencing 18 th Feb	Nominated Leads to complete registration form on line	Completed
Week Commencing 25 th Feb	Distribute developmental standards to PCT Lead Directors (Public & Mental Health) for a progress assessment. To be returned to Performance Management by 31 st March.	Incomplete – revised deadline 18 th April
28 th Feb	Possible delegation of authority to sub-committee? Request at Informal Board to have a formal session of approximately 15-30 minutes to note the final declaration at the April meeting.	Completed
Week Commencing 3 rd Mar	Declaration forms available on line.	Completed
Week Commencing 3 rd Mar	Distribute standards to PCT Lead Directors for more detailed assessment and evidence mapping process.	Incomplete – revised deadline 12 th May
31 st March	Assessment against Developmental Standards to be returned to Performance Management. <i>While we are being asked to declare current progress against the Developmental Standards it will not form part of our rating for 2007/8.</i>	Incomplete – revised deadline 18 th April

Date	Action	Status
1 st April	SHA & PPIF chairs to return comments	
3 rd April	Presentation to Overview Scrutiny Comm. on declaration and any issues	
11 th April	LSC Executive to return commentary	
14 th April	OSC to return commentary	
14 th April	On line declaration forms open for submission	
24 th April	PCT Board notes final declaration on Standards for Better Health – Formal session	
28 th April	Submit final declaration to Healthcare Commission	
30 th April	National Deadline for Final Declaration to Health Commission – by 12:00 noon.	
12 th May	Deadline for all evidence and forms, supporting compliance, to be return to Performance Management	
16 th May	Trusts must make their final declarations publicly available e.g. on their public website. If a trust does not make its declaration publicly available, we will indicate that it has not been shared with the local community and publish it on the Healthcare Commission website.	

Current Assessment

Self Assessment of the Core Standards – 2007/08

First Domain – Safety

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

Core Standard	Compliance
<p><u>Core Standard :- C1a</u> - Health care 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</p>	Compliant
<p><u>Core Standard C1b :-</u> Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted on within required timescales.</p>	Compliant
<p><u>Core Standard :- C2</u> - Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations</p>	Compliant
<p><u>Core Standard C3:-</u> <i>PCTs will not be measured against this core standard</i></p>	Not Applicable
<p><u>Core Standard :- C4a</u> - Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis of high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;</p>	Compliant
<p><u>Core Standard :- C4b</u> - All risks associated with the acquisition and use of medical devices are minimised</p>	Compliant
<p><u>Core Standard :- C4c</u> - All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.</p>	Compliant
<p><u>Core Standard :- C4d</u> - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely</p>	Compliant
<p><u>Core Standard :- C4e</u> - The prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risk to the health and safety of staff patients, the public and the safety of the environment.</p>	Compliant

Second Domain – Clinical & Cost Effectiveness

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

Core Standard	Compliance
<p><u>Core Standard :- C5a</u> - Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</p>	Compliant
<p><u>Core Standard :- C5b</u> - Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership;</p>	Compliant
<p><u>Core Standard :- C5c</u> - Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.</p>	Compliant
<p><u>Core Standard :- C5d</u> - Health care organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.</p>	Compliant
<p><u>Core Standard :- C6</u> - Health care organisations cooperate with each other and social care organisations to ensure that the patients' individual needs are properly managed and met.</p>	Compliant

Third Domain – Governance

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality improvement and patient safety are central components of all the activities of the health care organisation.

Core Standard	Compliance
<p><u>Core Standard :- C7a & c</u> - Health care organisations apply the principles of sound clinical and corporate governance and undertake systematic risk assessment and risk management (including compliance with the controls assurance standards);</p>	Compliant
<p><u>Core Standard :- C7b</u> - Health care organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;</p>	Compliant
<p><u>Core Standard :- C7e</u> - Health care organisations challenge discrimination, promote equality and respect human rights</p> <p><u>Reason for Insufficient Assurance</u></p> <ul style="list-style-type: none"> • Disability Policy does not meet criteria • No Gender policy in place <p><u>Actions to Completed by 31st March 2008</u></p> <ul style="list-style-type: none"> • Gender and revised Disability policy to be reviewed/signed off by March Board 	Insufficient Assurance
<p><u>Core Standard :- C8a</u> - Health care organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services</p>	Compliant
<p><u>Core Standard :- C8b</u> - Health care organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups</p>	Compliant
<p><u>Core Standard :- C9</u> - Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required</p>	Compliant

Third Domain – Governance - Continued

Managerial and clinical leadership and accountability, as well as the organisation’s culture, systems and working practices ensure that probity, quality improvement and patient safety are central components of all the activities of the health care organisation.

Core Standard	Compliance
<u>Core Standard :- C10a</u> - Health care organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Compliant
<u>Core Standard :- C10b</u> - Health care organisations require that all employed professionals abide by relevant published codes of professional practice	Compliant
<u>Core Standard :- C11a</u> - Health care organisation ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake	Compliant
<u>Core Standard :- C11b</u> - Health care organisations participate in mandatory training programmes	Compliant
<u>Core Standard :- C11c</u> - 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
<u>Core Standard :- C12</u> - Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	Compliant

Fourth Domain – Patient Focus

Health care is provided in partnership with patients, their cares and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.

Core Standard	Compliance
Core Standard :- C13a - Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
Core Standard :- 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
Core Standard :- C13c - Health care organisations have staff treat patient information confidentially, except where authorised by legislation to the contrary	Compliant
Core Standard :- C14a - Health care organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal Complaints Procedure (G002) and feedback on the quality of services	Compliant
Core Standard :- C14b - Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when Complaints Procedure (G002) are made	Compliant
Core Standard :- C14c - Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
Core Standard :- 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
Core Standard :- C15b - Where food is provided, healthcare organisations have 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
Core Standard :- C16 - Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and aftercare	Compliant

Fifth Domain – Accessible and Responsive Care

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

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

Sixth Domain – Care Environment and Amenities

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

Core Standard	Compliance
Core Standard :- C20a - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
Core Standard :- C20b - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	Compliant
Core Standard :- 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

Seventh Domain – Public Health

Programmes and service are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core Standard	Compliance
<p><u>Core Standard :- C22a & c</u> - Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) Cooperating with each other and with local authorities and other organisations</p> <p>c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships</p>	Compliant
<p><u>Core Standard :- C22b</u> - 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.</p>	Compliant
<p><u>Core Standard :- C23</u> - 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.</p>	Compliant
<p><u>Core Standard :- C24</u> - Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services</p>	Compliant

LOCAL INVOLVEMENT NETWORK PROGRESS

**Report By: Strategic Procurement and Efficiency Review
Manager**

Wards Affected

County-wide

Purpose

1. To update the Committee on progress towards procuring a host organisation for Herefordshire's Local Involvement Network (LINK).

Financial implications

2. Area Based Grant to Herefordshire Council of £119,000 a year for three years, starting 1 April 2008.

Background

3. The Council is mandated to procure a host organisation for the new LINK by 1 April 2008. A stakeholder event was held in December to help determine criteria for the tender, as reported to the Committee on 6 December. EU procedures are being followed for the tender process. An independent expert provided by the Centre for Public Scrutiny has been supporting the Council officers who have been leading this process.
4. A preferred bidder has been identified. Due to the EU 'cool-down' period, the signing of contracts cannot take place until 27 March.
5. It is hoped therefore that more detail, including the identity of the new host and its initial plans for the formation of the LINK, will be provided to the Committee on 3 April.

RECOMMENDATION

THAT the report be noted, subject to any comments which the Committee wishes to make.

BACKGROUND PAPERS

- None

Further information on the subject of this report is available from
Sara Siloko, directorate services officer (health) 01432 261804

PROVISION OF SERVICES FOR CHILDREN WITH SPECIAL NEEDS

Report By: Director of Children's Services

Wards Affected

County-wide

Purpose

1. To advise the Committee on initial discussions taking place between the Primary Care Trust (PCT) and Children's Services over the future provision of services for children with special needs.

Financial Implications

2. At this stage there are no financial implications. Clearly should plans be brought forward for a replacement build this would need to be fully costed.

Background

3. The previous Director of Children's Services reported to this Committee on 7 December 2006 the outcomes of a consultation which had been led by the PCT on the possibility of developing a central building for specialist community services for children with special needs. The consultation concluded that parents of children with complex need would most welcome a co-located set of services to enhance and replace the existing Child Development Centre in Ross Road.
4. Locally there has been little progress to date in establishing such a provision.
5. In addition under Every Child Matters the current climate has changed with an even greater emphasis on integrated working. It is clear that many services will be better provided earlier and locally. This is certainly true for children with less significant levels of need and the Children and Young People's Directorate are currently re-organising to a new model of delivery based largely around children's centres and school clusters. This is being progressed appropriately through the Children's Trust to ensure as much joining up of multi-agency services as practicable.
6. For our children with more complex needs some initial debate has been taking place at a strategic level over the short to medium term needs of the Child Development Centre. The current building is in need of significant investment or replacement. Longer term consideration is being given to a number of possibilities primarily considering:
 - Pooling of capital resources / investments.
 - Practicalities of co-locating staff and provision for assessment, early years nursery, medical and therapeutic services, crèche, parents / carer information service and support.

Further information on the subject of this report is available from
Sharon Menghini, Director of Children's Services on Tel 01432 260039

- Possible identification of any suitable site(s).
7. At the same time Head Teachers of our special schools have begun to consider the future planning of our provision for the education of our children with complex needs.
8. Educationalists are aware that:
- The complexity of needs is increasing as more children survive birth and live longer largely due to medical developments.
 - We have therefore an increasing number of pupils with complex need to provide for.
 - Our special school buildings are not ideal for 21st century education with the increased numbers and complexity of need.
 - Capital funding is limited but that by possibly pooling our resources with health we may be able to maximise opportunities for the development of a state of the art provision.
 - It may be possible to combine development of a future special school with the provision of health services.
9. This is a sensitive area for consideration of possible changes. We are mindful that until professionals have agreed a way forward that is both practicable and affordable we would not wish to either raise expectations with children and young people or cause unnecessary anxiety where parents may perceive their child may need to change school placement.
10. With national focus having been on closure of special schools previously, these initial discussions are likely to be misinterpreted.
11. The Director of Children's Services is clear that special school provision is still required in Herefordshire and the emphasis of professional discussions is around the possibility of pooling resources and providing improved facilities.

RECOMMENDATION

THAT the report be noted, subject to any comments the Committee wishes to make.

BACKGROUND PAPERS

- Report of 7 December 2006

WORK PROGRAMME

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

- 1 To consider the Committee's work programme.

Financial Implications

- 2 None

Background

- 3 A report on the Committee's current work programme will be made to each of the scheduled quarterly meetings of this Scrutiny Committee. A copy of the work programme is attached at appendix 1.
- 4 The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director of Adult and Community Services in response to changing circumstances.
5. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
6. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

RECOMMENDATION

THAT subject to any comment or issues raised by the Committee the Committee work programme be approved and reported to the Strategic Monitoring Committee.

BACKGROUND PAPERS

- None identified.

Health Scrutiny Committee Work Programme 2007/08

June 2008	
	<ul style="list-style-type: none"> • Presentations By Chief Executives of Health Trusts • Stroke Services • Sexual Health • Changes in the Management of Mental Health Services • Reconfiguration of Mental Health Services • Intermediate Care Services • Cancer services • Joint Commissioning Strategy for physical disabilities and updated version of the Joint Commissioning Strategy for mental health services. (with implementation progress reports then to be scheduled). • Workforce plan including training, recruitment and retention issues for the Primary Care Trust, social care and provider organisations in the independent sector;
To be scheduled	
	<ul style="list-style-type: none"> • Commissioning of provider services • Elderly Falls Review – Report • Proposals for rolling forward the Local Delivery Plan beyond 2008/09 as prepared for consultation following the publication of the Darzi review. • Cancer Services
Scrutiny Reviews	<ul style="list-style-type: none"> • Access to health 1) for ethnic minorities – Scoping Statement • Access to Health 2) Scoping Statement
Other issues	
<ul style="list-style-type: none"> • Councillors' potential role in managing public expectation within their constituencies 	
<ul style="list-style-type: none"> • Proposal to look at the long-term implications for people in the county of having an inappropriate diet. 	

Further additions to the work programme will be made as required

