

A G E N D A

Health Scrutiny Committee

Date: **Thursday, 15th March, 2007**

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 W.J.S. Thomas (Chairman)
Councillor T.M. James (Vice-Chairman)

Councillors Mrs. W.U. Attfield, Mrs. E.M. Bew, G.W. Davis, J.G. Jarvis,
Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

	Pages
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 this agenda.	
4. MINUTES To approve and sign the Minutes of the meeting held on 2 March, 2007.	1 - 4
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. UPDATE ON EMERGENCY PLANNING ARRANGEMENTS FOLLOWING THE OUTBREAK OF LEGIONNAIRES DISEASE IN HEREFORD IN NOVEMBER 2003 To provide an update on emergency planning arrangements following on from the Committee's Review of the response to the 2003 outbreak of Legionnaires disease.	5 - 6
7. LOCAL DEVELOPMENT FRAMEWORK To receive an update from the Primary Care Trust on the Local Development Framework.	
8. RESPONSE TO SCRUTINY REVIEW OF THE GP OUT OF HOURS SERVICE To consider the response to the findings of the scrutiny review of the GP out of hours service.	7 - 12

9.	RESPONSE TO SCRUTINY REVIEW OF COMMUNICATION IN THE LOCAL HEALTH SERVICE	13 - 22
	To consider the response to the findings of the scrutiny review of the Local Health Service's communications strategy and procedures.	
10.	WORK PROGRAMME	23 - 26
	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

The Public's Rights to Information and Attendance at Meetings

YOU HAVE A RIGHT TO: -

- 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.
- Copy any of the documents mentioned above to which you have a right of access, subject to a reasonable charge (20p per sheet subject to a maximum of £5.00 per agenda plus a nominal fee of £1.50 for postage).
- 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.

Please Note:

Agenda and individual reports can be made available in large print. Please contact the officer named on the front cover of this agenda **in advance** of the meeting who will be pleased to deal with your request.

The Council Chamber where the meeting will be held is accessible for visitors in wheelchairs, for whom toilets are also available.

A public telephone is available in the reception area.

Public Transport Links

- Public transport access can be gained to Brockington via the service runs approximately every half hour from the 'Hopper' bus station at the Tesco store in Bewell Street (next to the roundabout junction of Blueschool Street / Victoria Street / Edgar Street).
- The nearest bus stop to Brockington is located in Old Eign Hill near to its junction with Hafod Road. The return journey can be made from the same bus stop.

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.



Where possible this agenda is printed on paper made from 100% Post-Consumer waste. De-inked without bleaching and free from optical brightening agents (OBA). Awarded the Nordic Swan for low emissions during production and the Blue Angel environmental label.

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

BROCKINGTON, 35 HAFOD ROAD, HEREFORD.

FIRE AND EMERGENCY EVACUATION PROCEDURE

In the event of a fire or emergency the alarm bell will ring continuously.

You should vacate the building in an orderly manner through the nearest available fire exit.

You should then proceed to Assembly Point J which is located at the southern entrance to the car park. A check will be undertaken to ensure that those recorded as present have vacated the building following which further instructions will be given.

Please do not allow any items of clothing, etc. to obstruct any of the exits.

Do not delay your vacation of the building by stopping or returning to collect coats or other personal belongings.

COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday, 2nd March, 2007 at 2.00 p.m.

Present: Councillor W.J.S. Thomas (Chairman)

Councillors: Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

In attendance: Mrs A Stoakes Vice-Chairman of the Primary Care Trust Patient and Public Involvement Forum.

87. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Mrs W.U. Attfield, Mrs E.M. Bew, G.W. Davis, T.M. James, and J.G. Jarvis.

88. NAMED SUBSTITUTES

There were no named substitutes.

89. DECLARATIONS OF INTEREST

There were no declarations of interest.

90. MINUTES

RESOLVED: that the Minutes of the meeting held on 7th December, 2006 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions from Members of the public.

92. PRESENTATION BY THE WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

The Committee received presentations on the Trust's performance and the Annual Health Check.

Presentation by Mr Derek Laird, Locality Manager for Herefordshire and Worcestershire

Mr Laird gave a presentation on the Regional structure, opportunities facing the Trust, operational performance and operational priorities.

In terms of opportunities facing the Trust he reported that:

- Demand for the ambulance service across the Region was rising by 6%. In Herefordshire and Worcestershire there was a 9.8% rise. In Herefordshire itself

the rise was 8.6%.

- A number of patients were being taken to Accident and Emergency Units who could be cared for differently. It was estimated that some 30-40% of those phoning the service could be better treated by a GP or an Emergency Care Practitioner. When calls were received at the locality HQ at Bransford triage was being undertaken to avoid taking people to hospital unless necessary.
- Some problems were being experienced in turnaround time for ambulances at hospitals
- There was an average wait of 5-6 seconds for 999 calls to be answered
- Sending a Paramedic did not always reflect patient need and work was being carried out to assess requirements and examine how a better service could be provided.

In terms of performance he highlighted

- that Standard A8 (responding to 75% of category A (life threatening) calls within 8 Minutes) was generally being met both in the Locality and in Herefordshire. The performance across the Region was the best in the Country. There was, however, no complacency and the service did face capacity issues.
- In relation to A 19 (responding to 95% of Category A calls within 19 minutes) and B 19 and C 19 (responding to non-life threatening calls within 19 minutes) he reported that reaching some areas within the 19 Minute targets was one of the most testing challenges within the Locality, although the Region as a whole was doing well.
- The response to ensuring that 95% of GP urgent cases should be at their destination within 15 minutes of the time stipulated by the GP had improved significantly since July following a change in Strategy.
- That in terms of response the Locality was one of the best in the Region.

Key objectives and priorities included

- Improving quality and consistency of care, developing clinical and outcome indicators with a progressively tighter focus on response times
- Improving efficiency and effectiveness with effective use of technology and new models of service delivery. The development of the role of Emergency Care Practitioners and first responder schemes was particularly important in a rural area.
- Developing an Organisation that was fit for purpose, improving clinical and managerial leadership and developing the organisation structure and style with the aim of reducing management overheads and reallocating resources to frontline services.
- Supporting performance improvement through establishing consistent measurement across the Country as a whole and service redesign, recognising the needs and demands of patients. Mr Laird gave an example of 5 calls received on a Saturday night in Hereford within 30 Minutes. Whilst this was a rare occurrence with only two vehicles available this had caused difficulties. He

noted that many calls on a Saturday were as a result of drink related issues.

Operational Priorities were:

- Sustain key performance indicators and break even financially.
- Restructure localities to meet operational need. Fridays and Saturdays were very busy, putting resources under pressure.
- Purchase new vehicles – moving from a 7 year replacement policy to a 5 year replacement policy over the next 2 years if affordable.
- Integration of Services with Primary Care Providers, working closely with the Primary Care Trusts.
- Investment in Clinical Training, one of the most key issues
- Further Education
- Maintain Patient Transport Services as the preferred provider.

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

- In response to a question about cross-border services Mr Laird said that the principle was that the nearest available ambulance would attend a call. Agreements were in place across the Region. The Hereford and Worcester Locality had traditionally had agreements with South East Wales and Gloucestershire and there had been mutual support although as Hereford and Worcester had slightly more resource more support had been given than had been received. The situation was monitored and he had recently written to the Chief Executive of the ambulance service for the Welsh Region drawing his attention to an increase in the level of cross-border support the Locality was having to provide and that this could not be sustained without an impact on the Locality.
- Asked about the first responder scheme he reiterated the importance of this service in a rural area. Currently there were about 140 first responders in the locality. He thought a group of some 350-400 would be appropriate. Efforts were being made to expand and support the scheme.

Members suggested that the scope for publicising the first responder scheme in Council publications such as Herefordshire Matters and through the Community Forums might usefully be explored.

It was also suggested that collaboration with the Fire Service and Police Service might help to identify potential recruits to the scheme. The potential promotional role of the Patients Forums was also noted.

- Mr Laird reported that there were discussions about forming a locality comprising Herefordshire, Shropshire and Worcestershire.
- Mr Laird commented on the deployment of ambulances noting that flexibility was required across the Locality. An ambulance stationed in one town could not be deployed exclusively to incidents within that one area if demand for service dictated otherwise.

- Asked about the reasons for the growth in demand he said that these were difficult to pinpoint. It was thought that some of the increase was attributable to the changes to the GP out of hours service. Whilst he himself considered the service relatively effective in Herefordshire there seemed to be a feeling on the part of patients that they wanted to use a service with which they were familiar.
- The implications of the binge drinking culture were also discussed. Mr Laird commented that whereas at one time calls had tailed off after, say, 2.00 am they now seemed to continue for several hours more. This was placing additional strain on staff.
- In reply to a question about turnaround times at hospital Mr Laird said that performance was the best in the region by some way. However, there were concerns, particularly at Worcester hospital. Efforts were being made to improve the situation.

Presentation by Sue Green, Regional Head of Risk and Governance

Sue Green gave a presentation on the process for the Annual Health Check 2006/07 and its main elements and the information which could be made available to the Committee.

The Chairman requested a copy of the Trust's draft declaration for circulation to the Committee.

The Chairman thanked Mr Laird and Ms Green and informed them that the Committee intended to hold an additional meeting on 30th March, 2007 at which it planned to determine its Health Check declaration.

The meeting ended at 3.05 p.m.

CHAIRMAN

UPDATE ON EMERGENCY PLANNING ARRANGEMENTS FOLLOWING THE OUTBREAK OF LEGIONNAIRES DISEASE IN HEREFORD IN NOVEMBER 2003

Report By: Emergency Planning Manager

Wards Affected

County-wide

Purpose

1. To provide an update on emergency planning arrangements following on from the Committee's Review of the response to the 2003 outbreak of Legionnaires disease.

Financial implications

2. None identified.

Background

3. Since the Committee's Review, an update on action in response to which was last given in September 2005, the national profile of infectious diseases has been raised by the possible threat that avian influenza might pass from birds to humans and then mutate into a human-to-human disease of pandemic proportions. National, regional and local risk assessments make this the most likely health threat to the population of the UK. Whilst the emergency planning focus on health has been on the pandemic influenza threat, the lessons learned from the Legionnaires outbreak in Hereford have helped to inform planning and training. Specifically:
 - a. The Civil Contingencies Act 2004 has considerably enhanced the sharing of information and the co-operation between Category 1 responders through the West Mercia Local Resilience Forum (LRF). More locally, this is facilitated through membership of the Herefordshire Emergency Response to Major Incident Team (HERMIT) and there is now a Primary Care Trust (PCT) led Herefordshire Pandemic Influenza Planning Committee, supported by emergency planning and social care representatives from the Council.
 - b. The lead and roles of agencies involved in the identification of trigger points and the management of an infectious disease outbreak are now more clearly defined. A draft Memorandum of Understanding (MOU), between the Council and the Health Protection Agency (HPA), dealing with the protocols for infectious diseases was circulated 18 months ago, but has not yet progressed beyond draft status. Nationally the HPA have been working on a new MoU that takes into account recent changes to PCTs and Strategic Health Authorities introduced in October 2006 and which impinge on the response of partner organizations such as Local Authorities. The West Mercia LRF multi-agency Joint Emergency Response Arrangements (JERA) are being developed and are out for

Further information on the subject of this report is available from
Philip Wilson, Emergency Planning Officer (Scrutiny) on 01432 260567

consultation. A request for action on the local MoU has been made to the HPA on 6th March 2007.

- c. Multi-agency emergency plans have been revisited and updated. Whilst the current local risk assessment does not require there to be a specific emergency response plan for legionnaires disease, the health authorities have published pandemic influenza specific response plans for multi-agency use.
- d. There has been a series of exercises to test and evaluate the emergency response arrangements for dealing with pandemic influenza at the local, regional and national level, in which Herefordshire Council participated throughout. This series culminated, in February, with the Department of Health led national exercise Winter Willow, during which the Chief Executive, Director of Corporate and Customer Services and the Emergency Planning Manager were closely involved at the appropriate levels on the Regional Response Committee and the Strategic Command Group.

RECOMMENDATION

That (a) the emergency planning update be noted, subject to any comments Members wish to make;

and

(b) that an update on the preparation of a Memorandum of Understanding between the Council and the Health Protection Agency be made in six months time.

BACKGROUND PAPERS

- None

RESPONSE TO SCRUTINY REVIEW OF THE GP OUT OF HOURS SERVICE

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider the response to the findings of the scrutiny review of the GP out of hours service.

Financial implications

2. No resource implications have been identified in relation to this item.

Background

3. On 5th September, 2006 this Committee approved the findings of the scrutiny review of the GP out of hours service for recommendation to the Herefordshire Primary Care Trust. It requested that the response of the Trust should be reported back to it.
4. The Primary Care Trust's response is appended.

RECOMMENDATION

That the response of the Primary Care Trust to the Review be noted, subject to any comments Members wish to make, and consideration given to the need for any further reports to be made.

BACKGROUND PAPERS

- None

HEREFORDSHIRE PRIMARY CARE TRUST

Response to the Review of GP Out of Hours Services by the GP Out of Hours Review Group, August 2006

In July 2005 the Health Scrutiny Committee agreed to undertake a review of the GP Out of Hours services currently provided on behalf of Herefordshire Primary Care Trust. Key questions asked by this review included:

- What is the Out of Hours service currently providing and how is it provided?
- How well do the current arrangements work?
- What improvements have been made or are planned?
- What alternative options are there for delivering the Out of Hours service?

The review group's findings were published in August 2006. This paper sets out the Primary Care Trust's response to each of the seven recommendations made in the report produced by the Review Group.

Recommendation One

That it is important that in developing the Out of Hours service in the future the service continues to be tailored to the particular needs of Herefordshire.

The Primary Care Trust fully accepts this recommendation.

All health services commissioned by the Primary Care Trust should be 'fit for purpose' and meet the needs of the Herefordshire population. The Primary Care Trust does not provide the Out of Hours service directly but is responsible for commissioning it from appropriate providers. The Primary Care Trust has therefore developed a detailed service specification which sets out the nature of the service to be provided and in particular the key access targets which must be met to comply with agreed performance standards. The Primary Care Trust then works closely with the identified service provider to ensure that this service is delivered according to the service specification i.e. the service is tailored to the particular needs of Herefordshire.

Recommendation Two

That every effort is made to continue to maintain the stability of workforce, both clinical and non-clinical.

The Primary Care Trust fully accepts this recommendation.

The Primary Care Trust commissions the Out of Hours service. The current service provider is Primecare. It is Primecare's responsibility to supply the workforce required to meet the agreed contractual obligations which in turn meets the service needs of the Herefordshire population. The Primary Care Trust monitors the performance of Primecare on a daily basis. The Primary Care Trust works closely with Primecare to ensure that the Out of Hours service is staffed by appropriately qualified and experienced staff who understand the needs of the local population.

Recommendation Three

That if possible more local GPs be encouraged to devote a small proportion of their time to the service whilst recognising completely the need to keep the burden on individual Doctors at a manageable level.

The Primary Care Trust fully accepts this recommendation.

In January 2005 the Government allowed GPs to exercise the right set out in their new national contract to withdraw from Out of Hours services if they so wished. All GPs in Herefordshire exercised this right. However, GPs could subsequently decide to work for Out of Hours providers to provide a service. Clearly an experienced competent workforce is required to provide high quality Out of Hours services. The Primary Care Trust commissions the service and it is for the service provider, currently Primecare, to ensure that an appropriate workforce is supplied. However, it is certainly Primecare's stated intention that there should be a balance of out of county and local GPs providing the service as this provides an optimal skill mix.

Recommendation Four

That ongoing consideration is given to how problems the service experiences as a result of inappropriate use by the public can be overcome.

The Primary Care Trust fully accepts this recommendation.

As with all unscheduled care services it is important that people understand the services available and use them appropriately. The Primary Care Trust works closely with Primecare to educate local people about how and when the service should be used. The Primary Care Trust also works, and requires Primecare to work, with the providers of the other unscheduled care services to make sure that all services are integrated and work together. It is unlikely that all inappropriate use can be prevented. In these cases it is important that

people are redirected to the appropriate service in a speedy and seamless way.

Recommendation Five

That the PCT consider whether more work could be undertaken to investigate whether it is fully capturing the patient experience of the Out of Hours service.

The Primary Care Trust fully accepts this recommendation.

Service feedback is very important to both Primecare as the service provider and to the Primary Care Trust as the service commissioner. It is only by receiving appropriate feedback that the service be 'fine tuned' to meet the needs of the people of Herefordshire. The Primary Care Trust manages a monthly Out of Hours steering group at which all key stakeholders, including the PPI Forum, are represented. In addition both the Primary Care Trust and Primecare's complaints processes aim to fully capture feedback from the public and ensures that this is used to form an improved service. The Primary Care Trust fully accepts that the need to capture patient experience is vital if the Out of Hours service is going to be 'fit for purpose'. The Primary Care Trust will continue to strive to ensure that patient feedback is captured.

Recommendation Six

That further consideration is given to ways of further planning and commissioning integrated services.

The Primary Care Trust fully accepts this recommendation.

The Primary Care Trust accepts the importance of service integration. At the moment there are a number of unscheduled care services available for the people of Herefordshire, e.g. NHS Direct, Primecare, A&E, MIU services and the 999 Ambulance service. Each of these services work closely together to support one another. The Primary Care Trust has recently appointed a Project Director for Unscheduled Care whose is managing a significant project involving all key stake holders in Herefordshire to further understand and improve the unscheduled care service, including the GPs Out of Hours service. Whilst high levels of joint working and integration currently exist across Herefordshire there are undoubtedly opportunities to further improve this.

Recommendation Seven

That the Out of Hours service continues to be subject to ongoing careful monitoring, evaluation and review.

The Primary Care Trust fully accepts this recommendation.

The Out of Hours service is monitored on a daily basis by the Primary Care Trust's primary care team and on a more formal monthly basis by the Out of

Hours steering group. This group reports into the Commissioning Board and PCT Board. The Primary Care Trust is committed to commissioning the very best Out of Hours service it can for local people and a comprehensive system is in place to ensure that standards of performance are enhanced. The Out of Hours service is also independently monitored by the Department of Health and the Healthcare Commission and will be subject to review by the PCT's external auditors

Conclusion

The Primary Care Trust welcomes the comprehensive report produced by the Review Group on behalf of the Health Scrutiny Committee. The evidence presented in the review shows a clear rationale for the local arrangements that have been adopted for the provision of Out of Hours services. The review also identifies the Primary Care Trust's commitment to ensuring that these arrangements are effective. The Primary Care Trust fully accepts the recommendations made and looks forward to working with the Health Scrutiny Committee to further improve GP Out of Hours services for local people.

Simon Hairsnape
Chief Executive (Acting)
February 2007

RESPONSE TO SCRUTINY REVIEW OF COMMUNICATION IN THE LOCAL HEALTH SERVICE

Report By: Director of Adult and Community Services

Wards Affected

County-wide

Purpose

1. To consider the response to the findings of the scrutiny review of the Local Health Service's communications strategy and procedures.

Financial implications

2. No resource implications have been identified in relation to this item.

Background

3. On 5th September, 2006 this Committee approved the findings of the scrutiny review of Communication for recommendation to the Hereford Hospitals Trust and Herefordshire Primary Care Trust. It requested that the response of the Trusts should be reported back to it.
4. The responses of the two Trusts are appended.

RECOMMENDATION

That the response of the Primary Care Trust and the Hospitals Trust to the Review be noted, subject to any comments Members wish to make, and consideration given to the need for any further reports to be made.

BACKGROUND PAPERS

- None

HEALTH SCRUTINY COMMITTEE MEETING
15 March 2007

**Response to Health Scrutiny Review of
Communications in the Local Health Service**

Following a report reviewing communications in the local health service, presented to the Health Scrutiny Committee at the end of 2005, significant action has been taken by Hereford County Hospital in-line with the report's findings and recommendations.

A) Ensure the message gets to everyone

Trust Team Brief

Since the autumn of 2005, emphasis has been placed on ensuring that weekly Team Briefs are more interesting and informative for all levels of staff. A monthly '*Formal Team Brief*' has been introduced where Executive Directors feedback discussions and decisions taken at Board meetings to staff. An open question and answer session follows, where staff at all levels are free to question the Board on any matters.

A register has been introduced to allow attendance at team briefing sessions to be monitored. In addressing concerns over disseminating information to those unable to attend, a cascade process has been established following Formal Team Brief. Those in attendance are requested to formally record individuals briefed in their departments. The aim is to encourage staff to feedback the contents of Team Brief to their teams on a regular basis.

There is a specific Team Brief section on the Trust Intranet site which is open to all staff to access. Availability is promoted throughout the hospital and has proved popular, particularly for staff that cannot attend any particular team brief.

The Directors attend all monthly formal team briefs and facilitate the weekly team briefs. This ensures that feedback to questions given is as accurate and informative as possible. Matrons also attend the sessions and are charged with feeding key information back to their nursing staff who may be unable to attend due to ward commitments.

The Hospital Council

This has been established to provide an open forum where staff can discuss their views / concerns surrounding particular issues. The Council, chaired by a member of staff, meets on a quarterly basis and there is at least one Director present at each meeting. These meetings are held on a Friday lunchtime which allows the majority of staff to attend, including nursing staff, as it falls just before the shift change. Global emails are issued and posters put up around the Trust informing staff of the meeting dates / times and requesting topics for discussion be forwarded to the Council co-ordinator to add to the agenda. Every effort is made to ensure that all requests are catered for and the Council have been responsible for a number of changes / improvements at the Trust.

Management Walkabouts

As highlighted by the Health Scrutiny's report, management walkabouts continue to provide a "good opportunity for genuine two-way communication to take place...". There have been a number of changes in senior management in the Trust and Directors are continuing to ensure they maintain a high visibility throughout the Hospital. As part of the Board Development Programme, attention will also be paid to raising the profile of Non Executive Directors throughout the organisation.

B) Communication needs to be structured

In terms of overarching structured communications across the health community, the PCT is aiming to strengthen its commissioning responsibilities in collaboration with Herefordshire Council under a Public Service Trust model. How the Trust interacts with this new body and how communications can be better structured and formalized will need to be considered in the light of these changes.

The Trust has strengthened relationships with GPs with the aim of improving the links between primary and secondary care and securing GPs commitment to the Hospital. The Trust have established a senior Clinical Team and regularly attend GP Locality meetings throughout Herefordshire to discuss hospital developments and to identify areas for improved working and opportunities for collaboration in provision of services. A GP action plan has been developed which is being overseen by the Trust's Chief Executive.

The Trust works in collaboration with the PCT's Patient Advice and Liaison Service (PALS), and a joint approach is taken to addressing issues / concerns which cover both hospital and PCT services.

C) More emphasis on communication as part of staff training

Communication is being addressed at all levels within the Trust, with a Dignity and Respect Policy having been introduced emphasising the importance of effective communication and 'customer care'. A training programme '*Effective Communication with Patients and the Public*', has also been developed for all front line staff, using real examples from complaints and PALS contacts.

D) Make communication the responsibility of all

The significant improvements in communication detailed above have emphasized the important role that individuals play in ensuring that information is effectively disseminated within their teams / departments. The new intranet and internet sites and the increased emphasis on team / group meetings and information flow throughout the Trust underpin this improvement. With the intended launch of a new Communications Policy, at the beginning of 2007/2008, the importance of effective communication will be highlighted throughout the Trust and the onus placed on communication being the responsibility of all.

The Head of Corporate Affairs has a pivotal role in developing public relations seeking out opportunities wherever possible to promote the positive work being done by the Trust. This also incorporates building on relationships with local organizations, press and other forms of media to raise the profile of the Trust and send positive messages out into the community.

E) Consider the "external customer"

As part of the Trust's public consultation on becoming a Foundation Trust, key stakeholders / external customers were identified and ways of effectively communicating and engaging with them determined. These external customers include: Herefordshire PCT; Herefordshire Council; the Health Scrutiny Committee; the PPI forum; NHS Alliance; GPs; Powys LHB; MPs.

The Trust is keen to develop relationships with the PPI Forum who are involved in several committees including the Governance and Risk Committee and the Involving Patients and the Public Committee. The Involvement Committee also has representatives from the consumer group which is the internal patient group led by PALS so that views can be shared. The visiting protocol has been updated and the forum are undertaking monitoring visits. PALS is the link for the forum into the hospital and they are keen to assist the forum in any way.

The Trust has established stronger links with GPs in their important role as 'external customers' as detailed previously.

Health Scrutiny Committee Meeting
15 March 2007

As part of the Trust's ambition to become a Foundation Trust, the Hospital is building a membership from local people who are interested in contributing to future plans for the Hospital. The aim is for the Trust to generate at least 2000 members before it achieves FT status.

The Trust has established a new internet site www.herefordhospital.nhs.uk and is developing information about all services provided.

John Campbell, FT Programme Director
6 March 2007

HEREFORDSHIRE PRIMARY CARE TRUST

Response to the report by Herefordshire Council's Communication Review Group September 2006

Introduction

In 2006 the Health Scrutiny Committee agreed to review health service wide communication strategy and procedures to assess their effectiveness. The scoping statement for the review set out a number of key questions:

- What is the communication strategy across NHS organisations in Herefordshire?
- What are the current procedures?
- How are staff and patients kept informed of developments?
- Are staff and patients consulted and involved in decision making?
- What are the levels of cohesiveness across organisations locally?
- What views communications as recorded in the staff opinion survey?
- Is the trend improving?

The review was completed in September 2006 and presented to the Health Scrutiny Committee. This report summarises the Primary Care Trust's response to each of the Review Group's recommendations:

Recommendation One

The PCT fully accepts this recommendation.

The PCT believes that communication needs to be a two way process involving staff and the people of Herefordshire. The Primary Care Trust has a comprehensive procedure for team briefing although there are always opportunities for improvement. The Primary Care Trust fully accepts the importance of communication with staff and its monthly team brief is disseminated via e-mail, as well as through regular team brief meetings. In addition, the Chief Executive has a series of open meetings around the County, called 'Talking Trust', and specific meetings are arranged to discuss key issues with appropriate staff groups. The Review Group felt that key messages were failing to be delivered to all staff which then resulted in a lack of clear, consistent and reliable information being passed to patients and public. However, the Primary Care Trust believes that it has sound processes in place.

Recommendation Two

The PCT fully accepts this recommendation.

This recommendation suggested that greater consideration needed to be applied in arranging times of meetings so that more staff are given the opportunity to attend. The Primary Care Trust fully accepts that it is important for as many staff to attend team brief meetings as possible and meetings are arranged to ensure this. However, there is often a difficult balance to be struck between providing clinical services and ensuring that staff are available for communication processes. The Primary Care Trust is however fully aware of its responsibilities, and has attempted to improve processes since the review was published.

Recommendation Three

The PCT fully accepts this recommendation which principally applies to Hereford Hospitals NHS Trust.

Recommendation Four

The PCT fully accepts this recommendation.

This recommendation stresses the importance of communications between Herefordshire Primary Care Trust and Hereford Hospitals NHS Trust. The Review Group felt that current meetings were voluntary and possibly personality dependent. It recommended that in order to secure continued good communication the current arrangements should be formalised. The Primary Care Trust is pleased to respond by confirming that the current arrangements are formalised. There is a monthly meeting between the Chairs, Chief Executives and lead clinicians of both Trusts. There is also a bi-monthly meeting of the Health Steering Group which brings together the senior clinicians and managers of both Trusts. The Primary Care Trust also meets with Hereford Hospitals NHS Trust on a monthly basis to discuss Service Level Agreement compliance and there are a host of other formalised meetings which take place between the Trusts, as well as the day to day informal processes which one would expect of the two significant public sector organisations responsible for the health care of the Herefordshire population.

Recommendation Five

The PCT fully accepts this recommendation.

This recommendation emphasised the need for communication as part of staff training. The need for effective communication with patients and members of the public is included in staff training and is an important part of the induction process for new members of staff. In addition, clinically and professionally trained staff will have had formal training on communication. The Primary Care Trust fully accepts that communication is a vital aspect of delivering

health care and accepts the recommendation that further emphasis needs to be put on effective communication as part of staff induction and training.

Recommendation Six

The PCT fully accepts this recommendation.

This recommendation highlights the fact that the specialist Involving People Team is a focus for public communication and that the Primary Care Trust could become over reliant on this service. The recommendation recognises that all staff has a role to play in successful communication. The Primary Care Trust recognises that all staff have a responsibility for communication and that the Involving People Team has a specialist function within this overall responsibility.

Recommendation Seven

The PCT fully accepts this recommendation.

This recommendation suggests that there is a need for integration with those at the top of the two Trusts to ensure that the organisation are proactive in what they communicate. Herefordshire Primary Care Trust has a small specialist public relations team that works closely with the Health Authority and Herefordshire Council's specialist teams. A fair amount of communication with local media is of a reactive nature but the Primary Care Trust regularly issues proactive press releases highlighting examples of good practice and achievement.

Recommendation Eight

The PCT fully accepts this recommendation.

This recommendation highlights the Review Group's belief that the PCT PALS should be commended for the work they have done in winning the NHS Alliance award for PPR work for two years running. The recommendation highlights that there is still much work to do. The Primary Care Trust fully accepts this recommendation and regards communication with staff, patients and the public as a key strategic aim.

Recommendation Nine

The PCT fully accepts this recommendation.

This recommendation suggests that there needs to be an increased effort to ensure that there are processes in place to involve people in decisions that affect patients and public. Herefordshire Primary Care Trust has an excellent relationship with its PPI Forum and involves it in all relevant affairs. It welcomes this important two way relationship.

Conclusion

Herefordshire Primary Care Trust welcomes the publication of this important report on communications via the Communications Review Group. Effective communications with staff, patients, carers and the wider public is a vital part of the Primary Care Trust's role. Whilst the Primary Care Trust believes that it undertakes these functions well there are clearly opportunities for improvement and the communication review highlights some of these.

Simon Hairsnape
Chief Executive (Acting)
February 2007

WORK PROGRAMME

Report By: Head of Legal and Democratic Services

Wards Affected

County-wide

Purpose

- 1 To consider the Committee's work programme.

Financial Implications

- 2 None

Background

- 3 In accordance with the Scrutiny Improvement Plan 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 has been modified 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 either the Director of Adult and Community Services or Democratic Services to log the issue so that it may be taken in to 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 2007	
	<ul style="list-style-type: none"> • Presentation by Chief Executives of the Herefordshire Primary Care Trust and the Hereford Hospitals NHS Trust and Cabinet Member
Scrutiny Reviews	<ul style="list-style-type: none"> • Access to Health (Buses/hospital parking etc)
Other issues to be Progressed	
PUBLIC HEALTH	
<ul style="list-style-type: none"> • Scrutiny Review of Key Public Health issues including inequalities in the South Wye Area • Delivery of the Priorities in the Choosing Health White Paper – How effectively Partners are Working Together • Councillors' potential role in managing public expectation within their constituencies 	
<ul style="list-style-type: none"> • Cancer Services 	
<ul style="list-style-type: none"> • Stroke Services (further update in due course) 	

Further additions to the work programme will be made as required

