

AGENDA

Health Scrutiny Committee

Date: **Monday 30 November 2009**

Time: **10.00 am**

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:

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Agenda for the Meeting of the Health Scrutiny Committee

Membership

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

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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.

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AGENDA

		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 the Agenda.	
4.	MINUTES To approve and sign the Minutes of the meeting held on 25 September 2009.	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.	EFFICIENCY REVIEW OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST To consider the outcome of the efficiency review of the West Midlands Ambulance Service NHS Trust.	5 - 12
7.	RESULTS OF ANNUAL HEALTH CHECK 2008/9 - WEST MIDLANDS AMBULANCE SERVICE NHS TRUST To note the performance of the West Midlands Ambulance Service NHS Trust in relation to the Annual Health Check results for 2008/9.	13 - 26
8.	RESULTS OF ANNUAL HEALTH CHECK 2008/9 - NHS HEREFORDSHIRE To note the performance of the Primary Care Trust in relation to the Annual Health Check results for 2008/9.	27 - 32
9.	RESULTS OF ANNUAL HEALTH CHECK 2008/9 HEREFORD HOSPITALS NHS TRUST To note the performance of the Hospitals Trust in relation to the Annual Health Check results for 2008/9.	33 - 36
10.	INTERIM TRUST UPDATES To receive an update from Hereford Hospitals NHS Trust, West Midlands Ambulance Service NHS Trust and NHS Herefordshire.	37 - 44
11.	WORK PROGRAMME To consider the Committee's work programme.	45 - 48

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

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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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HEREFORDSHIRE COUNCIL

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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 25 September 2009 at 10.00 am

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

Councillors: WU Attfield, PGH Cutter, RC Hunt, Brig P Jones CBE, GA Powell, A Seldon and AP Taylor

In attendance: Councillors PA Andrews and MD Lloyd-Hayes. Mr J Wilkinson of the Local Involvement Network was also in attendance.

1. APOLOGIES FOR ABSENCE

Apologies were received from Councillors MJ Fishley and G Lucas.

2. NAMED SUBSTITUTES

There were no named substitutes.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. MINUTES

RESOLVED: That the Minutes of the meeting held on 31 July 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. WEST MIDLANDS AMBULANCE SERVICE TRUST

The Committee considered an update from the Trust.

Members noted that targets were not being met in a number of areas within the County and that the findings of the independent review of the Service were due to be published shortly.

The importance of Community First Responders was acknowledged. Members requested sight of the business plan for training sufficient numbers.

Members also noted the outcome of a Care Quality Commission inspection of the Trust focusing on infection prevention and control and that action plans had been put in place at each ambulance station to address the findings.

7. HEREFORD HOSPITALS NHS TRUST UPDATE

The Committee considered an update from the Hospitals Trust.

Members noted the local target to see 65% of A&E attendees within two hours, the national target being that 98% of patients should be seen within four hours. Mr Coupe, Director of Business Development commented on the complexity of predicting patient flows and ensuring that sufficient staff with the right skill mix were on duty to provide the necessary treatment at A&E within targets. He also noted the extent to which the efficient operation of A&E was dependent on a wider set of processes within the hospital.

A question was asked about the delivery of a £4.5 million cost improvement plan described in the update. The Director of Business Development acknowledged that it would be difficult to achieve the plan. The intention would be to seek to do so by exploring further improvements to the design of care pathways whilst maintaining quality and efficiency of service. However, the Trust considered it was operating efficiently and in the longer term performance against targets could not be improved without further resources.

8. NHS HEREFORDSHIRE UPDATE

The Committee received an update from the Primary Care Trust.

The Director of Integrated Commissioning highlighted the following issues:

- That the number of cases of swine flu was increasing. The PCT was working with Partners to take appropriate measures.
- The launch of a new bowel cancer screening service was imminent.
- New adult safeguarding procedures were being put in place.
- There were a number of areas of concern where there had been a recent dip in performance (% age seen within 48 hours in a GUM clinic, cancer waiting times from urgent GP referral to treatment, breast cancer symptom waits; and delayed transfers of care from hospital to home).
- The publication of an independent report on the West Midlands Ambulance Service was now imminent. He noted in particular the finding that further investment should be made in community first responders.
- There were high levels of inappropriate attendance at the Accident and Emergency Unit (A&E). In this regard he noted that it had always been envisaged that the development of the Equitable Access Centre (GP led health centre) would reduce attendance at A&E. The preferred solution was co-location on the Hospital site which it was thought would best contribute to this aim.

However, as a contingency, planning permission was to be sought to use part of the garden at the Stonebow Unit for the development. He acknowledged that carers and service users had expressed concern about this proposal and discussions with them were taking place. He reiterated that the firm preference remained to develop the Centre on the hospital site.

- That through a concerted effort, progress was being made in the uptake of the MMR vaccine.

In discussion the following principal points were made:

- In response to a request the Director agreed to provide a Member with details of the possible sites considered for the GP led health centre.

A number of concerns were expressed about the suitability of the Stonebow Unit site, in particular, for the GP led health centre. It was also questioned whether the preferred site at the hospital was in fact the best site.

Clarification was sought on the assertion in the report that 43.8% of patients presenting to A&E did not require any follow up treatment and could therefore attend the GP led health centre, making a strong case for co-location. The Director replied that national studies supported this view. He agreed to supply a copy.

Asked to clarify when the PCT would be able to confirm whether it could proceed with its preferred site, the Director said that he expected that negotiations would be concluded within two weeks. He agreed to confirm the outcome to Members of the Committee.

It was proposed that the Committee should request that the planning application for the Stonebow Unit site should be delayed on the understanding that the outcome of negotiations on the hospital site would soon be known. If it were decided eventually to proceed to seek planning permission for the Stonebow Unit site it was suggested that Members of the Committee should visit the site.

A member of the public, made a statement to the Committee stating that she represented several groups including Carers in Mind, the Herefordshire Mental Health Regeneration Forum and the Mental Health Reference Group. She commented on the value of the Stonebow Unit garden to service users and opposed the proposed use of the site for the GP led health centre.

Questions from the public had been submitted on the GP led-health centre and on mental health provision on the site. These were not answered specifically at the meeting necessitating a written response to be made.

- Asked for more information about the swine flu outbreak, the Director of Public Health reiterated that the number of cases had begun to rise. Plans were in place to do as much as possible to manage the situation and protect public health.
- A question was asked about the proposed changes to the provision of mental health services. The Director of Integrated Commissioning commented that the proposed changes would reduce the cost of the overheads incurred as a small Trust, strengthen governance standards and increase the ability to recruit and retain staff and ensure appropriate training and development.
- In relation to Chlamydia screening the Director of Public Health confirmed that means of communicating more effectively with young people using methods they favoured, such as new technology, were being explored. It was noted that performance against the new national target of screening 25% of young adults stood at 12.5 %. The PCT was one of the few PCTs currently achieving above 10%. The aim was to increase the extent of screening systematically, a target of 15-17% having now been set locally.
- Asked about the launch of the bowel cancer screening service, the Director of Public Health commented on arrangements being made to invite men and women

aged 60-69 to be screened and the planned arrangements for future monitoring and recall of patients.

- The report stated that the Hospitals Trust was forecasting an over-performance of about £3 million, with the primary drivers being emergency and A&E activity. It was proposed to mitigate this by demand management actions. Asked for clarification the Director of Integrated Commissioning explained that by working with GPs and the Trust more could be done to manage conditions to prevent the need for acute services arising. In addition, whilst most attendances at A&E were not out of hours the PCT was working with the out of hours service to make sure protocols were appropriate and A&E was not used by default.
- In relation to the outcomes listed under the World Class Commissioning regime, the Director of Public Health drew particular attention to plans to strengthen intervention by GPs on smoking and alcohol which would have both health and financial benefits.
- Child obesity was also discussed noting that this was an issue of major importance, with 25% of children in year 6 being either overweight or obese, one of the highest levels in the Country. The Director of Public Health commented on the health implications of obesity, including the effect on life-expectancy, and some of the steps that were planned to address this issue.

RESOLVED:

- That**
- (a) the preferred option to site the GP-led health centre on the Hereford Hospital Trust Site be supported;**
 - (b) to request that the proposed application for planning permission to site the GP led health centre on part of the grounds of the Stonebow Unit should not be brought to the next relevant Planning Committee meeting but held back until a subsequent meeting, mindful that negotiations with the Hereford Hospitals NHS Trust over the possible use of a site at the hospital were expected to be concluded shortly;**
 - (c) the Committee be notified of the outcome of the negotiations with Hereford Hospitals NHS Trust as soon as this was known; and**
 - (d) a visit to the Stonebow Unit site be undertaken by the Committee if it were proposed to proceed with a proposal to use the site for the GP led health centre.**

The meeting ended at 11.40 am

CHAIRMAN



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	30 NOVEMBER 2009
TITLE OF REPORT:	EFFICIENCY REVIEW OF WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

CLASSIFICATION: Open

Wards Affected

County-wide

Purpose

To consider the outcome of the efficiency review of the West Midlands Ambulance Service NHS Trust.

Recommendation(s)

THAT

- a) the report be noted, subject to any comments the Committee wishes to make; and**
- b) the Committee considers whether it requires any further report on this matter.**

Introduction and Background

1. In March 2009 this Committee approved the findings of its Scrutiny Review of the West Midlands Ambulance Service (WMAS) in Herefordshire.
2. The Committee was informed that two further reviews of ambulance provision were underway. It was reported that WMAS was undertaking its own review of provision in the County. In addition the Regional Specialised Commissioning Team, responsible for commissioning the ambulance service on behalf of the 17 Primary Care Trusts (PCTs) in the West Midlands Strategic Health Authority area, had commissioned an independent review looking at the operational and financial effectiveness of the ambulance service across the region.
3. The Committee agreed that the written responses to the findings of the review of the West Midlands Ambulance Service in Herefordshire be noted, on the basis that the further explanation provided in response to the concerns expressed by Members at the meeting provided reassurance that the scrutiny review findings and recommendations were being given serious consideration; and that on conclusion of

Further information on the subject of this report is available from Debbie Small (WMAS), Divisional Manager Acting, on 01432268353 or Paul Ryan (PCT) Head of Contracting on Tel: 01432 344344

the two separate reviews of the ambulance service led by WMAS and the PCT respectively their findings should both be reported to the Committee, together with a report on progress in response to the recommendations in the scrutiny review, at which time consideration would then be given to the need for any further reports to be made.

4. The findings of the efficiency review undertaken by Lightfoot Solutions (the Lightfoot Review) were published on 30 September 2009. A summary and analysis by NHS Herefordshire is appended.
5. The Lightfoot Review has been circulated separately to Members of the Committee and is available to the public on request.
6. Representatives of WMAS will present the efficiency review's findings at the meeting.

Appendices

- Summary and analysis of Lightfoot Review by NHS Herefordshire.

Background Papers

- None identified.

SUMMARY AND ANALYSIS OF THE LIGHTFOOT EFFICIENCY REVIEW OF THE WEST MIDLANDS AMBULANCE SERVICE NHS TRUST – PREPARED BY NHS HEREFORDSHIRE

Background

The West Midlands Ambulance Service (WMAS) is commissioned by the West Midlands Specialist Commissioning Team (MSCT) to provide Emergency and Urgent Ambulance and associated services on behalf of the 17 West Midlands Primary Care Trusts (PCTs) [who commission collaboratively for this service]. The Lead Chief Executive position for ambulance commissioning is jointly shared between Moira Duma (South Birmingham) and Jo Chambers (Shropshire County)

- The Contract with WMAS is worth in excess of £142m.
- WMAS is the third largest ambulance service in the UK.
- It covers a population of 5.3 million people
- WMAS was created in July 2007 from the merger of ambulance services in Birmingham & the Black Country, Coventry & Warwickshire and Herefordshire & Worcestershire.
- Staffordshire Ambulance Service remained as a separate organisation, but was subsequently also incorporated into WMAS in October 2007
- In 2008/9 WMAS received an average of 14,000 999 emergency calls per week
- The current contract is a block contract based on a volume of work, with variations of activity paid (or reimbursed) at 75% of activity value, reconciled back to individual PCTs

Introduction

WMAS has been delivering performance that has, regionally, exceeded National Standards for the last 3 years, but over the last 12 months the service has not consistently met national response targets.

During 2008/09, extra financial resources were made available to WMAS by all the West Midlands PCT's and the WMSHA to address the immediate issues. In addition, recurring additional funding was made available during the 2009/10 commissioning round.

Demand on the ambulance service continues to rise, and the funding of this is based on a historical contract basis. There is a need to understand the funding of the contract, and how additional demand can best be met. For this reason, as part of the commissioning agreements for 2009/10 a condition was agreed by all parties that an independent review be undertaken.

The Terms of Reference of the review were to examine:

- WMAS' current ability to meet ambulance performance standards across all West Midlands PCTs within current contracted income levels
- The cost effectiveness of the current service
- WMAS ability to meet ambulance performance standards across all West Midlands PCTs and meet the requirements of the 'Ambulance Commissioning Model of Care' and action needed to accomplish this
- The most appropriate way to share ambulance contract costs across the West Midlands

The review was commissioned from a specialised consultancy group called Lightfoot, with financial support from Deloitte.

Findings of the Independent Review

The principal findings in the review are:

- Based on current ways of working, WMAS will require a considerable number of additional staff to meet national targets, particularly in the more urban areas of the Region. We would propose a review of innovative approaches to delivering front line provision of urgent care, alongside a review of the workforce requirements.
- In the medium to longer term, we would propose a review of innovative approaches to delivering front line provision of urgent care, alongside a review of the workforce requirements and training.
- The current arrangements for clinical oversight and governance at WMAS could be improved by involving representatives from the rest of the urgent care network in the West Midlands.
- WMAS and PCTs should work in partnership to agree on an appropriate level of funding to ensure national response standards are met.
- The current response model in WMAS relies on Technicians and Emergency Care Assistants (ECAs). To improve access to alternative care pathways it is recommended that a review of paramedic workforce requirements is undertaken.
- The current funding arrangements largely reflect the population base of the PCTs and do not reflect the current level and growth of EMS activity across the West Midlands health economy. A new model of response and funding is required that distinguishes between the requirements of the highly urban areas and the more rural parts of the health economy.
- Since the creation of WMAS there has been a focus by WMAS and Commissioners on achieving short term performance at the expense of developing strategic direction
- WMAS operates on the basis of the four legacy organisations and in some areas has still to develop a common operational approach across the Trust
- The management structure at WMAS is lean and depends heavily on a limited number of key executives and middle managers
- WMAS and the PCT Commissioners need to establish a more sophisticated mechanism for analysing the patterns of demand for EMS services and for identifying the factors underlying changes in activity
- WMAS needs to ensure that the management information collected is used to identify emerging trends in its performance and lacks a trust wide performance management structure to manage and monitor the introduction of new operational processes
- There is scope for reducing the rate of ambulance attendance and transportation particularly in relation to Category B and Category C incidents through the use of new and innovative ways of responding

- There are areas of good practice within the four legacy Localities of WMAS but mechanisms need to be established to ensure these are shared and implemented across the whole Trust where appropriate
- Based on current ways of working, WMAS will require additional staff to meet national targets, particularly in the more urban areas of the Region. We would propose a review of innovative approaches to delivering front line provision of urgent care, alongside a review of the workforce requirements.
- The current arrangements for clinical oversight and governance at WMAS could be improved by involving representatives from the rest of the urgent care network in the West Midlands.
- WMAS and PCTs should work in partnership to develop and agree appropriate response standards and the level of funding to support this.
- The current response model in WMAS relies on Technicians and Emergency Care Assistants (ECAs). To improve access to alternative care pathways it is recommended that a review of paramedic workforce requirements is undertaken.
- The current funding arrangements largely reflect the population base of the PCTs and do not reflect the current level and growth of EMS activity across the West Midlands health economy. A new model of response and funding is required that distinguishes between the requirements of the highly urban areas and the more rural parts of the health economy.
- Since the creation of WMAS there has been a focus on achieving short term performance at the expense of developing strategic direction.
- WMAS operates on the basis of the four legacy organisations and in some areas has still to develop a common operational approach across the Trust
- The management structure at WMAS is lean and depends heavily on a limited number of key executives and middle managers
- WMAS and the PCT Commissioners need to establish a more sophisticated mechanism for analysing the pattern of demand for EMS services and for identifying the factors underlying changes in activity
- WMAS need to ensure that management information collected is used to be able to identify emerging trends in its performance and lacks a trust wide performance management structure to manage and monitor the introduction of new operational processes
- There is scope for reducing the rate of ambulance attendance and transportation particularly in relation to Category B and Category C incidents
- There are areas of good practice within the four legacy Divisions of WMAS and mechanisms need to be established to ensure these are shared across the Trust

Herefordshire specific findings and issues

The report made the following recommendations with regard to Herefordshire:

- That the funding of the WMAS be rebased to reflect both population base and utilisation of the service
- That greater use be made of Extended Scope Practitioners and rapid response vehicles across the county to ensure both equitable service and improved response times
- That additional investment be considered for Community First responders.

Actions

The review presented its initial findings to both WMAS and the PCT CEOs at the end of July 2009 outlining concerns about service issues which required immediate action to address them.

The joint PCT CEO leads [Moirra Dumma/Jo Chambers] have established short life Task and Finish Groups to address the following themes:

- Workforce
- Clinical Quality
- Commissioning
 - Category C Diversion
 - Capacity Optimisation
- Finance
- Communication

These groups are required to identify actions to address areas of immediate concern, and develop the longer term strategic direction.

A detailed action plan has been compiled, which will be overseen by the Specialised Commissioning Team (West Midlands) on behalf of PCTs

Appendices

- Appendix 1 - A summary of the actions being undertaken

Summary of Actions

Action

Establishment of an Overview Steering Group - This group is led jointly by Chief Executives Moira Dumma, and Jo Chambers, and is attended by key senior personnel from across the health economy.

The Task and Finish Group has wide stakeholder engagement to oversee the short term/long term work-streams to ensure a safe and sustainable service within an agreed financial and contractual framework.

Action

Establish specific work-streams to address immediate and longer term priorities

Finance

- Identify current budgetary position
- Agree any amounts of financial slippage
- Scope the current gap in financial resource
- Identify ways of closing the current gap
- Make recommendations on resource required:
 - To avoid 999 call stacking
 - To meet Category A performance (monthly)
 - To recover Category A performance (annual)
- Present to PCTs a proposal for additional resource investment
- Longer term, to present proposals on investment and productivity
- Develop a model for PCT proportionment of payment

Clinical Quality

The Group are tasked with giving assurance to the Overview Group that clinical quality is improved. In particular to look at ways to improve clinical supervision and support to operational and control staff.

The Group has reviewed the assurance currently available regarding quality and safety and compiled a risk log including plans for mitigating the risks. 4 areas of work have been identified:

- Mandatory training – to be completed in 2009/10.
- Clinical supervision – 2009/10 proposal developed to initiate supervision awaiting approval.
- Doctors in the pre-Hospital environment – medical lead in post.
- Clinical input into other work streams tackling capacity challenges.
- Develop the assurance framework with a key set of clinical/safety indicators which will form part of the contractual framework.

Workforce

- To refresh and update the WMAS workforce plan by mid September which maps out all available staff coming on line, input from clinical supervision and other initiatives etc to support increase in capacity.

Commissioning

- The work plan which will initially focus on:
 - Immediate action [by October] to address diversion of Category C/ GP urgent work to alternative pathways developed by localities.
 - In the longer term to develop an agreed commissioning framework by March 2010 [incorporating clear specifications and performance standards]. Further work on benchmarking / redesign of service model will also be undertaken.
 - The Group is also addressing the future role of the capacity management function in 2009/10 in supporting the commissioners in overseeing the commissioning framework, and the transfer in October of capacity management from WMAS to PCTs

Communications

A representative group of communications leads will be developing a communications strategy for dealing with both the operational response to the issues, publication of the review itself as well as developing proposals for a public campaign to educate the population on appropriate use of the ambulance service.

Action

Immediate actions have been taken by WMAS to address urgent issues highlighted in the initial interim report:

- Re-deployment of voluntary vehicles for optimal use across localities.
- Additional private ambulances deployed – 4 have been in operation for some time, and an additional 3 are being commissioned. The 7 private ambulances will continue to ease pressures in Birmingham and the Black Country
- Additional staff recruited and coming into post
- Agreement has been reached to secure the provision of 12 additional private emergency ambulances predominantly to ease current pressures in Birmingham and the Black Country.
- Additional control staff brought in to support flu contingency plans/resilience.
- Additional overtime incentive for crews over the Bank Holiday to cover shifts.
- Station incentive schemes initiated.
- Senior management team restructured.
- Performance improvement plans developed for each of the areas.
- Regional project to implement single rostering system implemented.
- Consultants engaged to review likely flu pandemic and winter pressure activity growth.
- Control dispatch processes re-engineered (now dispatching by sectors).



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	30 NOVEMBER 2009
TITLE OF REPORT:	RESULTS OF ANNUAL HEALTH CHECK 2008/9 – WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
REPORT BY:	CHIEF EXECUTIVE OF THE TRUST

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To note the performance of the Ambulance Trust in relation to the Annual Health Check results for 2008/9. (A report is attached.)

Background Papers

- None identified.

Further information on the subject of this report is available from Debbie Small (WMAS), Divisional Manager Acting, on 01432268353



Our Ref: ACM/DJL/NJS/CQC Brief

10 November 2009

Councillor Patricia Morgan
Chairman of Health Scrutiny Committee
Herefordshire County Council
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Hereford
HR1 1ZT

Regional Ambulance
Headquarters

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Waterfront Business Park
Waterfront Way
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Web Site: www.wmas.nhs.uk

Dear Councillor Morgan

RE: Care Quality Commission - Periodic Review 2009/10 Report and Annual Performance Rating Results 2008/09

I am writing to inform you of our predicted position for the Care Quality Commission (CQC) Periodic Review which incorporates the Trusts declaration of compliance for the period 1 April 2009 to 31 October 2009 as part of the 2009/10 review.

For your information I have also included a brief summary on the CQC Annual Health Check results for 2008/09.

• **Periodic Review 2009/10**

2009/10 is a transitional year between the previous system of the annual health check in 2008/09 and the new system of registration in 2010. The review will have three components of assessment:

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

To avoid confusion with providers' applications for registration, which starts in January 2010, the CQC have requested a core standards declaration mid year. However, Trusts are required to comply with the core standards for the entire assessment year 1 April 2009 to 31 March 2010.

Appendix One shows the predicted compliance against the core standards as at 9 November 2009. However, the compliance could change between now and the Trust Board meeting on 25 November 2009 when Board members agree the period review declaration. The Trust Board is also obliged to inform the CQC of any significant change as it occurs and no later than 31 March 2010 when they confirm the declaration.

Continued.../

Anthony C Marsh
Chief Executive



Sir Graham Meldrum CBE OStJ
Chairman

Continuation.../1

Appendix Two shows the National Priorities and Standards for 2009-10. This document provides an overview of the Trust's compliance with the National Priorities and Standards that the Trust is expected to comply with.

Following a period of consultation the Care Quality Commission (CQC) is expected to release guidance on how it will be assessing Trusts compliance with regulation requirements in early December.

Until the above has been released the CQC expect Trusts to continue to comply with Standards for Better Health.

Should you require any further information or a member of my team to attend a meeting to explain in more detail of our declaration please do not hesitate to contact myself on the above telephone number or Diane Lee, Director of Corporate Services on 01384 246442.

- **Care Quality Commission (CQC) – Performance Rating Results 2008/09**

Earlier in October the Care Quality Commission published their Annual Health check results for last year and West Midlands Ambulance Service scored as follows:

- Quality of Services – Fair
- Quality of Financial Management - Good

The Trust is disappointed in our Quality of Service score which has dropped from 'Excellent' for the preceding year.

For clarification of the three components

- **Compliance with core standards**

The Trust was upheld as 'compliant' with all standards.

- **Performance against the government's national priorities and existing commitments**

The Trust was fully compliant with all existing commitments, however, there have been some additional measurements of national priorities. The Trust passed nine of the twelve new clinical standards assessed, underachieved on two (management of stroke and transient ischemic attacks) and failed on one (the management of asthma). Action plans to improve these indicators have been put in place to ensure the organisation improves on these areas.

- **Quality of financial management**

The Trust improved its rating of 'fair' to 'good' for 2008/09.

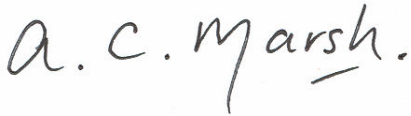
Continued.../



Continuation.../2

I hope this briefing document assists with your input into the periodic review, however, if you require any further information please do not hesitate to contact me.

Yours sincerely

Handwritten signature of Anthony C. Marsh in black ink.

Anthony C. Marsh
Chief Executive Officer

Encs



**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
CQC PERIODIC REVIEW 2009**

Appendix One

Domain 1: Safety

C1a	Identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	The Trust has policies and procedures for the reporting and investigation of all adverse incidents. It has in place processes to ensure analysis and learning takes place appropriately. The Trust has a dedicated high level working group who monitors and reviews high risk incidents identified through complaints, claims, incident reporting etc to ensure actions are completed and the Trust continues to learn from experience. This element was subject to scrutiny by both the Healthcare Commission and NHSLA during 2008 and achieved positive results. WMAS works closely with all UK ambulance services to ensure analysis and learning takes place on a national level at least every 6 months.	Compliant
C1b	Ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales.	The Trust has a procedure for the dissemination and management of Patient Safety alerts. Alerts are responded to within agreed timescales as evidenced by the national Central Alerting System (CAS) database.	Compliant
C2	The Trust protects children by following national child protection guidelines within their own activities and in their dealings with other organisations.	The Trust has a policy in place that includes provision of training and advice to assist staff with recognition of child protection issues. WMAS has a single point of access advice and reporting system. The Trust has recruited a new safeguarding team who will liaise more closely with Local Safeguarding Boards.	Compliant
C3	Healthcare organisations protect patients by following NICE Interventional Procedures guidance.	The Clinical team monitor NICE updates and ensure that all relevant guidelines are adhered to. The Clinical guidance that staff follow (JRCALC) takes into consideration NICE guidance.	Compliant
C4b	The ambulance service has systems in place to minimise the risks associated with the acquisition and use of medical devices.	The Trust has a medical devices policy which is monitored by the Clinical Governance Committee and managed by the Clinical Equipment Working Group. The Trust is unable to declare full compliance at this point as a comprehensive register of all Trust equipment is under development and as such full assurance of all training and maintenance checks being completed is not available.	Insufficient Assurance (Compliant by Year End)
C4d	Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored	The Trust has in place a medicines management policy and related procedures. Monitoring systems are in place for both clinical aspects of medicines delivery and safety aspects relating to controlled drugs. Losses and breakages of drugs are closely monitored, investigated and actions are taken to reduce the likelihood of further incidence in accordance with Home Office guidance and Local Intelligence Networks (LINs) arrangements.	Compliant
C4e	The Trust keeps patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste are properly managed.	The Trust has waste management procedures in place that adhere to legislative and environmental requirements.	Compliant

**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
CQC PERIODIC REVIEW 2009**

Appendix One

Domain 2 – Clinical and Cost Effectiveness

C5a	Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals.	The Clinical team monitor NICE updates and ensure that all relevant guidelines are adhered to where relevant.	Compliant
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	The Trust is currently implementing a new model of Clinical Supervision which is not expected to be fully operational across all areas of the Trust until June 2010.	Insufficient Assurance
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	There has been an increased focus on training during 2009 and all staff have either attended or are scheduled to attend training by the end of March 2010	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	The Trust has a Clinical Audit strategy that includes involvement in both internal and external audits that inform clinical practice.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	The Trust works closely with partner organisations to ensure delivery of safe effective care for patients. This is evidenced by increased use of alternative care pathways to reduce the pressure on hospital A&E depts.	Compliant

Domain 3– Governance

C7 a&c	Healthcare organizations apply the principles of sound clinical and corporate governance; and undertake systematic risk assessment and risk management.	The Trust has implemented its Integrated Governance, Clinical Governance and Risk Management Strategies. The Trusts risk management control was assessed to be at ALE level 3 and complied fully with the NHSLA requirements at level 1.	Compliant
C7b	The Trust actively supports all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	The Trust was assessed by the Healthcare Commission in July 2008 as compliant with this standard and has continued to develop the standard during 2009.	Compliant
C7e	The Trust challenges discrimination, promotes equality and respects human rights.	The Trust has in place an Equality and Diversity Working Group led by the Trusts Chairman. The working group ensures the Equality and Diversity agenda is addressed accordingly through the Trusts business.	Compliant
C8a	Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position.	This standard was assessed and found to be compliant by the HC in July 2008. There is a whistle blowing policy in place which staff have demonstrated confidence in by utilising it during 2009.	Compliant

**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
CQC PERIODIC REVIEW 2009**

Appendix One

C8b	Healthcare organisations support their staff through having organisational and personal development programmes.	The Trust supports personal development through its CPD programme. There has been an increase in the number of staff receiving personal development reviews with their managers.	Compliant
C9	The Trust has a systematic and planned approach to the management of records.	The Trust has a Records Management Policy in place which was assessed as compliant by the NHSLA and elements of which were taken away as evidence of best practice.	Compliant
C10a	The Trust undertakes all appropriate employment checks and ensures that professionally qualified staff are registered with the appropriate bodies.	All professional registration checks are performed prior to employment and there are strict systems in place for ongoing checking of professional registrations.	Compliant
C10b	Healthcare professionals abide by relevant published codes of professional practice	The Trust was assessed by the HC in July 2008 as compliant with this standard and continues to develop it during 2009	Compliant
C11a	Staff are appropriately recruited, trained and qualified for the work they undertake.	The Trust has a recruitment and selection strategy supported by workforce planning and the Training and Education Strategy.	Compliant
C11b	The Trust ensures that staff participate in mandatory training programmes.	There has been an increased focus on mandatory training during 2009 and all staff have either attended or are scheduled to attend training by the end of March 2010	Compliant
C11c	Healthcare professionals participate in further professional and occupational development.	The Trust has a comprehensive CPD programme in place which is tailored to individual needs and includes a focus on leadership skills.	Compliant
C12	Research systems are in place to ensure that the principles and requirements of the research governance framework are consistently applied.	The Trust has a Research and Development strategy which is monitored by the R&D working group.	Compliant

Domain 4 – Patient Focus

C13a	The Trust has systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Code of Conduct for all staff in place. Complaints are monitored closely and concerns raised are dealt with quickly.	Compliant
C13b	Systems are in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information.	Compliance with Information Governance (IG) legislation affirmed through IG Toolkit assessment.	Compliant

C13c	Systems are in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliance with Information Governance legislation affirmed through IG Toolkit assessment. The Trust has not had any confidential data losses during this period.	Compliant
C14a	Systems are in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Complaints policy and information readily available via leaflets on vehicles, in GP surgeries and on the Trust website. All complaints are asked for feedback on the management and outcome of their complaint.	Compliant
C14b	Systems are in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	The handling of complaints is dealt with in accordance with NHS guidance and best practice. A Non Executive Director undertakes a 6 monthly audit of completed complaints investigations to ensure a fair and equitable process.	Compliant
C14c	Systems are in place to ensure that patients, their relatives and carers are assured that the Trust acts appropriately on any concerns and, where appropriate, make changes to ensure improvements in service.	All of the above plus monitoring of high risk complaints by formal Director level review group with Non Executive Director for further scrutiny. Feedback questionnaires are sent to all complainants and are reviewed by the Patient Experience Team.	Compliant
C16	Information is made available to patients and the public on Trust services, to provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	The Trust has a Communication Strategy which includes keeping the community it serves informed through press releases, Trust website and attendance at Health Overview and Scrutiny Panels.	Compliant

Domain 5 – Accessible and Responsive Care

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.	The Trust continues to build on LINKs involvement. It has developed a Patient and Public Engagement Group (PPEG) to ensure patients views are always considered in Trust business.	Compliant
C18	Enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	The Trust continues to work on strategies to ensure equal service across the West Midlands. This includes introduction of new Community First Responder (CFR) schemes.	Compliant

Domain 6 – Care Environment and Amenities

C20a	Services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment.	The Trusts Vehicle and Clinical Equipment WG ensure compliance with and improvement on, National Patient Safety Agency (NPSA) specifications for ambulances. Design approved by NPSA for inclusion in their national specification documentation.	Compliant
C20b	Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	As above.	Compliant
C21	Services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained.	Maintenance and cleaning schedules are in place and followed for vehicles.	Compliant

Domain 7 – Public Health

C22 a&c	The Trust promotes, protects and demonstrably improves the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations.	The Trust has been instrumental in the introduction of care pathways in partnership with other organisations. These include Falls, Mental Health and Stroke care pathways across the West Midlands	Compliant
C22b	The Trust promotes, protects and demonstrably improves the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices.	The Trust is meeting with PCTs to explore opportunities to assist in service provision to these areas and includes actions to address specific health inequality issues in business planning.	Compliant
C23	The Trust has systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans.	The Trust is actively involved in the collation of data to inform national programmes such as MINAP data for cardiac care pathways. WMAS promotes the Public Health agenda through press releases and through its healthy workforce programme.	Compliant
C24	The Trust protects the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	The trust actively participates in preparing for emergencies as an organisation and with other partner agencies. There is a Regional Major Incident plan that describes how resources will be used in the event of an emergency supported by clear command and control arrangements and procedures. Specific scenario plans support the major incident plan (flu, CBRN, adverse weather).	Compliant

National Priorities/Standard	Lead Director	Lead Manager	Status	Comments / Outstanding Actions	Data Source & Period	Collection Deadline
Care Quality Commission – Quality of Services						
Category A Calls meeting 8-minute target in 75% of cases.	BLT	Locality Directors	☹	Monitored by Senior Ops Team and Executive Management Board (EMB)	KA34 2009/10	31 March 2010
Category A Calls meeting 19-minute target in 95% of cases.	BLT	Locality Directors	☺		KA34 2009/10	31 March 2010
Category B Calls meeting 19-minute target in 95% of cases.	BLT	Locality Directors	☹		KA34 2009/10	31 March 2010
NHS staff satisfaction	KN	EN	☺	Survey launched, partnership working group established	Staff survey	Autumn 2009
Management of stroke and transient ischaemic attack	RC	MW	☹	FAST test National average = 86.6% WMAS in Aug 09 = 71%. Action Plan implemented and monitored by CGC.	Ambulance CPI's collection (2009-10)	31 March 2010
Management of hypoglycaemic attacks	RC	MW	☺		Ambulance CPI's collection (2009-10)	31 March 2010
Management of asthma	RC	MW	☹	Peak flow national average = 31.1% WMAS in Aug = 17% Action Plan implemented and monitored by CGC.	Ambulance CPI's collection (2009-10)	31 March 2010
Management of patients with cardiac arrest	RC	MW	☺	WMAS above the national average for all targets	Ambulance CPI's collection (2009-10)	31 March 2010
Management of acute myocardial infarction	RC	MW	☺	Aspirin administration requires observation as compliance fluctuates	Ambulance CPI's collection (2009-10)	31 March 2010
Time to reperfusion for patients who have had a heart attack	RC	MW	☹	MINAP Target = 68% WMAS = 57%	Ambulance CPI's collection (2009-10)	31 March 2010
Standards for Better Health Applicable NHSLA All standards	DJL	SG	☺	C4b Medical Devices Management – Insufficient Assurance (compliant by year end) C5b Clinical Supervision – Insufficient Assurance	Trust Board declaration	31 March 2010

**WEST MIDLANDS AMBULANCE SERVICE NHS TRUST
STANDARDS 2009-10**

Compliance with Hygiene Code Registration Requirements						
Applicable core standards C4a, C4cC21	GB	AB	☺	Monitored by Clinical Governance Committee Managed by IP&C Committee	CQC Registration checks	31 March 2010
NHSLA Standard 2 Criterion 8. Standard 4 Criterion 9						
Auditors Local Evaluation (ALE)						
Applicable Core Standard C7b, C7d NHSLA – Standard 1 (Risk Management)	KW	LJM	☺	Managed by Finance Committee and Monitored by Audit Committee	Assessment and audit	30 April 2010
Information Governance Toolkit						
Applicable core standard C9	DJL	CK	☺	Monitored by Integrated Governance and Risk Committee	Trust self assessment	31 March 2010
NHSLA Standard 1 Criterion 8						
NHS Litigation Authority Risk Management Standards						
Level 2 Currently at Level 1 and aiming towards level 2	DJL	SG	☺	Monitored by IGRC Managed by Health, Safety & Risk Committee	Formal NHSLA assessment	By Sept 2010 at the latest
Estates Return Information Collection (ERIC)						
Applicable Core Standards C1a and C20a NHSLA 3.1 and 5.1	KW	SL	☺	Monitored by Senior Ops Team Managed by Estates WG	Return of Trust data	31 March 2010
Complaints Return –						
Applicable core standards C14a, C14b, C14c	DJL	MT	☺	Monitored by Exec Management Board Managed by Complaints & Concerns Review Group	Return of KO41A relating to all elements of complaints handling	June 2010
NHSLA Standard 5 Criterion 3						

BLT Barry Thurston
SG Sue Green
MT Marie Tideswell
KW Keith Wood
RC Roger Cooke

Simon Lewis
Matt Ward
Chris Kerr
Kim Nurse
Diane Lee

GB
AB
EN
LJM
SL

Gill Bennett
Andy Bates
Elaine Newberry
Linda Millinchamp
Simon Lewis

Status Legend

☺	On target
☹	Behind Target



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	30 NOVEMBER 2009
TITLE OF REPORT:	RESULTS OF ANNUAL HEALTH CHECK 2008/9 – NHS HEREFORDSHIRE
REPORT BY:	NHS HEREFORDSHIRE

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To note the performance of the Primary Care Trust in relation to the Annual Health Check results for 2008/9. (A report is attached.)

Background Papers

- None identified.

Further information on the subject of this report is available from
Greg Barriscale Performance Manager Tel: 01432 344344

HEREFORDSHIRE PRIMARY CARE TRUST

Results of Annual Health Check 2008/09

Introduction

The purpose of this paper is to inform the Health Scrutiny Committee on the performance of the Primary Care Trust in relation to the Annual Health Check results for 2008-09.

How Performance is Measured in the Annual Health Check

The Annual Health Check Assessment is based on measuring the performance of NHS organisations. The 2008/9 Annual Health Check has changed the way PCTs performance will be measured for this year. PCT organisations are now measured under the 3 following areas;

<i>Area of Assessment</i>	<i>Area of Measurement</i>
Quality of Commissioning	Standards for better Health
	Meeting Existing Commitments
	Meeting National Priorities
Quality of Financial Management	Use of Resources (New name)
Performance of PCTs – providing services	Standards for better Health
	Meeting National Priorities

Herefordshire PCT's Performance in the Annual Health Check 2008/9

Below is a table comparing Herefordshire PCTs performance in the Annual Health Check with previous years.

<i>Area of Assessment</i>	<i>Area of Measurement</i>	2008/09	2007/08	2006/07
Quality of Commissioning	Standards for better Health	Almost met	Not Applicable	Not Applicable
	Meeting Existing Commitments	Almost met	Almost met	Almost met
	Meeting National Priorities	Fair	Good	Weak
Quality of Financial Management	Use of Resources (New name)	Fair	Good	Fair
Performance of PCTs – providing services	Standards for better Health	Almost met	Not Applicable	Not Applicable
	Meeting National Priorities	Weak	Not Applicable	Not Applicable

Standards for Better Health

This year Herefordshire PCT was required to submit 2 separate declarations under the standards for better health process, as a provider of services and as a commissioner of services. There are 24 Core Standards, sub-divided into 44 areas on which the organisation has to declare its level of compliance.

In 2008/9 the PCT declared the following for both provider and commissioning

Compliant	41 out of 44 individual areas
Insufficient Assurance	3 out of 44 individual areas

Quality of Financial Management

Quality of Financial Management, previously known as Use of Resources, has not seen any significant changes in the assessment process this year. However, as in previous years the level of the bar to achieve an improvement has been raised significantly by the Audit Commission.

Performance against Existing Commitments & National Priorities

The existing commitments looks at the performance against long standing targets that were set during the Department of Health's 2003-06 planning phase. These targets relate to commissioning and Herefordshire scored the following

Achieved - 9 out of the 14 targets – 64.28%
Underachieved - 5 out of the 14 targets – 35.72%

Failed – The organisation did not fail against any of its targets.

This year saw the national priority targets separated into 2 areas commissioning and provider services provided by the PCT, predominantly mental health services. Herefordshire scored the following

Commissioning was measured against a total of 23 national priority targets

Achieved - 16 out of the 23 targets – 69.56%
Underachieved - 3 out of the 23 targets – 13.04%
Failed - 4 out of the 23 targets – 17.39%

PCTs providing services were measured against 8 national priority targets

Achieved - 3 out of the 8 targets – 37.50%
Underachieved - 3 out of the 8 targets – 37.50%
Failed - 2 out of the 8 targets – 25.00%

Next Steps Delivery

As in previous years, we will continue to performance monitor those areas of under achievement or failure to meet the target in 2009/10. A plan will be put into place outlining these areas and the actions to improve performance. The named director will be regularly required to update and report through the committees and boards of the PCT.

We will also be liaising with those trusts who performed well in this year against these targets to ensure we learn from good practice.

It should be noted that the performance measures of some of these targets will change significantly for 2009/10, or in some cases the organisation's performance will not be measured nationally in 2009/10.

Herefordshire PCT Performance Comparison with SHA

Only 4 PCTs in the West Midlands region achieved a score of good for both quality of financial management and quality of services. The table below compares Herefordshire PCTs performance against other PCTs within the West Midlands region for 2008/09.

	08/09 overall quality score	08/09 financial management score	08/09 core standards score - Comm	08/09 core standards - provider	08/09 existing commitments	08/09 national priorities - Comm.	08/09 national priorities - Provider
Birmingham East and North Primary Care Trust	Fair	Good	Fully Met	Fully Met	Almost Met	Fair	-
Coventry Teaching Primary Care Trust	Fair	Fair	Almost Met	Almost Met	Almost Met	Fair	-
Dudley Primary Care Trust	Good	Good	Fully Met	Fully Met	Almost Met	Good	-
Heart of Birmingham Teaching Primary Care Trust	Fair	Good	Fully Met	Fully Met	Fully Met	Weak	-
Herefordshire Primary Care Trust	Fair	Fair	Almost Met	Almost Met	Almost Met	Fair	Weak
North Staffordshire Primary Care Trust	Fair	Fair	Almost Met	Almost Met	Almost Met	Fair	-
Sandwell Primary Care Trust	Fair	Fair	Fully Met	Almost Met	Almost Met	Weak	-
Shropshire County Primary Care Trust	Fair	Good	Fully Met	Almost Met	Almost Met	Fair	-
Solihull Care Trust	Fair	Fair	Almost Met	Almost Met	Fully Met	Fair	-
South Birmingham Primary Care Trust	Good	Good	Almost Met	Fully Met	Fully Met	Good	-
South Staffordshire Primary Care Trust	Good	Good	Fully Met	Fully Met	Fully Met	Good	-
Stoke On Trent Primary Care Trust	Fair	Fair	Fully Met	Fully Met	Almost Met	Fair	-
Telford and Wrekin Primary Care Trust	Good	Fair	Fully Met	Almost Met	Almost Met	Good	-
Walsall Teaching Primary Care Trust	Fair	Good	Fully Met	Fully Met	Almost Met	Fair	-
Warwickshire Primary Care Trust	Fair	Fair	Fully Met	Fully Met	Almost Met	Fair	-
Wolverhampton City Primary Care Trust	Good	Good	Almost Met	Fully Met	Fully Met	Good	Weak
Worcestershire Primary Care Trust	Fair	Good	Fully Met	Fully Met	Almost Met	Fair	-



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	30 NOVEMBER 2009
TITLE OF REPORT:	RESULTS OF ANNUAL HEALTH CHECK 2008/9 - HEREFORD HOSPITALS NHS TRUST
REPORT BY:	CHIEF EXECUTIVE OF THE TRUST

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To note the performance of the Hospitals Trust in relation to the Annual Health Check results for 2008/9. (A report is attached.)

Background Papers

- None identified.

REPORT BY HEREFORD HOSPITALS NHS TRUST ON THE 2008/9 ANNUAL HEALTH CHECK

Standards for Better Health Annual Health Check Performance Ratings 08/09

The Annual Health Check Performance Ratings 08/09 have been published. The Trust received a rating of **'good'** for quality of services and **'fair'** for use of resources.

Meeting Core Standards

The Trust received a rating of **'fully met'** on Core Standards.

Existing Commitments

The Trust received a rating of **'almost met'** on Existing Commitments, with 6 indicators met and 2 indicators not met.

The 2 indicators not met were;

- Delayed transfers of care – failed

The Trust is actively tackling this issue on two fronts:

- (i) Daily reporting to the Primary Care Trust Provider Arm is now taking place on the patients ready to leave the county Hospital and on bed availability;
- (ii) A major project has been running since July 2009 to integrate the delivery of health and social care services across the County (under the direction of a Transition Board). One of the project workstreams is explicitly looking at improvements that can be made to unscheduled care and one of the aims is to reduced delayed discharges.

- **Data quality on ethnic group – under achieved.**

Action is in place to improve recording of ethnicity of patients on attendance at hospital.

National Priorities

The Trust received a rating of **'excellent'** on National Priorities, with 11 indicators met and 2 indicators not met.

The 2 indicators not met were;

- Stroke care – under achieved.

The Health Community Stroke Pathway is being reviewed by a specialist group including the Hereford Hospitals Trust and the PCT Commissioner. Changes have already been made to improve the length of time patients stay on a specialist ward during their admission. Additional resource requirements are being presented to the Trust Board in November.

- Maternity HES: data quality indicator – under achieved.

Work is currently being undertaken to understand all the data requirements for maternity services including community midwifery.

Standards for Better Health 2009/10

Mid Year Core Standards Declaration

Due to the introduction of the new Registration Requirements Trusts have been asked to complete a mid year declaration for core standards 09/10

The final declaration will be presented to the Trust Board on 30th November 2009 for final approval prior to submitting to the Care Quality Commission (CQC).

Registration Requirements

From April 2010 all health and adult social care providers will be required by law to register with the CQC if they provide 'regulated activities'. To register with the CQC, all health and adult social care providers must show they are meeting the new regulations – essential standards of quality and safety – across all of the registered activities they provide.

It is hoped that the new regulations – essential standards of quality and safety – will be published in early December 2009 in preparation for registering in late January 2010.



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	30 NOVEMBER 2009
TITLE OF REPORT:	INTERIM TRUST UPDATES
REPORT BY:	HEREFORD HOSPITALS NHS TRUST, NHS HEREFORDSHIRE, WEST MIDLANDS AMBULANCE SERVICE NHS TRUST

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To receive an update from Hereford Hospitals NHS Trust, West Midlands Ambulance Service NHS Trust and NHS Herefordshire.

Introduction and Background

1. In meeting informally to review the work programme Members agreed that, in future, full updates from the Chief Executive of each Trust to provide assurance to the Committee should be made to every other meeting. At meetings when a full update report is not presented the Committee will receive a report containing updates or outstanding information from the previous meeting, any urgent or very topical information and any other information that the Trusts feel should be drawn to the Committee's attention.
2. **Hereford Hospitals NHS Trust:** A report is appended.
3. **West Midlands Ambulance Service NHS Trust:** Reports relating to the ambulance Service appear elsewhere on this agenda. The Service has no additional information to submit.
4. **NHS Herefordshire:** A report is appended.

Background Papers

- None identified.

Further information on the subject of this report is available from Debbie Small (WMAS), Divisional Manager Acting, on 01432268353, Martin Woodford, Chief Executive (Hospitals Trust) on (01432) 364000, Peter Gorin Associate Director Public Health 01432 344344

HEALTH SCRUTINY COMMITTEE MEETING
30th NOVEMBER 2009

CHIEF EXECUTIVE'S UPDATE REPORT
NOVEMBER 2009
HEREFORD HOSPITALS NHS TRUST

1) Introduction

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

2) Operational Performance

2.1 Patients treated

Emergency activity continues in line with A & E activity and October admissions continue to exceed expected levels. Elective inpatient activity saw the highest level of activity this financial year with daycase activity falling just short of plan. Continued increases in emergency activity remain a challenge for capacity and could impact on the hospital's ability to undertake elective work:-

- Emergency inpatients +10.5% against plan
- Daycases: -0.4% against plan
- Elective inpatients: -15.7% against plan
- New outpatients: -2.1% against plan
- Follow up outpatients -0.6% against plan

2.2 Accident & Emergency (4 hour waits)

Accident and Emergency attendances in October were at the highest level since July 2006 and for the second time this financial year exceeded 4000 attendances. The increase in activity and knock on effect on emergency admissions has put considerable pressure on achieving the four hour A&E target and bed capacity.

The national target is that 98% of patients should be seen within 4 hours in A&E. Performance during October was 97% but the year to date position is still better than target at 98.1%.

The Trust has also set a local target to see 65% of A&E attendees within 2 hours. Performance against the 2 hour target continues to improve month on month with 64% being achieved in October.

High activity levels have also impacted upon the turnaround times for ambulances. However, the Trust has signed up to the West Midland Ambulance Service Policy on turnaround times and is working proactively to reduce delays.

Additionally, since mid October, GPs have been working in the A&E department at weekends. This has enabled the appropriate deflection of patients to the Primecare out of hours service.

At the September Health Scrutiny Committee, a request was made for a breakdown of a typical weeks activity in A & E plus a typical week of staffing levels. This is attached in the Appendix.

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 October 2009, the Trust treated 97% of admitted patients (which is an improvement on the previous month) and 98% of non admitted patients within 18 weeks.

2.4 Healthcare Associated Infections (HCAI's)

There was 1 MRSA bacteraemia during October which is the first recorded during this financial year and compares to 6 recorded for the same period during 2008. During October there were 2 post 48 hour C-Difficile cases compared to 4 cases for the same period last year and there were no deaths attributed to Clostridium difficile on the death certificate in October.

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 Finance

At the end of October the Trust reported a £901k surplus against a planned surplus of £1,069k (£168k below plan). The position improved by £379k in month owing to the combined effects of an improved income position, operational costs being contained and reserves being brought into the position.

The Trust is still currently forecasting a £1.1m year end surplus as per the plan: this will enable historical loan debt to be repaid.

3) Service and Site Development

3.1 Macmillan Renton Unit

A turf cutting ceremony was held on Tuesday 27th October to mark the start of building works for the new Macmillan Renton Unit. The successful event was attended by representatives from Hereford Hospitals NHS Trust & PFI Partners, Hereford Primary Care Trust, Charles Renton Unit staff, patient representatives, Macmillan Renton Unit Project Group Members and Macmillan Cancer support representatives. The Macmillan Renton Unit will be completed in December 2010.

Martin Woodford
Chief Executive
Hereford Hospitals NHS Trust

**HEREFORD HOSPITALS NHS TRUST
 ACTIVITY AND STAFFING LEVELS**

Table 1 below sets out volumes of A&E activity for 2008/09. Attendances are employed as the measure of activity. Attendances are split into 3 categories:-

- Complex / high cost
- Standard
- Minor

Please note that there is a degree of judgement involved in allocating categories to patients: the split between the three categories should not be seen as definitive.

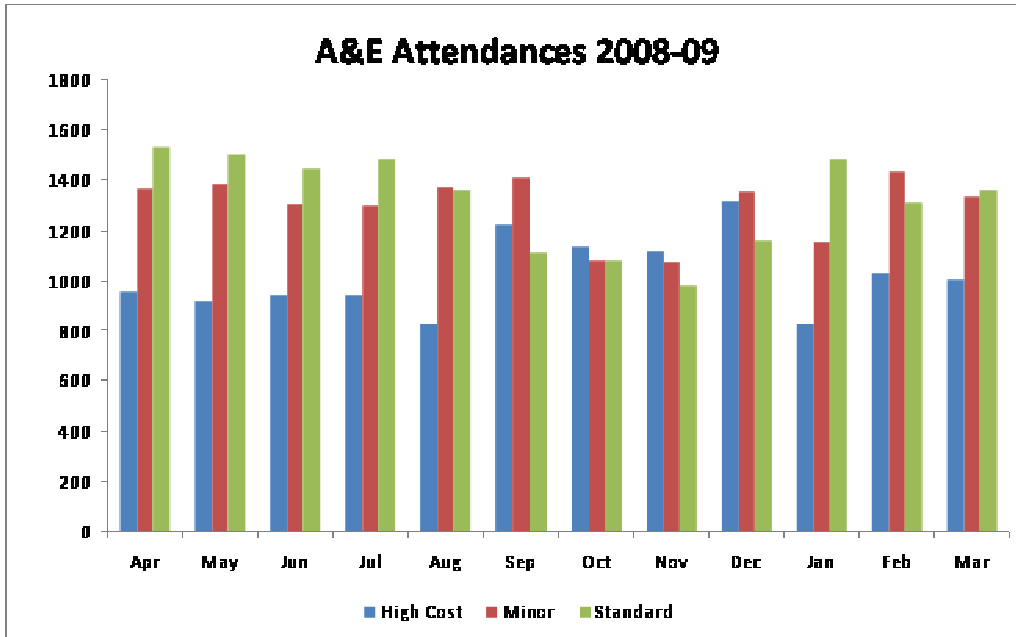


Table 2 below sets out activity split by category for the first five months of 2009/10.

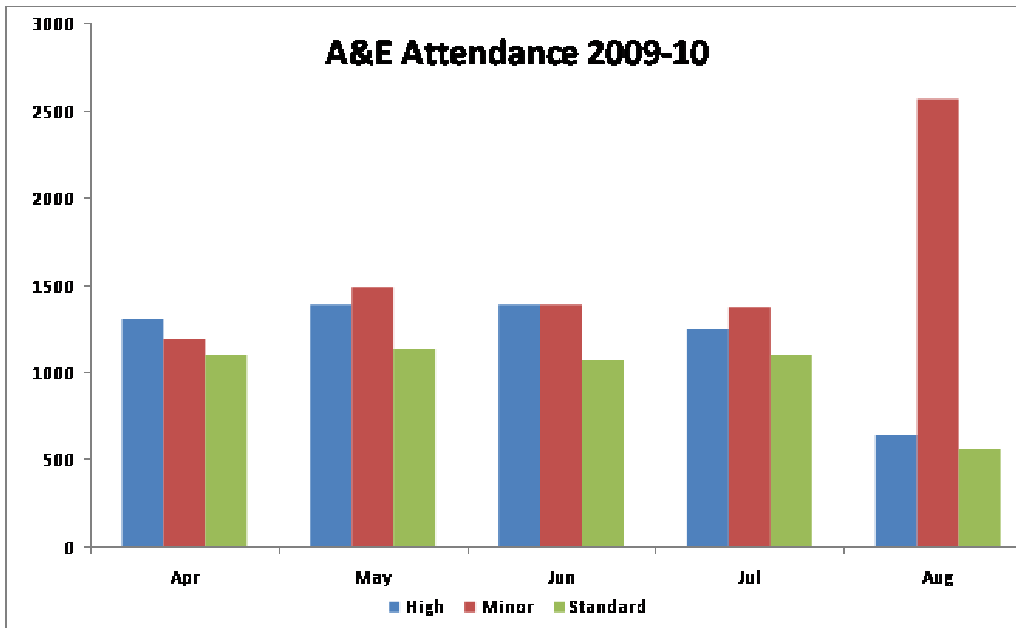
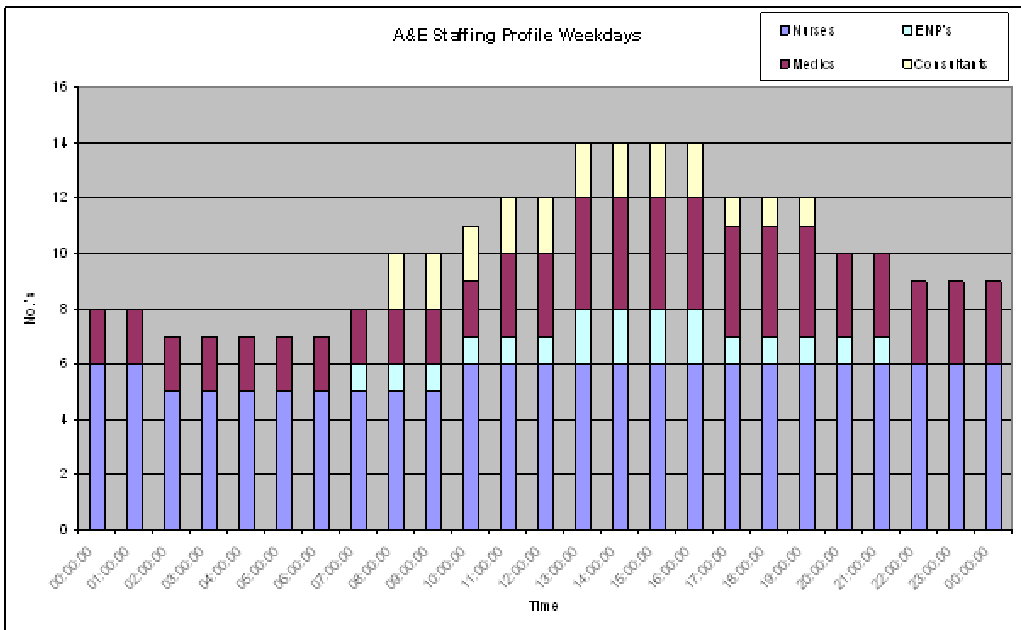
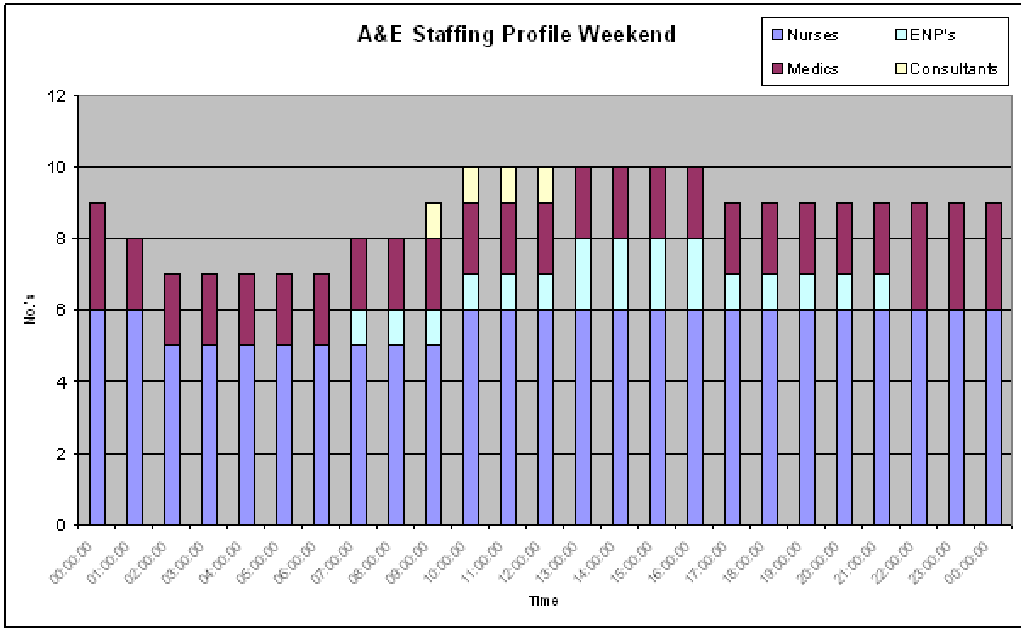


Table 3 and 4 set out typical / average staffing levels at the weekend and mid week (NB. ENP: Emergency Nurse Practitioner)



INTERIM UPDATE REPORT BY NHS HEREFORDSHIRE**Mental Health Procurement**

The first stage of the process to find a suitable strategic partner to deliver mental health services in Herefordshire has just ended. The process being followed is “competitive dialogue” because this will enable us to purchase the best range of services at best value for people in Herefordshire.

In this process we have produced a Memorandum of Information which describes the services we currently offer and the core values we will need to sustain. These values include local service delivery, innovative and wider range of services, increased access to services. An advert to invite expressions of interest produced 5 bids which are currently being evaluated on technical and professional, governance, information management, and financial grounds by our professional staff. It is anticipated that some bids may not be pursued into the dialogue stage that will begin in early December with a ‘bidders event’ where they can meet key staff from commissioning and providers services and ask questions.

Scrutiny will be kept informed of the progress of this project and will have the opportunity to contribute to the evaluation process. The PQQ questions can be provided on request

Dental Procurement

As part of a national programme to improve access to dentistry, and in line with the PCT’s strategic direction, the PCT has launched a procurement to provide care to, approximately, an additional 6,000 patients who wish to access dental care in Herefordshire. The advert to invite expressions of interest, alongside the Memorandum of Information, was issued at the beginning of November. The two stages of evaluation will take place in January and March. It is planned that the contract will be awarded at the end of April with a view to commencement of a service around October 2010. This will be dependent on the lead time of the successful bidder in providing appropriately furnished premises.

A briefing will be available to the Overview and Scrutiny committee on the outcome of the procurement on completion. Further information is available from the PCT’s website or on request.

Choose and Book

- All Herefordshire GP practices are using Choose and Book and we are currently achieving 66% C & B utilisation. This places us 4th out of 17 PCTs in the West Midlands and is above the current Regional and national averages.
- We have a plan in place to achieve full roll out of C & B by March 2010 and then to “mainstream” the project during 2010/11.
- We are leading the Region in the progress we are making to use C & B for PCT provider services – podiatric surgery, children’s audiology and musculoskeletal physio. are all live, podiatry and Community Mental Health teams planned to go live in December
- Also in December we shall be starting to use C & B for 2 week wait suspected cancer referrals to HHT
- We believe we are the first health community other than the national pilot sites to offer help and support to patients around Choice and C & B via. public libraries and Council Info. Shops

Role of the GP in Accident and Emergency Unit

The role of the GP in A&E has been reinstated since 16 October this year to support the Hospitals Trust in managing increased demand for urgent care.

The GP works in A&E, not in triage, providing primary care knowledge and experience to support the management of patients who may not need admission. They are currently demonstrating a slightly lower admission rate for the patients they see than for A&E as a whole. This is a short term urgent measure to tackle the problem of demand but will inform longer term plans to improve the management of urgent care demand, including the Equitable Access Centre, primary care out of hours, primary care access and management of patients in A&E.

November 2009



MEETING:	HEALTH SCRUTINY COMMITTEE
DATE:	30 NOVEMBER 2009
TITLE OF REPORT:	WORK PROGRAMME
REPORT BY:	COMMITTEE MANAGER (SCRUTINY)

CLASSIFICATION: Open

Wards Affected

County-wide.

Purpose

To consider the Committee's 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.

Introduction and Background

1. As reported to this Committee in July work has been ongoing in response to the findings of the external healthcheck of the scrutiny function, undertaken by the Leadership Centre. Members of the Scrutiny Committees and the Executive participated in a facilitated scrutiny event to develop an enhanced external focus to the scrutiny committee work programme reflecting the concerns of residents and communities of Herefordshire. After considering the challenges facing the County and key issues identified from public consultation and surveys Members identified the following five priorities for scrutiny: Housing related issues; Youth; Communication; Safeguarding and Transport related issues. The Strategic Monitoring Committee has allocated these topics to the relevant Scrutiny Committees. The Strategic Monitoring Committee also requested that all Scrutiny Committees re-examine their current work programmes to ensure that matters listed for future consideration remain appropriate subjects for scrutiny.
2. In parallel with this work Members of this Committee have met informally to review the existing work programme and agreed that until May 2011 the main focus of the work programme will be on promoting population health. A revised work programme is appended.
3. The programme may be modified by the Chairman following consultation with the Vice-Chairman and the Director in response to changing circumstances.

Further information on the subject of this report is available from
Tim Brown Committee Manager (Scrutiny) on 01432 260239

4. Should any urgent, prominent or high profile issue arise, the Chairman may consider calling an additional meeting to consider that issue.
5. Should Members become aware of any issues they consider may be added to the scrutiny programme they should contact the Directorate Services Officer (Health) to log the issue so that it may be taken into consideration when planning future agendas or when revising the work programme.

Background Papers

- None identified.

Health Scrutiny Committee Work Programme 2009/11

The agenda will be based on:

- Quarterly Updates – Service Development
- Statutory Business including consultations
- Quality Assurance and Public Engagement
- Population Health and Equalities

30 November	
	<ul style="list-style-type: none"> • Report on Reviews of the Ambulance Service by PCTs and WMAS and Scrutiny Review of the West Midlands Ambulance Service in Herefordshire – Progress Report • Annual Healthcheck outcome • Follow up points from previous meeting and “need to know” information from Trusts
1 February	
	<ul style="list-style-type: none"> • Updates by Chief Executives of Health Trusts • Population Health (Housing and Health in Herefordshire)
Scrutiny Review	<ul style="list-style-type: none"> • Report of Scrutiny Review of GP Services in Herefordshire
29 March	
	<ul style="list-style-type: none"> • Follow up points from previous meeting and “need to know” information from Health Trusts • Quality Assurance
Scrutiny Review	<ul style="list-style-type: none"> • Response to Scrutiny Review of GP Services in Herefordshire
June (date to be confirmed)	
	<ul style="list-style-type: none"> • Updates by Chief Executives of Health Trusts • Population Health • Examination of response to Swine Flu
September (date to be confirmed)	
	<ul style="list-style-type: none"> • Follow up points from previous meetings and “need to know” information from Health Trusts. • Quality assurance
November (date to be confirmed)	
	<ul style="list-style-type: none"> • Updates from Chief Executives • Population health
January (date to be confirmed)	
	<ul style="list-style-type: none"> • Follow up points from previous meetings and “need to know” information from Health Trusts. • Population Health

March (date to be confirmed)

Updates by Chief Executives of Health Trusts