

# AGENDA

## Health Scrutiny Committee

Date: **Friday 25 September 2009**

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Time: **10.00 am**

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

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

For any further information please contact:

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# Agenda for the Meeting of the Health Scrutiny Committee

## Membership

<b>Chairman</b>	<b>Councillor PM Morgan</b>
<b>Vice-Chairman</b>	<b>Councillor AT Oliver</b>
	<b>Councillor WU Attfield</b>
	<b>Councillor PGH Cutter</b>
	<b>Councillor MJ Fishley</b>
	<b>Councillor RC Hunt</b>
	<b>Councillor P Jones CBE</b>
	<b>Councillor G Lucas</b>
	<b>Councillor GA Powell</b>
	<b>Councillor A Seldon</b>
	<b>Councillor AP Taylor</b>

## **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. A Councillor who has declared a prejudicial interest at a meeting may nevertheless be able to address that meeting, but only in circumstances where an ordinary member of the public would be also allowed to speak. In such circumstances, the Councillor concerned will have the same opportunity to address the meeting and on the same terms. However, a Councillor exercising their ability to speak in these circumstances must leave the meeting immediately after they have spoken.

## AGENDA

	Pages
<p><b>1. APOLOGIES FOR ABSENCE</b></p> <p>To receive apologies for absence.</p>	
<p><b>2. NAMED SUBSTITUTES (IF ANY)</b></p> <p>To receive details of any Member nominated to attend the meeting in place of a Member of the Committee.</p>	
<p><b>3. DECLARATIONS OF INTEREST</b></p> <p>To receive any declarations of interest by Members in respect of items on the Agenda.</p> <p style="text-align: center;"><b>GUIDANCE ON DECLARING PERSONAL AND PREJUDICIAL INTERESTS AT MEETINGS</b></p> <p>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.</p> <p>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.</p> <p>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.</p>	
<p><b>4. MINUTES</b></p> <p>To approve and sign the Minutes of the meeting held on 31 July 2009.</p>	1 - 8
<p><b>5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY</b></p> <p>To consider suggestions from members of the public on issues the Committee could scrutinise in the future.</p>	
<p><b>6. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE</b></p> <p>To receive an update from the Trust.</p>	9 - 14
<p><b>7. HEREFORD HOSPITALS NHS TRUST UPDATE</b></p> <p>To receive an update from the Trust.</p>	15 - 20

**8. NHS HEREFORDSHIRE UPDATE**

21 - 30

To receive an update from the Primary Care Trust.

## **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**

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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.

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(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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- 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.
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## **HEREFORDSHIRE COUNCIL**

**BROCKINGTON, 35 HAFOD ROAD, HEREFORD.**

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HEREFORDSHIRE COUNCIL

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 31 July 2009 at 10.00 am**

**Present:** Councillor PM Morgan (Chairman)  
Councillor AT Oliver (Vice Chairman)

Councillors: WU Attfield, PGH Cutter, MJ Fishley, RC Hunt, G Lucas, GA Powell and AP Taylor

**In attendance:** Councillors PA Andrews, LO Barnett, WLS Bowen and PJ Edwards

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Brigadier P Jones and A Seldon. Apologies were also received from Mr J Wilkinson of the Local Involvement Network.

**2. NAMED SUBSTITUTES**

There were no named substitutes.

**3. DECLARATIONS OF INTEREST**

Councillor RC Hunt declared a personal interest in agenda item 6: Health and Social Care ICT linkages because a family member worked for the National Health Service on ICT.

**4. MINUTES**

**RESOLVED: That the Minutes of the meeting held on 27 March 2009 be confirmed as a correct record and signed by the Chairman.**

**5. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY**

There were no suggestions from Members of the public.

**6. HEALTH AND SOCIAL CARE ICT LINKAGES**

The Committee considered a progress report on health and social care ICT linkages.

Stephanie Colborne, ICT Programme Manager and Simon Collings Associate Director of Information NHS Herefordshire gave a presentation, a copy of which was appended. This discussed ICT linkages and benefits, current and planned linkages and the importance of ensuring robust governance arrangements were in place for sharing information. The conclusion was that information exchange across organisations was a national issue, ultimately for resolution at national level. However, there were a number of local interim processes being developed to address short-term requirements. The issues were not all technical with consideration also needing to be given to information governance.

In the course of discussion the following principal points were made:

- S Colborne commented on work being carried out on the feasibility of using mobile ICT devices. However, nationally provided NHS systems did not currently allow off-line working. She acknowledged that improved Broadband coverage, with the accompanying ability to use wireless technology, would be beneficial.
- S Collings commented further on information governance and the need for robust information sharing arrangements to be in place to enable the health and social care ICT linkages to operate.
- Clarification was provided on the right of access to individual records under the Freedom of Information Act and the Data Protection Act, what information could be released under each Act and the potential exemptions from release.
- Members commented on the importance of this work being progressed swiftly. It was agreed to provide Members with a timetable for progressing integration.

Noting the potential overlap on this issue with the Adult Social Care and Strategic Housing Scrutiny Committee the Chairman agreed to discuss with her counterpart how best to arrange for future updates to be reported.

## **7. HEREFORD HOSPITALS NHS TRUST UPDATE**

The Committee considered an update on the operational and financial performance of the Trust to the end of June 2009 together with a summary briefing on key developmental issues.

Mr Woodford, Chief Executive, presented the update, commenting briefly on the report. He highlighted a significant overall increase in patients requiring admission, above planned levels, and the financial implications this would have. He expressed disappointment with some of the findings of the in-patient survey, part of the national survey programme, which were at variance with the hospital's own view, but emphasised that an action plan had been agreed to address those areas where patients clearly felt performance was below average. He also drew attention to the challenging financial situation. He informed the Committee of the Trust's response to the Healthcare Commission's report on mid-Staffordshire NHS Foundation Trust reporting that an action plan was in place to look systematically at mortality rates to ensure that the Trust had taken the correct steps in each case.

In addition he updated the Committee on progress in the development of the new Cancer Unit reporting that work was due to commence on site in the New Year and also the planned provision of radiotherapy services now scheduled for 2012.

He reported that the Trust was prepared to respond to the Swine Flu pandemic and had contingency plans in place.

In the course of discussion the following principal points were made:

- In response to a question about the increase in patient numbers it was stated that this experience was shared across the West Midlands and there did not appear to be any single condition responsible for the increase.
- Asked about the risk adjusted mortality rate Mr Woodford noted that there were various ways of calculating this figure. The Trust's performance compared well with peer groups. However, the key was to look at performance of individual specialisms, which the Trust was doing.

- In reply to questions about delayed patient discharges from the hospital Mr Woodford said that there was good co-operation with the Primary Care Trust. However, the assessment was that 20-25 beds at any one time were occupied by patients who need not be there. He commented on improved arrangements to ensure discharges were not delayed by the need for patients to wait for medication before they left hospital, adding that a complete redesign of the discharge process was underway on which he would report back. The Director of Integrated Commissioning added that there were pressures on the community hospitals in addition to the acute hospital that needed to be borne in mind.
- In relation to finances Mr Woodford replied that £4.5 million of savings needed to be found before the year end against a budget of £107 million. The Trust was behind target in delivering its savings plan. One of the reasons was pressure on medical staffing budgets caused by sickness and recruitment problems, a national issue, which had necessitated the appointment of more expensive locum staff. The focus in seeking to deliver the savings plan was on achieving savings without reducing the quality of service.

The Committee noted the position and the issues upon which further information would be provided in the next update.

## **8. WEST MIDLANDS AMBULANCE SERVICE NHS TRUST**

The Committee considered an update from the West Midlands Ambulance Service (WMAS) NHS Trust.

Mr Malcolm Price, Divisional Commander, Herefordshire Council presented his report that had been issued after the publication of the agenda papers.

In the ensuing discussion the following principal points were made.

- Mr Price was questioned about ambulance response times. He explained a number of measures being undertaken within the Ledbury area including provision of defibrillators. However, he conceded that performance in responding to Category A calls was a matter of concern.
- He attributed the level of performance principally to the increase in demand for the service, as described in his report. He added that this reflected the experience nationally. Locally, non-essential leave and training had been cancelled to enable more vehicles to be deployed. Members noted that this could only be a temporary measure and did not address the apparent need for additional resource recommended by the Committee in its recent review of the service.
- The Director of Integrated Commissioning commented that the Commissioners had a significant degree of concern about the situation. The independent review of WMAS resourcing and performance levels instigated by the Primary Care Trusts in the Region was due to report in August. A report on the findings of that review and an update on the response to the Committee's own review would be made to the Committee in September.
- Asked about the operation of the new Emergency Operations Centre at Brierley Hill, Mr Price commented that there had been many advantages as a result of the move, in particular increased resilience. However, it was acknowledged that there had been some difficulties that the service was working to overcome. These had included an initial lack of appreciation on the part of urban staff of the distances to be travelled in the County. There had been further training and induction and

personnel who had worked at the former centres at Bransford and Shrewsbury had a role in supervision and duty management for calls within the County.

- The Cabinet Member (Social Care Adults) suggested that it was unrealistic to expect additional resource to be allocated to the area and suggested initiatives underway to encourage first responders, first aiders and volunteers should be developed.

The consensus, in conclusion, was that the County was not receiving the service it should. It was recognised that there was pressure on resources and innovative solutions might be required.

The Committee noted that a report on findings of the independent review commissioned by Primary Care Trusts in the Region and an update on the response to the Committee's own review of the ambulance service in Herefordshire would be made to the Committee in September.

## **9. PROVISION OF SERVICES BY PRIMECARE**

The Committee received an update on the provision of the out of hours service and the development of the GP led walk-in health centre.

Angela Maile, General Manager of Primecare, presented the report. She highlighted that the service had experienced a rise in the volume of calls but this had now declined since the national flu line had been established.

In the following discussion the following principal points were made:

- A question was asked about publicity for the availability of GP services for short periods at weekends in Leominster, Kington and Ross on Wye. It was acknowledged that there was not a large take up of the service.
- It was noted that negotiations over a site for premises for the GP led walk in health centre were ongoing. The Director of Integrated Commissioning commented that it was essential to focus on implementing agreed measures to reduce the pressure on the accident and emergency unit.
- In response to a question on Primecare's response times it was stated that these were generally good but the service always aimed to improve. It was agreed that detail would be circulated to Members.

In receiving a presentation from Primecare in March the Committee had agreed to invite Primecare to provide a regular update to each scheduled meeting. It was proposed instead that the Primary Care Trust be requested to report on provision of services by Primecare as part of its update report with a representative of Primecare being invited to attend if circumstances warranted.

**RESOLVED: That the Primary Care Trust be requested to report on provision of services by Primecare as part of its update report with a representative of Primecare being invited to attend if circumstances warranted.**

## **10. NHS HEREFORDSHIRE - UPDATE**

The Committee received an update from the Primary Care Trust.

The Director of Integrated Commissioning highlighted the following issues.

### **Swine Flu**

He updated the Committee on the approach being taken nationally and locally to tackle swine flu.

He cautioned that there were quite a lot of flu like illnesses currently prevalent and because swabs were no longer being taken from every individual it was not possible to be certain quite how prevalent swine flu itself was. Three practices continued to test patients as part of the national monitoring system but were not observing a large increase in swine flu cases.

However, past experience suggested that viruses of this type came in waves. The Country may have reached the cusp of the first wave but statistically a more virulent second phase was to be expected, perhaps in the Autumn when schools reopened.

He reported that the experience to date had highlighted the need to strengthen business continuity plans. The worst case scenario was 30% of staff absent and partnership working would be important to facilitate redeployment of staff to critical services.

It was being advised at national level that a vaccine would be available on a phased basis from the end of August 2009.

He added that the establishment of the National Flu line had seen a reduction in the number of calls to the out of hours GP service.

In the course of discussion the following principal points were made:

- In response to comment that mixed messages were being given to people concerned they might have the disease about the action they needed to take, the Director replied that the advice through the national flu line had been refined and should be consistent.
- The position regarding the number of pharmacies authorised to distribute Tamiflu was also discussed. The Director said that there were six pharmacies across the County stocking Tamiflu. Asked if this was a sufficient number given the geography of the County he said that the number was determined in accordance with national guidelines. Resilience was the key. In the event of pressures on staffing the plan was to move to fewer but larger centres, the provision of critical services being a higher priority than geographical access. However, it had been recognised that provision in Hereford City, with one outlet, needed to be bolstered by providing extra staff.
- Asked about the extent of local discretion in the measures being taken he said that the response was being driven nationally but there was some scope for local flexibility, the negotiated authorisation to use six pharmacies referred to above being one example.
- Asked if the service was appropriately prepared he said the reopening of schools in the Autumn would be the test of that. He added that the national and local response to the potential threat had been proportionate.
- The potential for there to be extreme pressure on frontline services to the extent of even emergency cases having to be prioritised and the need for clinical decisions to be taken to provide sub-optimal care to patients was noted. There were, for

example, 6 intensive care beds in Hereford Hospital. Whilst there were plans to expand provision services would have to be shared with neighbouring authorities.

### **Provider Services Review**

The Director reported that work was continuing to divest the PCT of its provider role. There was strong support for integrating community services and hospital services. There were risks in the PCT providing mental health services in terms of retention, recruitment, governance and resilience. The PCT Board had agreed to enter into a procurement process to secure a partner with expertise and resources to run the mental health service within the County.

### **Finance**

The Director reported that there were a number of financial pressures, with the costs of continuing health care and specialist placements, learning disabilities and mental health increasing. He commented on the importance of the funding available for health in the County across organisations being viewed as a whole.

### **Head and Neck Cancer Services**

The Director reported on consideration being given by the Three Counties Cancer Network to consolidating Head and Neck Cancer Services, currently provided at Gloucester and Worcester, onto one site. The Review Panel had concluded that Gloucester was the preferred site. However, because the decision had been so finely balanced national advice was being sought on whether a solution involving provision at both locations was feasible.

The Committee noted that an update would be made to it in September.

## **11. LOCAL INVOLVEMENT NETWORK UPDATE**

The Committee considered an update on the development of the Local Involvement Network (LINK).

Mr Richard Gallagher, LINK Herefordshire Team Leader, presented his report commenting on work undertaken to establish the LINK in its first year of operation and plans to promote the LINK and develop its Work Programme in its second year.

In the ensuing discussion the following principal points were made:

- Mr Gallagher commented on the difficulty in recruiting Members to the LINK and outlined some of the measures being taken to seek to increase recruitment.
- The Committee's wish to work with the LINK and be informed by its work was emphasised and concern expressed about the absence of detail in the report on the LINK's work programme. Mr Gallagher commented that he had reported on the work of the host organisation established to facilitate the work of the LINK which fell within his remit. The LINK itself was responsible for agreeing its work programme. He added that the experience across the Country was that establishing LINKs had proved challenging.

The Committee noted that a report on the LINK's work programme would be made to the next meeting.

## 12. WORK PROGRAMME

The Committee considered its work programme.

The following additions to the work programme were noted:

- Report on the Local Involvement Network work programme (September).
- Possible report on health and social care ICT linkages (subject to outcome of discussion between Chairman of Committee and Chairman of Adult Social Care and Strategic Housing Scrutiny Committee) (January).
- Provision of Mental Health Services (September).

**RESOLVED: That the work programme be approved and reported to the Strategic Monitoring Committee.**

The meeting ended at 12.25 pm

**CHAIRMAN**





<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>25 SEPTEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>WEST MIDLANDS AMBULANCE SERVICE NHS TRUST UPDATE</b>
<b>REPORT BY:</b>	<b>Divisional Commander (Herefordshire)</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To receive an update from the Trust.

### **Introduction and Background**

1. Health Trusts are asked to provide regular reports to update the Committee on key issues. A report is attached.

### **Background Papers**

- None identified.



## West Midlands Ambulance Service NHS Trust Herefordshire Division

### Independent Review

As set out at our last report, the independent review on the resourcing and performance levels of WMAS is continuing.

The outcome of the review is to be published shortly.

### Local Review

The local performance review is ongoing. This uses historical data to consider the optimum resource levels on individual days.

Extra crews have been on duty both on day shifts and night shifts. This is in an effort to increase resources to assist with improving performance. Some of the extra crews are used to crew the ambulance in Ledbury during the night. This continues on an ad hoc basis.

### Demand Trends

The number of calls received by WMAS is also under scrutiny. A general increase in the number of calls has been attributed to many factors, including the introduction of the new Computer Aided Dispatch system (CAD) as well as a general increase in call volume.

### Performance for 2009

	A8		A19		B19		C	
	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS	Hfds	WMAS
June	73.5%	69.6%	94.2%	No Comparative Figure	90.8%	92.7%	98.9%	No Comparative Figure
July	67.7%	61.6%	89.9%	As above	92.9%	88.6%	95.9%	As above
August	71.4%	68.2%	92.8%	As above	92.3%	93.4%	96.4%	As above

### Performance by post code (A detailed breakdown is appended)

#### Cat A

The Cat A (8) performance was achieved in 2 of the 17 post code areas.

The Cat A (19) performance was achieved in 5 of the 17 post code areas.

Three post code areas had no Cat A calls in the month.

A further eight had less than one call per day in August.

#### Cat B (19)

All post code areas had at least one Cat B (19) call in the month.

Performance was achieved in 9 of the 17 post code areas.

Eleven had less than one call per day in August.

#### Cat C (Emergency)

This target was met in 10 post code areas.

Five post code areas had no Cat C (Emergency) calls in August

Cat C (Referral)

This target was met in 8 post code areas.

Five post code areas had no Cat C (Emergency) calls in August

### **Financial Position**

The Division is operating within its budget.

### **Other Matters**

1. CQC inspections – West Midlands Ambulance Service were visited by the Care Quality Commission. This inspection has resulted in new processes and procedures being adopted across the region. The inspections centre around Infection Prevention and Control. No stations in Herefordshire were included in the visits.
2. Stand By Facilities – We are looking to improve the facilities for our staff whilst on stand by, providing dynamic cover. The areas we wish to review are within Hereford city. Crews are deployed into the city both day and night in order to ensure cover on both sides of the river.
3. Bransford – The site at Bransford has not yet been sold. It is still in use by the Training Department.



HOSC / LINKS report  
Local Post Code Prefix Performance  
Herefordshire

Please Note:

1: WMAS performance targets are on a regional basis only and not by post code, therefore please note that performance for post code prefix is for information only.

Aug_09	Cat A8 min			Cat A19 min			Cat B19 min			CatC - emergency			CatC - referral		
	total	within target	% within target	total	within target	% within target	total	within target	% within target	total	within target	% within target	total	within target	% within target
HR9	47	34	72.3%	47	44	93.6%	81	77	95.1%	19	17	89.5%	22	22	100.0%
HR8	40	28	70.0%	40	36	90.0%	48	45	93.8%	34	34	100.0%	15	12	80.0%
HR2	94	63	67.0%	94	88	93.6%	122	119	97.5%	53	52	98.1%	18	18	100.0%
HR1	107	91	85.0%	107	106	99.1%	134	132	98.5%	58	58	100.0%	66	59	89.4%
HR4	82	72	87.8%	82	82	100.0%	123	115	93.5%	51	51	100.0%	13	12	92.3%
HR5	17	7	41.2%	17	5	29.4%	24	5	20.8%	10	9	90.0%	9	9	100.0%
HR7	23	16	69.6%	23	18	78.3%	28	28	100.0%	15	15	100.0%	6	6	100.0%
WR15	1	0	0.0%	1	1	100.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
HR6	48	32	66.7%	48	48	100.0%	77	72	93.5%	27	27	100.0%	22	20	90.9%
HR3	3	0	0.0%	3	2	66.7%	5	1	20.0%	5	5	100.0%	7	7	100.0%
WR6	2	0	0.0%	2	1	50.0%	6	5	83.3%	5	5	100.0%	1	1	100.0%
WR13	12	0	0.0%	12	11	91.7%	12	10	83.3%	8	8	100.0%	6	6	100.0%
SY7	3	1	33.3%	3	3	100.0%	2	2	100.0%	0	0	0.0%	1	1	100.0%
SY8	7	3	42.9%	7	6	85.7%	9	8	88.9%	3	3	100.0%	0	0	0.0%
GL18	0	0	0.0%	0	0	0.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
GL17	0	0	0.0%	0	0	0.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
unknown	0	0	0.0%	0	0	0.0%	1	1	100.0%	0	0	0.0%	0	0	0.0%
NP25	0	0	0.0%	0	0	0.0%	2	2	100.0%	0	0	0.0%	0	0	0.0%
TOTAL	486	347	71.4%	486	451	92.8%	677	625	92.3%	288	284	98.6%	186	173	93.0%





<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>25 SEPTEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>HEREFORD HOSPITALS NHS TRUST UPDATE</b>
<b>REPORT BY:</b>	<b>CHIEF EXECUTIVE OF THE TRUST</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To receive an update from the Trust.

### **Introduction and Background**

1. Health Trusts are asked to provide regular reports to update the Committee on key issues. A report is attached.

### **Background Papers**

- None identified.



**HEALTH SCRUTINY COMMITTEE MEETING  
25<sup>TH</sup> SEPTEMBER 2009**

**CHIEF EXECUTIVE'S UPDATE REPORT  
SEPTEMBER 2009  
HEREFORD HOSPITALS NHS TRUST**

**1) Introduction**

This report provides committee members with an update on the operational and financial performance of the Trust to the end of July 2009. A summary briefing on key developmental issues for the organisation is also provided.

**2) Operational Performance**

**2.1 Patients treated**

Emergency activity continued the trend of the previous months and was up against both plan and last year's position. Elective activity was at the highest level so far this financial year during July and overall is above plan. Within this day cases are up against plan and elective inpatients are down on plan although activity in July did increase on the previous months. Sustained levels of emergency activity have impacted on elective capacity and operational focus continues on utilising all capacity. New outpatient appointments remain down on plan year to date but follow up appointments continue to be up on plan.

- Emergency inpatients +11.8% against plan
- Daycases: + 6.4% against plan
- Elective inpatients: - 9.8% against plan
- New outpatients: - 2.3% against plan
- Follow up outpatients +2.2% against plan

**2.2 Accident & Emergency (4 hour waits)**

A & E attendances have averaged 3810 per month year to date compared to 3635 last financial year.

The national target is that 98% of patients should be seen within 4 hours in A&E. Performance against the 4 hour target has improved on the previous monthly position with a year to date performance of 98.4%. An excellent performance in July saw an achievement of over 99%.

The Trust has also set a local target to see 65% of A&E attendees within 2 hours. Performance for July improved to 59%.

### **2.3 18 week access target**

The national target is that 90% of admitted and 95% of non admitted patients should be treated within 18 weeks from referral by their GP.

In July 2009, the Trust treated 97% of admitted patients which is the same as the previous month and 98% of non admitted patients within 18 weeks.

### **2.4 Healthcare Associated Infections (HCAI's)**

The Trust is successfully continuing its drive to reduce healthcare associated infections. There were no MRSA bacteraemia infections in the hospital during July and the Trust is the only hospital within the West Midlands with no MRSA bacteraemia so far this year. During July there were only 3 post 48 hour C-Difficile cases compared to 6 cases for the same period last year and there were no deaths attributed to Clostridium difficile on the death certificate in July.

The Trust continues with a range of measures to combat infections as part of its zero tolerance approach:-

- Hand hygiene compliance
- MRSA screening for all admissions (including daycase and surgery)
- Appropriate antibiotic prescribing
- General compliance with the Hygiene Code

### **2.5 Other Clinical Indicators**

The Trust Board is now focusing on a range of other clinical indicators, a selection of which is summarised below:-

- Readmission rates for July 2009 were 5.2% of emergency admissions, compared to 4.9% reported in June 2009 and 5.8% reported in May 2009
- The day-case rate (for a standard basket of 25 procedures) was 84.6% in July 2009 compared to 84.1% in the preceding month
- The risk adjusted mortality for July 2009 was 78 compared to 82 in the preceding month (anything below a rate of 100 is better than average)

### **2.6 Standards for Better Health / Annual Health Check 2008/09**

The Care Quality Commission (CQC) intends to make the 2008/09 annual health check performance ratings publicly available from Thursday 15 October 2009. Following the Trust's declaration of fully compliant with all core standards we have been notified that we are not due for a follow up inspection. It is understood that all inspections have been carried out and that HHT will not be inspected this year.

## **2.7 Standards for Better Health 2009/10**

From April 2010 all regulated health and adult social care providers will be required by law to register with CQC and to do so they must show they are meeting new common quality standards across the care sector. All providers have already been registered with CQC since April 2009, but only in relation to healthcare associated infections (HCAI) regulations.

### **HHT action**

1. Working groups established to begin preparation by working through the draft guidance and regulations
2. New registration standards have been mapped to S4BH standards with the view to using evidence
3. Response to consultation provided from HHT to CQC at event and via questionnaire

## **2.8 Finance**

At the end of July the Trust reported a £416k surplus against a planned surplus of £550k which represented £134k variance against plan. Operating income was £246k ahead of plan but was more than offset by an operational overspend of £470k.

A key challenge for the remainder of the year, which will be a focus for Board attention, will be the delivery of a £4.5m cost improvement plan.

## **3) Service and Site Development**

### **3.1 Quality Strategy**

The Trust discussed a draft Quality Improvement Strategy at its Board meeting in August. The Strategy focuses on three main themes:

- Safe Care
- Effective Care
- Excellent Patient Experience

The Strategy also sets out the major steps to achieve these themes which are:

- Setting specific aims around quality improvement and overseeing achievement at the highest level of governance
- Giving attention to organisational aims and measures to ensure the Trust gets it 'right by design' every time
- Engaging all of the executive team in the agenda as well as the clinical professionals
- Expanding our patient and public engagement programme
- Building the improvement capability of the organisation to deliver the aims.

The Quality Improvement Strategy will be presented to the Public Board Meeting in September for final adoption and approval.

### **3.2 Macmillan Renton Unit**

A turf cutting ceremony has been scheduled for 27<sup>th</sup> October which marks the beginning of the building of the Macmillan Renton Unit. Enabling works have begun and Dore Ward is being modified to allow improved access for contractors building the Macmillan Renton Unit. The project remains on track and the re-provision of Kenwater Ward is on time and on budget and should be finished by March 2010.

**Martin Woodford**  
**Chief Executive**  
**Hereford Hospitals NHS Trust**



<b>MEETING:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>DATE:</b>	<b>25 SEPTEMBER 2009</b>
<b>TITLE OF REPORT:</b>	<b>NHS HEREFORDSHIRE UPDATE</b>
<b>REPORT BY:</b>	<b>CHIEF EXECUTIVE OF THE TRUST</b>

**CLASSIFICATION:** Open

### **Wards Affected**

County-wide.

### **Purpose**

To receive an update from the Trust.

### **Introduction and Background**

1. Health Trusts are asked to provide regular reports to update the Committee on key issues. A report is attached.

### **Background Papers**

- None identified.



## Health Scrutiny Committee

<b>Subject:</b>	<b>HEALTH &amp; SOCIAL CARE UPDATE</b>
<b>Presented By:</b>	<b>Chris Bull, Chief Executive</b>

### **PURPOSE OF THE REPORT:**

To update the Health Scrutiny Committee on the following health and related social care issues across Herefordshire :

- A. Key Operational Issues
- B. New Regulations and Policies
- C. Feedback from External Regulators, Staff, Public and Service Users

### **HEALTH & SOCIAL CARE UPDATE REPORT**

#### **A. KEY OPERATIONAL ISSUES**

##### **a. Protecting the Health of Herefordshire Population**

###### **Swine Flu Update and Mass Vaccination Programme**

On 2 July the DH announced the move from a containment strategy to a treatment strategy, which focused the NHS' efforts on treating those who have the virus and its complications.

In practical terms, the key issues for the PCT, Council and the community at large remain to be about safety, acceptance of swine flu as a threat, the uptake of vaccination and the added pressure on health and social care systems.

However, the HSC should note that despite these pressures NHS Herefordshire is still broadly achieving its targets and are confident, as far as is reasonably possible, that Herefordians will remain protected if a pandemic hits.

It is anticipated that the National Swine Flu Vaccination Programme will be launched by Mid-October 2009 which will be focused towards vulnerable groups.

###### **Chlamydia Screening**

The national target has been increased to 25% or 4950 young adults for 2009/10. Public health professionals, in collaboration with commissioners and provider services have been developing long-term sustainable initiatives to meet this challenging target. The prime focus of the plan will involve the launch of a Social Marketing campaign to influence attitude and behaviour towards sexually transmitted disease, with a particular focus on parents and schools.

###### **Bowel Cancer Screening**

A new screening service focusing on bowel cancer is shortly to be launched and HSC members are asked to lend their support in promoting this initiative that has the potential to save lives. The programme will begin by inviting men and women aged 60 – 69 every two years using a faecal occult blood test (FOBT). Following the Cancer Reform Strategy December 2008 the age range will be extended up to 75 from 2010.

- The local bowel cancer screening programme has been launched on 7<sup>th</sup> September 2009. It is jointly commissioned service with Worcestershire PCT with Rugby as programme hub.

- Campaign launch to inform eligible population that bowel cancer screening is available in Herefordshire is underway. This includes focus advertising in target locations, distribution of promotional materials in key areas, and raising awareness and understanding of the screening programme within the NHS.
- The launch plan will need to be reviewed and its effectiveness monitored by the Herefordshire and Worcestershire Bowel Screening Board.

### **Promoting a Healthy Lifestyle for the People of Herefordshire**

The Herefordshire Primary Care Trust (PCT) has prioritised a number of key issues for action and is developing a comprehensive social marketing programme and purchasing new services to increase access and range of activities. Specifically these programmes are targeted towards the following areas:

- **Promoting the sensible drinking of alcohol**
- **Access to Primary Care dentistry**
- **Breastfeeding at 6-8 weeks**
- **4-Week smoking quitters**
- **Teenage conceptions**

The Public Health Directorate, in collaboration with wider stakeholder has been developing a multi-faceted co-ordinated social marketing “Healthy Herefordshire” campaign. Under this overarching strategy a number of tactical initiatives will be developed.

For example, at the end of the year, under the slogan “New Year, New You”, a campaign will be launched to encourage and assist smokers to quit as a New Year resolution and to set the goal of celebrating their success on No Smoking Day in March. This campaign will be heavily publicised through local media and events, and through NHS Herefordshire and Herefordshire Council services and premises.

It is opportune at this point to highlight how the integrated systems across the Council and PCT can and need to work together to enhance and increase our health outcomes.

### **Developing Safeguarding in Herefordshire**

The Adult Safeguarding Board has been re-launched with a clear remit to build strong partnerships across Herefordshire. These partnerships will be responsible for providing the strategic direction and leadership, necessary to ensure robust Safeguarding arrangements are in place, supported by increased awareness of Adult Safeguarding in communities across the county as well as implementing preventative strategies to reduce incidents of abuse.

The new priorities include a review of the multi agency framework for Policy, Practice and Procedures, development of a multi-agency training strategy and introduction of an outcome based performance / quality assurance model, which will inform future practice and service development. A programme of strategy development has commenced with active engagement of carers, practitioners, senior officers and elected members.

The Safeguarding process has also been re-designed and will be introduced in the autumn alongside the new one point of access arrangements for Safeguarding referrals. Consideration is given to how best to engage service users in the Safeguarding agenda and is regarded as one of the Board’s priorities.

## **b. Targets & Achievements of Currently Commissioned Services**

### **2.1 Operational Performance and Improving Access**

#### **Audiology Services and Inpatient Waits**

Commissioners are liaising with provider services regarding the achievement of access target. In particular, audiology services and inpatient admissions are currently being investigated for breaches of target. While minimal numbers are involved, all efforts are being made to ensure this is not systemic.

#### **Other Areas of Current Concern**

There are a number of other challenging areas that have had a recent dip in performance, namely:

- **% seen within 48 hours in GUM clinic**
- **Cancer waits – 2 week maximum wait from urgent GP referral**
- **Breast Cancer Symptom 2 week waits - Symptomatic**
- **Delayed Transfers of Care**
- 

However, progress is being made in these areas and an update will be given to the next HSC in November.

#### **Herefordshire Ambulance Response Times**

A draft version has been received of an independent report looking at WMAS. The final version of the report will be presented to the Board at a later stage. There are two particularly salient points for Herefordshire arising from the early review:

- That the funding formula for WMAS should be rebased to reflect population and utilisation. This supports the position taken by Herefordshire PCT and, over time should enable HPCT commissioners to invest further to meet standards
- That further investment is made in Community First Responders (CFRs) and, if appropriate additional ESPs to enable improvement in response times and to provide additional cover in highly rural areas while seeking to ensure best value from the investments already made in these areas. This echoes the recommendations of the Herefordshire Health Overview Scrutiny Committee review of WMAS current service.

#### **Stroke Care**

A CQUIN incentive has been offered to Hereford Hospitals Trust (HHT) as a financial incentive to meet the DH set target. The Improving Stroke Services Project Group (NHS and HHT) meets monthly to discuss performance which is showing signs of initial improvement subject to recent information being validated.

The month of July showed an improvement to 55%. However, current year to date information in TIA performance has dipped primarily due to the revised data recording methods introduced by the Department of Health.

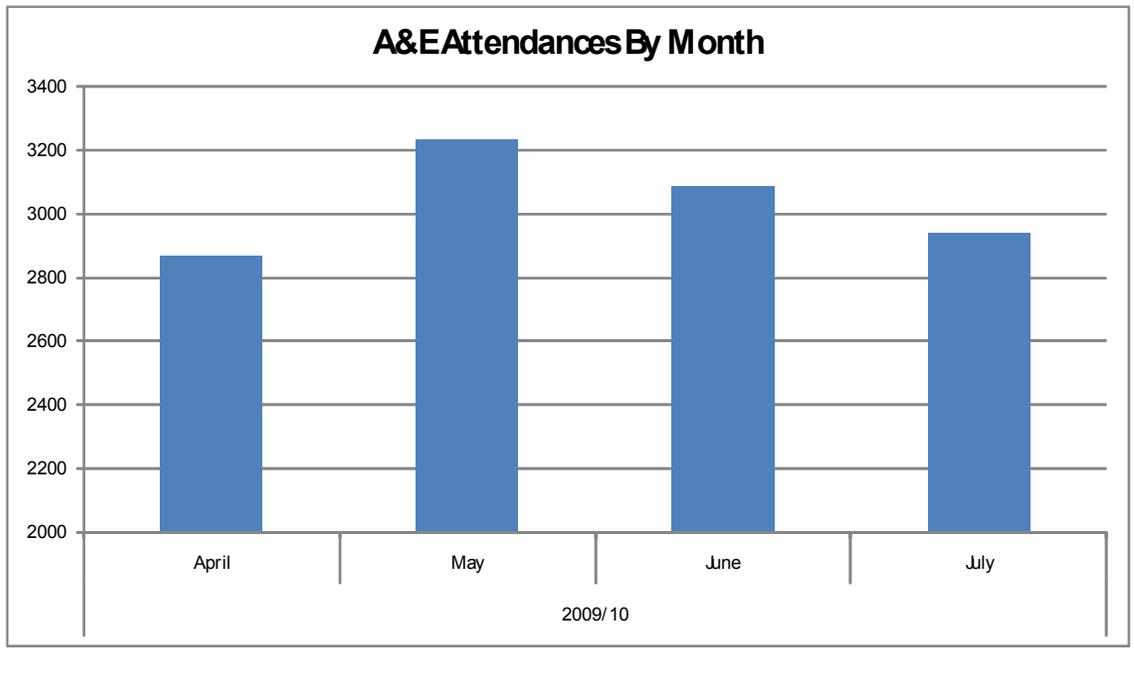
### c. Current Financial Performance & Challenges

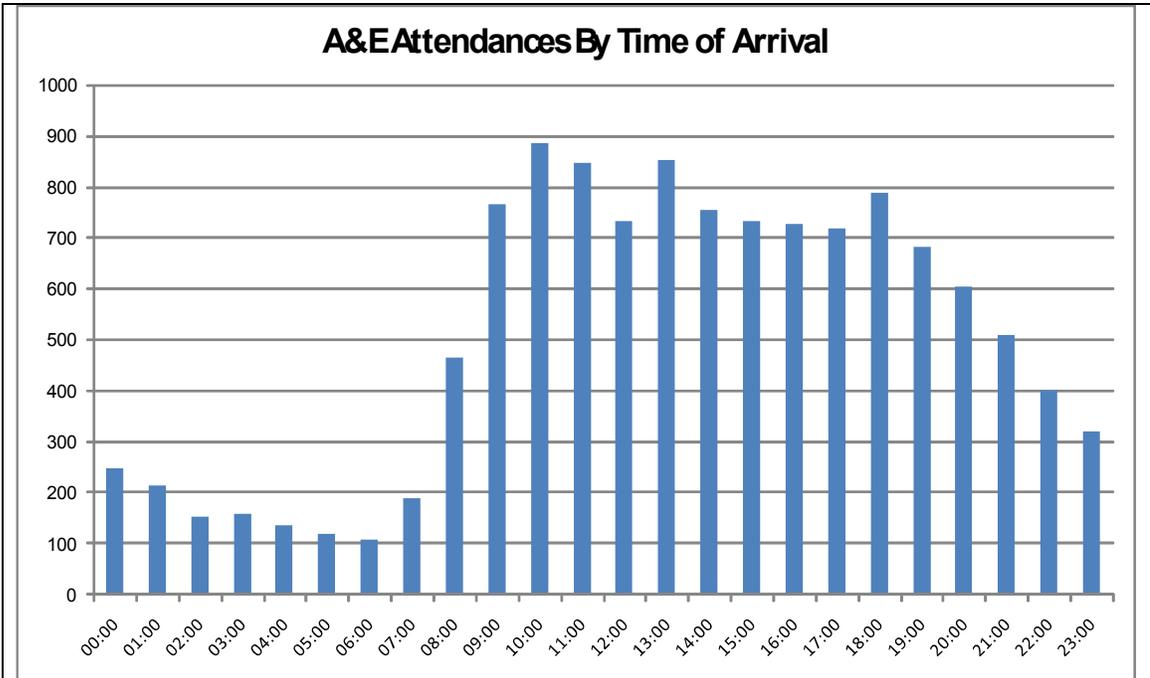
Herefordshire PCT is currently forecasting that it will achieve financial targets set by the Strategic Health Authority (a £770k surplus) and as well as those required statutorily. However there is increased activity emerging at Hereford Hospital based on the first four months of activity data.

HHT's phased profiling indicates the Trust is forecasting an over-performance of circa £3m of which the primary drivers are Emergency and A&E activity. A meeting took place on the 7<sup>th</sup> September between HHT Executives and PCT Executives regarding the need to work together across the whole health economy including General Practitioners around demand management and understanding of care pathways. Discussions also took place re current levels of forecast activity being unaffordable to the PCT and that they could prejudice the PCT's ability to achieve financial targets. However within PBR rules all appropriate validated activity delivered will clearly be paid for.

It is currently expected that this over-performance will be mitigated by demand management actions.

PCT analysis of activity by attendance to A&E suggests that 43.8% of patients presenting to A&E did not require any follow up treatment, 22.4% were admitted to a hospital bed and 14.3% were referred to other outpatient clinics. The following graphs show A&E attendances by month and by time of arrival. It has always been envisaged that the Equitable Access Centre would result in reduced footfall to A&E. it is hoped that an interim solution which will be in place by December 2009 will have an in year impact.





**d. New Service Developments & Changes to Current Services**

**Mental Health Changes**

As reported to the last Health Scrutiny Committee it has been agreed that a procurement exercise should be undertaken for mental health services, currently provided by NHS Herefordshire's Provider Arm, supported by Herefordshire County Council. Whilst the services provided are satisfactory the advantages of economies of scale offered by large specialist mental health providers are unavailable. This process has started with an advert being placed in the Journal of the European Union on 11 September 2009. Regular updates will be brought to the Scrutiny Committee.

**Integrated Health and Social Care**

The new service involves the integration of the STARRS Team, Hospital re-ablement Team and the PCT Outreach Team into a county wide Intermediate Care Service that is available 365 days year, 7 days a week. The model of practice developed includes a training programme and a Care pathway that it links the new service into the current Health provision network in Herefordshire.

We are very near appointing a Team Leader and are soon to start a series of road shows to discuss the progress of the new service with the existing staff and to start the formal consultation programme.

**GP led Health Centre**

NHS Herefordshire is working closely with Hereford Hospitals Trust as the preferred site for the new GP-led Health Centre for walk-in patients, which would give the maximum benefit from the new service and relieve pressure on existing A&E services. As a contingency, the PCT is seeking planning approval for an alternative site, utilising part of the grounds of the existing Stonebow unit, near to the Hereford Hospital site. However, the PCT recognises the concerns raised by staff and user groups regarding the Stonebow proposal, and is making every effort to ensure that the preferred solution of coterminosity with the Hereford Hospitals A&E unit is secured.

## **B. NEW REGULATIONS AND POLICIES**

### **a. World Class Commissioning**

World Class Commissioning is the new performance regime for local NHS organisations. This year, the programme launch is on the 16<sup>th</sup> of September with final performance panel review in April last year. We are working locally to ensure that NHS Herefordshire come out with a better score this year compared to last year.

NHS Herefordshire chose the under-listed outcomes during last year's round as indicators of our ability to achieve system goals. We anticipate that there would be minimal changes to the list of outcomes.

- **Health Inequalities score Index of Multiple Deprivation:** this is a long term measure. Public Health, in collaboration with stakeholders has launched a range of health improvement programmes to improve health and reduce inequalities for those who are deprived and are least likely to access health and social care services.
- **Life Expectancy – male / female:** this is a long term measure and life expectancy in Herefordshire is higher than the west Midlands average.
- **%Year 6 Child Obesity:** this is challenging as currently 25% of Herefordshire children in year 6 are either overweight or obese
- **Cancers under 75:** Cancer screening uptake is on target in Herefordshire; Bowel cancer Screening Programme has been launched that will further reduce the morbidity and mortality from cancers.
- **MMR uptake by 5<sup>th</sup> birthday:** MMR Catch-up campaign was launched last autumn and recent data show 7% increase in the MMR Uptake at 5<sup>th</sup> birthday. Our MMR Catch up Campaign (call/recall) is being enhanced by the development of a proactive social marketing initiative by October 2009 as part of the Healthy Herefordshire programme to improve the MMR uptake in 2010.
- **Smoking quitters:** catch up on quitters making progress following relocation and introduction of text and on line referral
- **Stroke deaths within 30 days:** ongoing work on stroke pathways, percentage of time spent on specialist acute unit and Blood pressure monitoring in primary care.
- **Alcohol related hospital admissions:** Alcohol Harm Reduction strategy is being developed in collaboration with wider stakeholders.
- **Suicides:** Suicide prevention strategy is being developed in collaboration with wider stakeholders
- **CHD deaths all ages:** There is already a downward trend but a Vascular Check Programme is being developed and will be rolled out across the county by the April 2010.

### **b. Regulation of Health and Adult Social Care Services from April 2010**

New registration standards for all health and adult social care providers are being introduced from April 2010 and will apply to NHS Trusts for the first time. Standards for Better Health for the NHS are being replaced by new system of Registration, introducing essentially common quality standards across the care sector.

2009/10 is a transitional year for NHS trusts, between the previous system of the Annual Health Check and the Care Quality Commission's new system of Registration and periodic review.

In 2009/10, the assessment of NHS trusts and Primary Care Trusts as providers will have three components:

- Compliance with core standards
- Performance against the Government's national priorities and existing commitments
- Quality of financial management

## **C. FEEDBACK FROM EXTERNAL INSPECTORS, STAFF PUBLIC AND SERVICE USERS**

### **a. Care Quality Commission Annual Health Check 2008/09 Results**

The Care Quality Commission will publish NHS Trusts performance against the Annual Health Check in mid October. The Annual Health Check measures performance against the following;

- Quality of services – consisting of our declaration against the core standards and our performance against existing and national priorities.
- Quality of Financial Management – the Use of Resources assessment carried out by the Audit Commission.
- Assessment of Services & Topics – specific independent reviews carried out by the Care Quality Commission.

The detailed timetable for 2008/09 Health Check is as follows;

#### **Tuesday 13 October 2009**

Trusts receive secure access, under embargo, to their individual 2008/09 annual health check ratings

#### **Wednesday 14 October 2009**

All 2008/09 annual health check ratings available, under embargo, to trusts, SHAs and the media

#### **Thursday 15 October 2009**

General publication of the 2008/09 annual health check ratings

The Health Scrutiny Committee will receive a report on the outcome of the PCT Annual Health Check at its 30<sup>th</sup> November meeting.

### **b. Boorman Review on Issues Affecting the Health and Well Being of Staff**

The Boorman Review has now published its Interim Report, setting out emerging findings and initial recommendations on NHS staff health and well-being. The Interim Report lays out the business case for change and makes recommendations for

improvement in provision. Its findings are based on evidence gathered from across the NHS and its stakeholders; with over 200 responses from experts and Trusts to the Call for Evidence, and 11,000 staff completing the staff perception survey; through engagement with staff and managers at workshops and meetings across the country, and information on best practice drawn from a comprehensive literature review.

The Interim Report is designed to enable staff and stakeholders, within the Service and beyond, to seize this opportunity to affect how DH and the NHS will address this critical issue and influence the final outcomes of the Review later this year.

The Staff Partnership Board and Improving Working Lives Group will be considering the early summary and recommendations in the Interim Report and will provide feedback to the relevant Boards.

**RECOMMENDATION:**

**The Committee Members are asked to note the issues highlighted in the Chief Executive's briefing.**