



meeting	ANNUAL HEALTH CHECK SELECT COMMITTEE	
date	2 April 2009	agenda item number

Report of the Chair of the Annual Health Check Select Committee

NHS Annual Health Checks – Commentary 2008-09

Purpose of the report

1. To invite Members to consider responding to the invitation from NHS Trusts to comment on their Healthcare Commission Annual Health Check declaration for the year April 2008 to March 2009

Background

2. The Annual Health Check was introduced by the Healthcare Commission in 2005-06 as a new approach to assessing and reporting on the performance of NHS Trusts. The Annual Health Check replaced the previous star ratings assessment system.
3. The health check measures Trusts' performance against 24 core standards which are divided into seven key areas:
 - safety
 - care environment and amenities
 - clinical and cost effectiveness
 - governance
 - patient focus
 - accessible and responsive care and
 - public health.
4. The 24 core standards form the basic minimum level of care that Trusts are expected to provide.
5. Trusts assess their own performance against a number of statements and determine:
 - whether they are in compliance
 - whether they have not met the standard or
 - whether they can provide insufficient assurance either way

and then publish their findings in a declaration.

6. The Healthcare Commission requires NHS Trusts to seek comments from relevant third party organisations on the Trust's performance against the standards for 2008-09. Invited organisations include:
 - Local Involvement Networks (LINKs)
 - **Health Overview & Scrutiny Committees**
 - Strategic Health Authorities
7. NHS Trusts are expected to include all third party comments verbatim in their submission to the Healthcare Commission.

Issues

8. The Select Committee should use the evidence gathered during the course of the year's scrutiny work to comment on specific areas of Trust activity, particularly where that work relates to the core standards.
9. The Select Committee is invited to consider the analysis of evidence included at Appendix 1.
10. The Select Committee may decide to provide no comment for an individual Trust. It is recommended that Members should only opt to provide no comment once the information identified in appendices 1 and 2 has been considered.

Recommendation

11. It is recommended that the Select Committee

consider the information provided and agree that it be used to construct draft comments

Councillor EDW Llewellyn-Jones
Chair of Annual Health Checks Select Committee

Background papers:

- Health Scrutiny Panel Response to the Annual Health Checks - 2008
- Annual Health Checks Select Committee Response to the Annual Health Checks – April 2008
- Joint Health Scrutiny Committee Response – April 2008
<http://www.nottinghamshire.gov.uk/scrutiny>
- Healthcare Commission Annual Health Checks 2007-08
<http://www.healthcarecommission.org.uk>
- Letter inviting comments from NHS Trusts
- Your part in the annual health checks – guidance from the Healthcare Commission
- CfPS Guide – the annual health check, a guide for Overview and Scrutiny Committees

Core Standard		Work Undertaken this Municipal Year	Scrutiny Body
FIRST DOMAIN – SAFETY			
C1	Health care organisations protect patients through systems that: a) 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; and b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.		
C2	Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.		
C3	Health care organisations protect patients by following NICE Interventional Procedures guidance.		
C4	Health care organisations keep patients, staff and visitors safe by having systems to ensure that a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA; b) all risks associated with the acquisition and use of medical devices are minimised; c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and	Sherwood Forest Hospitals With regard to performance, Jeffrey Worrall reported that referrals to the Trust were up by around 10%. They had achieved the activity plan for the first quarter of this year. Key national targets have been achieved for access time including A & E, sexual health and 18 week's referral to treatment. Incidences of clostridium difficile had been significantly reduced and they were above plan for MRSA. They were continuing with an industrial clean and replacement programme. Cardiac angioplasty had been started from April 2009.	Overview and Scrutiny Committee 14 July 2008

	<p>processes are well managed; d) medicines are handled safely and securely; and e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.</p>		
		<p>NHS Nottinghamshire County 3. A consistent, visible and joined up approach to infection control is required across the local NHS:</p> <ul style="list-style-type: none"> ▪ Local NHS Trusts should consider joint infection control campaigns; ▪ Lift buildings should be fitted with hand wash/gels where rooms may be used to provide treatment; ▪ Lift building contracts should include flexibility for health service providers to support and engage with NHS and local campaigns and provide public information without fear of penalty. <p>Local NHS Trusts already have an infection control campaign in place. This is the national “Clean Your Hands” campaign. This campaign includes NHS and LIFT buildings plus the wider community. It includes posters and, in some facilities, a free standing cut-out nurse with a motion activated message about cleaning your hands.</p> <p>Lift Buildings do have hand wash gels in all treatment rooms. To make these more visible we are intending to site these on treatment room walls. In addition, all staff has small bottles of gel attached to their belts. We are reinforcing staff training and implementing a programme of audits.</p>	<p>Response to LIFT Review</p> <p>Overview and Scrutiny Committee 10 November 2008</p>

		<p>LIFT buildings are included in the National Clean Your Hands Campaign and there is no reason for staff within those buildings not to take part in national, local or building campaigns. To be clear LiftCo has not and would not seek to discourage staff taking part in campaigns within Lift buildings. The PCT can and will fit posters and gel dispensers where they are required.</p> <p>When we are planning new buildings we employ the services of experienced highly qualified healthcare planners to consider room adjacencies and all issues pertaining to infection control.</p>	
SECOND DOMAIN – CLINICAL AND COST EFFECTIVENESS			
C5	Health care organisations ensure that a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care; b) clinical care and treatment are carried out under supervision and leadership; c) clinicians continuously update skills and techniques relevant to their clinical work; and d) clinicians participate in regular clinical audit and reviews of clinical services.		
C6	Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.		
THIRD DOMAIN – GOVERNANCE			
C7	C7 Health care organisations a) apply the principles of sound clinical and corporate governance;		

	<p>b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;</p> <p>c) undertake systematic risk assessment and risk management;</p> <p>d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;</p> <p>e) challenge discrimination, promote equality and respect human rights; and</p> <p>f) meet the existing performance requirements set out in the annex.</p>		
C8	<p>Health care organisations support their staff through</p> <p>a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and</p> <p>b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.</p>		
C9	<p>Health care organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.</p>		
C10	<p>Health care organisations</p> <p>a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the</p>		

	appropriate bodies; and b) require that all employed professionals abide by relevant published codes of professional practice.		
C11	Health care organisations ensure that staff concerned with all aspects of the provision of health care a) are appropriately recruited, trained and qualified for the work they undertake; b) participate in mandatory training programmes; and c) participate in further professional and occupational development commensurate with their work throughout their working lives.		
C12	Health care organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.		
FOURTH DOMAIN – PATIENT FOCUS			
C13	Health care organisations have systems in place to ensure that a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and c) staff treat patient information confidentially, except where authorised by legislation to the contrary.		
C14	Health care organisations have systems in place to ensure that patients, their relatives and carers a) have suitable and accessible information about, and clear access to, procedures to register formal		

	complaints and feedback on the quality of services; b) are not discriminated against when complaints are made; and c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.		
C15	Where food is provided, health care organisations have systems in place to ensure that: a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.		
C16	Health care organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.		

FIFTH DOMAIN – 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 health care services.	<p>NHS Nottinghamshire County It was agreed that the proposals to develop new GP led walk-in centres does constitute a substantial variation/development and that a select committee chaired by Councillor Chris Winterton be established to consider the proposals.</p> <p>The Select Committee welcomes the proposals to commission two new GP-led health centres to be open from 8am-8pm every day of the year. Both Primary Care Trusts approached the Overview and Scrutiny Committee to provide</p>	<p>Overview and Scrutiny Committee 14 April 2008</p> <p>Response of the Select Committee 17 July 2008</p>
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		<p>information on the proposals and an opportunity to respond. Further information has been forthcoming particularly with regard to consultation events and the Trusts have provided all the information requested by the Select Committee.</p> <p>The Select Committee thanked Nottinghamshire County tPCT for its attendance on 23 June 2008 and for the answers provided by its representatives.</p> <p>Both Primary Care Trusts have provided the Select Committee with evidence that they have attempted to consult with the public. The approach to consultation has been different with one Trust providing the public with a greater range of options regarding services and location for the GP-led health centre. The Select Committee notes that location of the health centre provided healthy public debate engaging some elected Members as local representatives.</p> <p>The Select Committee was concerned that Nottinghamshire County tPCT's consultation does not clearly define the possible locations for the health centre and uses different criteria: The use of Ashfield and Mansfield - two districts with an approximate population of 215,000 - compared to the towns of Hucknall and Newark.</p> <p>The Select Committee believes that the consultation should be more specific, possibly identifying individual wards, to avoid raising false expectations. The analysis should also include consideration of the needs of the rural wards in proximity to Newark and Hucknall, who would expect to access any new services based in those towns.</p> <p>The Select Committee would hope to see a wider circulation of consultation documents in future with GP practices taking an active role.</p>	
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		<p>The Select Committee notes that both primary care trusts have developed their proposals based on local health needs and with a view to tackling health inequalities. The Select Committee supports this approach.</p> <p>The Select Committee notes that walk-in type services are not widely available across the whole county of Nottinghamshire and that this proposal provides an opportunity to increase access to these services for residents. Whilst supporting the placing of the new GP-led health centres to meet local needs the Select Committee encourages the PCTs to ensure that the health centres are located in a way that provides as greater access as possible to these services for the wider community. To influence the choice of location the Select Committee would expect to see the tPCT place a strong emphasis on travel and access.</p> <p>The Select Committee expects the contract to set a high level of performance management, with the tPCT having the opportunity to regularly review the provision of services at the GP led health centre.</p>	
		<p>NHS Nottinghamshire County and Bassetlaw Primary Care Trust</p> <p>It was agreed that a Select Committee be established to consider the strategic services development plan, chaired by Councillor Edward Llewellyn-Jones.</p> <p>The Select Committee welcomed the joint working undertaken across all three primary care trusts to develop the plan.</p> <p>The Select Committee offers the following comments:</p> <p>1.provision for Forest Town, Annesley/Newstead and</p>	<p>Overview and Scrutiny Committee 16 June 2008</p> <p>Response of the Select Committee 21 July 2008</p>

		<p>Clipstone should be given increased priority.</p> <p>2. further consideration should be given to provision of services at Bellamy Road.</p> <p>3. as priority is given to areas of deprivation consideration should also be given to improving access to services and facilities in other areas.</p> <p>4. the Development Plan should make reference to Ashfield Community Hospital in the paragraphs detailing improvements to Mansfield Community Hospital.</p> <p>5. in undertaking any impact assessment in regard to the Development Plan consideration should be given to issues of disability, mental health and men's health.</p> <p>6. wider public and service user engagement should be sought to supplement engagement with the Local Involvement Network (LiNK) - which is still in a transitional state. In accordance with the Duty to Involve the Select Committee would expect to see evidence of consideration of the public interest through appropriate patient and public involvement and consultation before any specific scheme within the Development Plan is progressed.</p> <p>7. the Development Plan should be informed by recent scrutiny recommendations contained within the review of LIFT Buildings and the response to proposals from Bassetlaw PCT and Nottinghamshire County tPCT to develop a GP-led health centre.</p>	
		<p>NHS Nottinghamshire County The report invited Members to consider a proposal from Nottinghamshire County tPCT to review the future use of</p>	<p>Overview and Scrutiny Committee 15 September 2008</p>

		parts of Mansfield Community Hospital and the Ashfield Health Village. It was agreed to support Option 1 in the report and to accept that the proposal did constitute a substantial variation/development. It was further agreed that, subject to Nottinghamshire County tPCT board agreeing to the outline business case, a select committee, to be chaired by Councillor Winterton, be established to consider the proposals.	
		Sherwood Forest Hospitals With regard to engaging with their membership, Jeffrey Worrall stated that they had 14,000 public members which was one of the largest membership schemes in the country. There was a successful quarterly magazine "Acorns" and monthly member events were held. "Meet your Governor" sessions were held in the community and listening to members' views/surveys were undertaken on transport, cancer services and strength/areas of improvement.	Overview and Scrutiny Committee 14 July 2008
		NHS Nottinghamshire County In response to a question from Councillor Winterton, Martin Kay stated that practice based commissioning was work in progress. He commented that at the beginning the focus was mainly on GPs but that public involvement was increasing. Events had been held and a wide number of the public had attended and influenced services. He added that patients were on the board and executive. He thought that the contributions made by GPs were not based on their size but on the enthusiasm of the practice.	Overview and Scrutiny Committee 10 November 2008
		NHS Nottinghamshire County Consideration was given to a report on proposals by NHS Nottinghamshire County to review the future of learning disability services in Central and North Nottinghamshire known as "Campus Services". It was agreed that the	Overview and Scrutiny Committee 10 November 2008

		proposal constitutes a substantial variation/ development and that a select committee of 9 Members, chaired by Councillor Chris Winterton.	
		NHS Nottinghamshire County Consideration was given to a report outlining details on proposals by NHS Nottinghamshire County for a 12 week consultation on proposals to relocate primary care services in Bingham, including feedback from the local Member. It was agreed:- 1. That this proposal whilst a variation/development of the local NHS for which the public and patients should be involved does not require a review at this time. 2. That the interim response attached to the report be agreed and sent to NHS Nottinghamshire County for consideration, and 3. That NHS Nottinghamshire County be thanked for consulting the Committee and invited to provide feedback on progress with the proposal.	Overview and Scrutiny Committee 8 December 2008
		NHS Nottinghamshire County Consideration was given to a report which outlined proposals for 2 GP practices in Hucknall to merge and form a single practice. Feedback from the local Members was reported. It was agreed: That this proposal whilst a variation/development of the local NHS for which the public and patients should be involved does not require a review at this time. That NHS Nottinghamshire County be thanked for consulting the Committee and invited to provide feedback on progress with the proposal.	Overview and Scrutiny Committee 8 December 2008
C18	Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment		

	equitably.		
C19	Health care organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.		

SIXTH DOMAIN – CARE ENVIRONMENT AND AMENITIES

C20	Health care services are provided in environments which promote effective care and optimise health outcomes by being a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and b) supportive of patient privacy and confidentiality.		
C21	Health care services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and nonclinical areas that meet the national specification for clean NHS premises.		

SEVENTH DOMAIN – PUBLIC HEALTH

C22	Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) co-operating with each other and with local authorities and other organisations; b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder	East Midlands Ambulance Service Ahmed Belim, the General Manager of the Nottinghamshire Division of the East Midlands Ambulance Service gave a presentation on the Trust's response to the scrutiny review of the emergency ambulance service. Ahmed Belim thought that the recommendations of the review were accurate and had given the ambulance service a focus and provided them with terms of reference for the next 12 – 18 months. He believed that partnership working had been enhanced.	Overview and Scrutiny Committee 12 May 2008
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	<p>Reduction Partnerships.</p>	<p>Ahmed Belim, General Manager Nottinghamshire A & E, East Midlands Ambulance Service (EMAS) reported on progress in relation to the recommendations made by the Committee in January 2008. He began by pointing out that EMAS currently and for the previous few months had not been able to meet demand (known as REAP 4 status). Consequently the trust had provided additional resources. In relation to the recommendations, a demand and capacity audit had been carried out, whose outcomes would include consideration of services in rural areas. The new trust headquarters and control centre at Nottingham Business Park were now open, with functions being relocated on a phased basis.</p> <p>Mr Belim stated that EMAS was consulted about highway matters and property developments in the NHS. There was much improved sharing of information with other NHS trusts and outside agencies. He referred to the joined up approach to falls, strokes and thrombolysis, and to participation in county-wide groups on older people, falls and avoidable injuries. EMAS had a dedicated communications role, with a communications strategy being developed in line with the foundation trust proposal. Joint training with local authorities would feature in EMAS organisation development strategy and business plan. He gave details of joint work with Nottinghamshire Police and the Fire and Rescue Service.</p> <p>Councillor Llewellyn-Jones welcomed the progress made, and expressed the committee's interest in visiting the new headquarters when the winter pressures had diminished. He asked for a further report in six months time. He had earlier pointed out to Mr Belim that there was now also a mechanism for scrutinising health on a regional basis, which EMAS might find helpful.</p>	<p>Overview and Scrutiny Committee 16 February 2009</p>
		<p>NHS Nottinghamshire County and Bassetlaw Primary</p>	<p>Overview and</p>

		<p>Care Trust</p> <p>Consideration was given to a report on the development of practice based commissioning. Vicky Bailey and Martin Kay, Practice Based Commissioning General Managers, NHS Nottinghamshire County, and Phil Mettan from Bassetlaw PCT provided information to the Committee.</p> <p>Vicky Bailey stated that Calverton and Ollerton GP Practices were not part of any cluster at this time. She indicated that the clusters were working to meet different needs of communities but there was a need to understand the general direction of travel of the PCT. She outlined three services which have been developed by the southern clusters. The northwest cluster – Beeston and Eastwood had undertaken work on chronic obstructive pulmonary disease (COPD) and two nurses provided an intensive service at home which prevented hospital admission. They worked closely with the GP practices. In another cluster, they were working with the patient on pain management in the GP practice or at home. At the Keyworth Lift Building dermatology operations were carried rather than at the Queens Medical Centre. Patients had a choice of this service which had a shorter waiting time.</p> <p>Martin Kay outlined three services which had been developed in Newark by practice based commissioning. With the counselling service waits had been excessively long and the service was not uniform. Additional resources had been put in to reduce the waiting time and to redesign the service. People who are under mental distress can become mentally ill if the problems were not addressed. Additional nurses had been recruited to address health and social needs arising out of domestic violence. The third example of work being carried out was tackling obesity.</p> <p>Phil Mettan explained that there were eleven GP practices in Bassetlaw and that ten operated as a group and one rural</p>	<p>Scrutiny Committee 10 November 2008</p>
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		practice was not engaged. He added that the practices worked together but did not share budgets. He stated that when practice based commissioning came in it led to an improvement in service – diagnostics, mental health in primary care, heart failure – a new pathway and a clinical focus. This year they had identified issues to change – services to teenagers and integration of services in the community, obesity and improving procurement. The PCT officers now had a GP in attendance when they were negotiating with hospitals, which was very useful.	
		Consideration was given to a report which outlined the response from NHS Nottinghamshire County to the recommendations made by the review of LIFT buildings. Brenda Howard from the PCT agreed to forward a copy of the report by independent consultants on Stapleford and Warsop LIFT buildings. It was agreed that a further report be produced in November 2009 providing a review of the progress in implementing the recommendations.	Overview and Scrutiny Committee 10 November 2008
		NHS Nottinghamshire County & Bassetlaw PCT The Overview and Scrutiny Committee considered the new Joint Commissioning Framework being consulted upon by the Trust and the County Council.	Overview and Scrutiny Committee 16 February 2009
		NHS Nottinghamshire County 1. Further work should be undertaken to identify the benefits of providing additional NHS services in the community through Lift buildings. The PCT agreed the importance of moving services closer to patients as one of its seven strategic objectives which were published in the Strategic Framework for 2007-2010. We agree that more services can be delivered within the	Response to LIFT Review Overview and Scrutiny Committee 10 November 2008

		<p>community and LIFT presents opportunities to do this. The PCT has commenced its service planning and commissioning process which for the first time will cover a five year time span. As part of this process we will be looking at which services can move closer to patients. The Practice Based Commissioning clusters will have an important role in this. In deciding about the location of services, we asses the needs of patients, our ability to deliver the services, what is the best environment in which to provide the services i.e. whether through a LIFT building or a GP led facility and also the cost, so that whatever we decide is founded upon patients, services and value for money.</p> <p>As you are aware, we have just completed a three month period of public and stakeholder engagement on our Strategic Services Development Plan (SSDP). We received much helpful feedback from this, including from the OSC. The SSDP provides the overarching programme of work for the PCT estate and sets out our service priorities based upon health need, likely population changes and the standard of the current estate.</p> <p>A number of the prioritised schemes will be LIFT buildings and in each instance a business case will be developed that sets out the benefits to be gained. For these larger schemes we will undertake a formal period of public consultation</p> <p>2. Future Planning of Lift buildings prior to building work being undertaken should include:</p> <ul style="list-style-type: none"> ▪ An enforceable commitment from partners to take up tenancy ▪ Business plans/services model for occupiers of the building particularly where cross agency working 	
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		<p>is intended;</p> <ul style="list-style-type: none"> An evaluation of local services and businesses to ensure that proposed additional community services in Lift buildings complement rather than compete. <p>We acknowledge that not having written agreements in place early enough has caused difficulties with the earlier LIFT schemes. It will now be our aim to secure written agreements between the parties at the earliest stage possible and certainly prior to building commencing. This has already been put in place between Nottingham City Council and the City PCT in respect of the Bulwell project. Currently this project has just been submitted for planning permission and therefore agreement is in place well before building work commencing.</p> <p>We agree that it is important to clearly understand how buildings will be used and how occupants from different agencies will work together in them. This needs to be done as part of the business case development. Service planning must take place alongside capital planning for all occupants. Going forward, it will be important to ensure that planning is done with appropriate senior representatives from all agencies and that both the commissioners and providers' viewpoints are represented.</p> <p>As part of the LIFT process we do evaluate the opportunity for other services to be included within a LIFT building. Part of that evaluation looks at similar services already being delivered within the locality. Examples of these services being included are pharmacies and occasionally cafes. If we do decide to include these services, this is implemented following a competitive process to ensure that public sector as a whole achieves value for money. In particular, where we have included pharmacies within a building, it has brought</p>	
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		<p>substantial financial benefit to the public sector through reduced lease plus payments to LiftCo. There are national rules on competition and ensuring best value for money which the NHS is required to follow</p> <p>4. Increased emphasis should be placed on sustainability and access in future LIFT building designs including:</p> <ul style="list-style-type: none"> ▪ Enhanced access, beyond minimum DDA requirements; ▪ Comprehensive travel plans should be developed for each centre in partnership with local transport providers and local authorities; ▪ Consideration and incorporation of sustainable building techniques. <p>Response All LIFT buildings are DDA and Building Regulations Part M compliant. However, it is recognised that this level of compliance may not, going forward, be appropriate in all cases. As part of our commitment to continuous improvement we are currently doing two things: firstly in respect of all new developments the process to develop Tenants' Requirements has been changed. This change requires a review of the lessons learned log with internal clients in developing the tenants' brief. This can then be communicated to the LIFTCo as part of the Tenants Requirements. This will generate a debate on the need for enhanced levels over and above the current statutory levels within the DDA and Building Regulation Part M.; secondly, we are undertaking reviews of two LIFT buildings to identify if any enhancements should now be included, taking account of how the building is currently operated. This recognises that use may have</p>	
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		<p>changed to that envisaged during the development phase. Once again, we will take those lessons forward on new buildings, whilst at the same time considering our options for current buildings. One instance that we have become aware of is that, although DDA compliant, some buildings pose difficulties for users of motorised wheelchairs. We have responded to this in the design of the new Mary Potter service by providing bigger lifts and wider corridors.</p> <p>Travelling arrangements for new buildings are always a major concern. Planning regulations determine the amount of onsite parking permitted and we acknowledge the need to work with the planning authorities on accessible transport plans. This could include, for instance discussions on influencing bus routes. In addition, Green Travel Plans are a requirement for all new Planning Permissions. These plans include the use of public transport, cycling and car parking inline with local planning policies.</p> <p>They are developed by the PCT in consultation with key stakeholders, including those who will occupy the building, highways department, local providers of transport, bus companies, train operators etc and the planning department of the local authorities.</p> <p>Since the first tranche of LIFT buildings there has been a significant recognition by the tenants of the importance of sustainability. This is now very much part of the LIFT process, indeed on the Bulwell scheme the LIFTCo have been extremely proactive in taking forward sustainability . It is essential that it is considered in all of its forms at the earliest part of any development and included as part of the Tenants' Requirements. The ``Government has recognised its importance and the Department of Health has set up a special unit to support and advise the NHS. The NHS has set targets for carbon reduction that the PCTs will be measured</p>	
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		<p>against, including that all new builds must be BREAM excellent.</p> <p>This is a certificate that has to be displayed within public sector buildings and is re-measured annually. Sustainability can be both low cost and effective or have a high capital cost and not have appropriate pay back over the life of the scheme so the cost benefits have to be considered in great detail so that an informed decision can be made. Some of the things that we are looking to include in Bulwell include the benefit of the building's orientation, potentially a Ground Source Heat Pump or a Biomas system and the use of Photovoltaic's.</p> <p>5. The Commissioning of an independent report by Nottinghamshire County Teaching Primary Care Trust to consider access to existing buildings with evidence of detailed consideration of its findings by the Primary Care Trusts and the LIFT companies.</p> <p>This has been implemented. The PCT commissioned independent consultants to review the Stapleford and Warsop LIFT buildings and the report is due by the end of September. This will be shared and discussed between the parties and an action plan will be developed. We will be happy to share both the report and the action plan with members of the OSC.</p> <p>6. The CABA Survey findings are considered by the commissioners of LIFT buildings and LiftCos. The review places particular emphasis on CABA recommendation 6 – “Undertake a comprehensive programme of post occupancy evaluations to check user satisfaction and ensure that project teams involved in future schemes learn from users experience of current ones”</p> <p>In accordance with the Strategic Partnering Agreement between LiftCos and the PCTs, there is a requirement for Key Performance Indicators (KPIs) to be used to measure a</p>	
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		<p>number of areas to ensure that the buildings are performing properly and that patients and staff are satisfied. These are measured monthly and presented the Strategic Partnering Board quarterly. The results so far show excellent feedback on customer satisfaction. We are presently reviewing the KPIs and aim to use the report more directly to drive improvement</p> <p>We have been working with the Strategic Health Authority in respect of the existing buildings. They have carried out inspections on five buildings and are due to meet with us on 12 September to share their findings. From initial feedback, we understand that they have found the buildings to be generally good,</p> <p>We have developed a lessons learned log that we now use on the development of all new schemes.</p>	
C23	Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.		
C24	Health care organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations which could affect the provision of normal services.		

Overview and Scrutiny Committee Responsible for NHS Trusts and Action Required

NHS Trust	Scrutiny Body Co-ordinating Comments	Action Required by the Joint Committee
Bassetlaw PCT	Annual Health Check Select Committee	Agree a commentary based upon the work completed this municipal year.
Doncaster and Bassetlaw Hospitals Foundation Trust	Annual Health Check Select Committee and Doncaster MBC	Agree a commentary based upon any work completed this municipal year.
East Midlands Ambulance Service	Annual Health Check Select Committee and Health and Adult Social Care Select Committee	Agree a commentary based upon the work completed this municipal year.
NHS Nottingham City	Health and Adult Social Care Select Committee	No role
NHS Nottinghamshire County	Annual Health Check Select Committee	Agree a commentary based upon the work completed this municipal year.
Nottingham University Hospitals Trust	Joint Health Scrutiny Committee	Forward any comments to the Joint Committee for submission.
Nottinghamshire Healthcare Trust	Joint Health Scrutiny Committee	Forward any comments to the Joint Committee for submission.
Sherwood Forest Hospitals Foundation Trust	Annual Health Check Select Committee	Agree a commentary based upon the work completed this municipal year.