

## Strategic Comment

Nottinghamshire County Council's Health Select Committee is reassured to have information that implies that, at least from a clinical perspective, all Primary Care Trusts (PCTs) comply with the relevant core standards.

Members are also pleased to note that there is local government involvement and Public Patient Involvement Forum (PPIF) involvement in PCTs. It is noticeable that where there is public involvement then the PCT Health Checks are markedly different from those PCTs that have no involvement. In particular Internal Audit reports would appear to be more thorough where there is public involvement than where there is none. The Health Select Committee encourages PCTs to work in partnership with local government to make best use of resources such as leisure centres to promote health and well being.

The Health Select Committee has specific concern with regard to core standard C7d (ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources) as there is a distinct lack of information and transparency. Given that the indicator refers to finance (the economic rationale for a reconfiguration of PCTs across Nottinghamshire) and that Trent Strategic Health Authority (SHA) has chosen to make no comment on this core standard then the Health Select Committee has to ask the question on behalf of the people of Nottinghamshire "Why not?"

While we acknowledge the hard work of the PCTs in achieving the majority of core standards and the worthwhile commitment of the PPIFs and the local government scrutiny committees that have been involved with their local PCTs we regret that such partnerships are not in all PCTs and again ask the question "Why is this not the case?" The Select Committee believes that if we are to have local health service then local involvement is crucial for the benefit of all.

Lastly the Health Select Committee does ask the SHA for evidence of the financial situation of each of our PCTs. From our PCTs we ask for their total number of employees, with groupings indicating full and part time employment and the costs to run their offices.

## **Ashfield and Mansfield PCTs**

### **Proposed Comments**

The Health Select Committee is concerned by the brevity of comments made by Internal Audit in assuring the quality of processes used by Ashfield and Mansfield Primary Care Trusts linked to the absence of strong public and local government involvement. The Health Select Committee encourages the PCTs to work closely to support the development and involvement of their Public Patient Involvement Forum (PPIF) to increase local involvement in a local service.

The Select Committee notes the recent work of the PCTs and the newly established Ashfield and Mansfield Joint Health Scrutiny Committee.

### **Response from Eleri De Gilbert, Chief Executive**

I write in response to your letter of 14 February relating to the comments made by the Health Select Committee regarding the Annual Health Check. It is unfortunate that no senior officer of either Ashfield or Mansfield District Primary Care Trust was able to attend the meeting of the Select Committee on 7 February but trust that this written response helps to answer some of the questions raised.

With regard to core standard C7d the business of both Primary Care Trusts is conducted in a fully open and transparent manner. Board meetings are held in public each month with members of the Patient and Public Involvement Forums present as well as representatives from the local media. All decisions are recorded for the public records, which are available for public scrutiny in line with the requirements of the Freedom of Information Act. A full public consultation has taken place regarding proposals to re-structure Primary Care Trusts across Nottinghamshire.

East Midlands Internal Services did undertake a review of the PCTs current position in relation to the core standards in December 2005. It has to be acknowledged that some issues were raised around a number of policies not having identified lead officers and review dates; this has been raised through the Corporate Management Team and appropriate action taken. Although the auditors were not presented with evidence of patient/carer involvement in schemes such as Modernisation of Acute Services (MAS) and LIFT, these groups have been included throughout the development of both of these schemes.

Since their establishment in December 2003, both Ashfield and Mansfield District PCTs have worked closely with the Patient & Public Involvement Forums to support their development and involvement in local service planning, development and monitoring. Some examples of this support are:

- I attend joint meetings of the Forums for Ashfield and Mansfield District on a quarterly basis. The PPI Forums have also met with me to discuss the consultation on new Primary Care Trust arrangements
- A representative from each Forum attends and contributes to the discussion at joint Public Board meetings of the two PCTs. The Forums are also represented on the PCTs Public Focus Committee and have been involved in other areas of work e.g. the Out-of-Hours Implementation Group, Long Term Conditions Implementation Group, LIFT Project Board and the PCTs Quality Awards Scheme

- Some Forum members are Lay Assessors undertaking visits to local GP practices under the Quality & Outcomes Framework annual assessment
- An on-going programme of visits and presentations has been arranged to support the further development of the Forums
- The PCTs Patient & Public Involvement Manager plays a key role in supporting both Forums and their constituent members.

In addition to strong patient and public involvement focus, both PCTs are also committed to an ethos of close working with our local government partners.

Both Ashfield and Mansfield District PCTs are active members of the respective LSP Boards, and the relevant subgroups including the Health Inequalities Subgroup. As a result of the establishment of joint health priorities, endorsed by both partners, a number of areas of work are actively being pursued through the partnership:

- The LSPs have signed up to a smoke-free charter and work is underway to establish smoke-free environments. Using the influence of the partnership, a clause has been inserted into the Neighbourhood Renewal Funding agreements such that new recipients for funding are required to have in place comprehensive smoke-free policies
- Work is on going with the district and county councils to reduce the prevalence of obesity within the local community including the further development of an exercise referral scheme and the provision of community nutritionists
- The PCT contribute significantly towards the funding of the both Ashfield Links Form and Mansfield CVS which are the local community and voluntary infrastructure organisations within the two districts
- In addition the PCTs attend Area Assemblies, Neighbourhood Management Teams and District Partnership Groups to engage with local people on issues affecting both health and healthcare

I believe that both PCTs are able to demonstrate a strong ethos of patient and public involvement and a strong and sustained commitment to partnership working with some very clear and positive outcomes.

## **Bassetlaw PCT**

### **Proposed Comments**

The Health Select Committee notes the depth of evidence and assurances provided by internal audit for Bassetlaw PCT and the involvement of the PCT with the District Council Scrutiny Committee. The Health Select Committee is concerned by the absence of strong public involvement and encourages the PCT to work closely to support the development and involvement of their Public Patient Involvement Forum (PPIF) to increase local involvement in a local service.

The Health Select Committee acknowledges the positive relationship between the PCT and Bassetlaw District Council. Working in partnership, the Health Select Committee has received the following comments from Bassetlaw District Council:

The Health Panel of Bassetlaw District Council's Overview and Scrutiny Committee has looked at the self assessment process undertaken by Bassetlaw Primary Care Trust. The following comments are made on the draft and the Health Panel will continue to monitor the Primary Care Trust until the final declaration is produced in March 2006. Members were informed during the process by three meetings with representatives from Bassetlaw Primary Care Trust (The Chief Executive, Finance Director and Clinical Governance Manager).

The Panel looked specifically at the processes by which the Trust assures specific healthcare services within the area, covered in the Third domain, Governance and Fourth domain: Patient focus. External services include GPs, pharmacists, dentists and optometrists. The Trust takes the lead in North Nottinghamshire for dental services.

The main area where the Trust does not do as well as it might is in waiting times to see a GP. However, once patients get to see a GP a high proportion are satisfied with the service provided. In relation to GPs Members were concerned that all patients receive equal access to services. The Trust confirmed that if an individual patient experienced difficulty in finding a GP then it (The Trust) would take on responsibility for ensuring the patient was registered with a GP.

The Panel was pleased to note that proactive, preventative initiatives to encourage healthy living are in place.

Overall the Panel was satisfied that the above assessment processes were robust and the Trust fit for purpose.

## Response received from Louise Newcombe, Chief Executive

Many Thanks for your letter dated 14 February regarding the above. I would like to thank you for what is overall an accurate and positive description of Bassetlaw PCTs position.

Firstly I would like to warmly endorse your strategic comment regarding PCTs working closely with local government to make best use of resources such as leisure centres. We have, for example, the 'Go For Fit' partnership in place but I would hope there will be a continuing development in this area in the coming years.

Below I have included the figures you request regarding our staffing and management costs. Secondly I have commented regarding a couple of the issues you raise within your section specific to Bassetlaw PCT.

Bassetlaw PCT employs 387 staff, of which 246 staff are employed on a part-time basis. The headcount of staff is:

Nursing (Qualified & Non-qualified)	224
Allied Health Professionals (Qualified & Non-qualified)	39
Professional & Technical e.g. Pharmacists	3
Medical & Dental	12
Admin & Clerical	90
Senior Managers	19

The management costs as listed in the Annual report for 2004/2005 are as follows

Management Costs (£000s)	1,897
Weighted Population (number)	105,077
Management costs per head of population	£18.05

With regard to your concerns regarding patient involvement in this process I believe it is important to separate the issue of overall public involvement in planning and developing services in Bassetlaw, which I believe is very strong,



and the involvement of the Patient Forum (PPIF) in commenting on the Annual Health Check.

The PCT did look to engage the PPIF in the declaration process and sought their comments. Our Clinical Governance Manager attended Forum meetings throughout last summer to explain the process and the standards. He also presented our work towards ensuring the standards were fulfilled. Other members of our Director Team and Senior Manager Team have attended the PPIF and Modernisation Board on a regular basis to discuss and consult on a very wide range of issues.

It was the forums view that they did not wish to look in depth at all areas of the standards. They chose to look at particular areas of the PCT's work, for example the influencing of GP practice quality standards through the Quality and Outcome Framework assessments. As a result several members of the PPIF joined the PCT Quality and Outcome Framework assessment team as Lay members. They helped assess our practices during visits, which was very useful, both for them and us.

When it came to the process of making the comments regarding the PCT declaration they informed us they would like to make an overall brief positive statement, but would choose not to comment on individual standards. This was of course their right as a forum and to be honest I do support their view that their energies and involvement are best directed towards directly influencing care provision.

I am positive the Chair of the PPIF would support this comment and would be happy to contact him and request his views if you would like.

I would accept your comment that the patient survey shows that Bassetlaw GP patients' main area of dissatisfaction is waiting times, while satisfaction regarding the quality of care is very high. We do however, meet the national targets in this area.

Members of the Health Panel did indeed raise the issue of access to G.P lists and we were able to re-assure them that access across the PCT is very good, but if any patient experienced difficulty we would of course take responsibility for helping them.

Please feel free to contact me should you require any further information or comment.

## **Broxtowe & Hucknall PCT**

### **Proposed Comments**

The Health Select Committee notes the evidence and assurances provided by internal audit for Broxtowe & Hucknall PCT and the involvement and work of the Public Patient Involvement Forum (PPIF) demonstrating local involvement in a local service. The Select Committee encourages the PCT to continue to work closely with the PPIF and to increase involvement with elected Members of the Borough and County Councils.

The Health Select Committee notes the absence of the comments supplied for the Trust's draft declaration and the indication that no overview and scrutiny committees will be commenting on the Trust.

### **Response received from Elizabeth McGuirk, Chief Executive**

Thank you for your letter of 14 February 2006 in which we note the generic strategic comments of the Health Select Committee.

With reference to core standard C7d, NHS Trusts are not required to declare the level of compliance with this standard, within the draft or final declaration, as it is measured by the Department of Health and Trent Strategic Health Authority (TSHA) through other performance mechanisms.

The PCT's management costs for 2004/05, as published in our Annual Report, were £3,025,000 (1% of the gross operating cost of the PCT). The staffing figure for Quarter 3 2005/06 stood at 464.07 whole-time equivalent with a headcount of 694. Should you require any additional information then please let me know.

Within the comments relating specifically to Broxtowe & Hucknall PCT, we note your suggestion that we increase our involvement with elected Members of the Borough and County Councils. We agree with this action and will take steps to put a process in place. The new reconfigured PCT will have to ensure that this development continues in the long term.

I apologise that you did not receive the comments supplied for the Draft declaration, which were included as part of the Draft declaration document. This document was submitted to the Healthcare Commission, the TSHA and was published with the Public Board Papers in October 2005. I enclose a copy for your information. The Borough Councils of Ashfield and Broxtowe did not send any comments, hence there being an omission.

I hope that I have addressed the issues you raise. If any further details are required, Mrs Jackie Swann (tel. 0115 876 1148), should be able to supply them.

## **Gedling PCT**

### **Proposed Comments**

The Health Select Committee notes the depth of evidence and assurances and openness of the information provided by internal audit for Gedling PCT and the clarity shown as to when sufficient assurances will be provided.

The Select Committee further notes the PCT's involvement and partnership working with the Public Patient Involvement Forum (PPIF) demonstrating local involvement in a local service.

The Health Select Committee encourages the PCT to continue to work closely with the PPIF and to increase involvement with elected Members of the Borough and County Councils.

### **Response from Chris Blainey, Director of Finance and Commissioning**

Thank you for giving the PCT the opportunity to respond to the draft comments regarding the Select Committees response to our Annual Health Check submission.

The Health Select Committee will be aware that each PCT produces a public monthly finance report that gives significant detail on the financial state of the organisation. It would be useful if the Health Select Committee could let us know what additional information it requires to assure it that we are complying with Core Standard C7d.



## Newark and Sherwood PCT

### Proposed Comments

The Health Select Committee notes the depth of evidence and assurances provided by internal audit for Newark and Sherwood PCT and the thorough work of the Public Patient Involvement Forum (PPIF) demonstrating local involvement in a local service.

The Health Select Committee working in partnership has received the following comments from Newark and Sherwood District Council:

Members of the District Council agreed that they could not scrutinise the Primary Care Trust's compliance or otherwise as there was no quantitative or anecdotal data available to comment upon. It was impossible to question the PCTs compliance without an understanding of why they were compliant.

In order to comment upon the draft declaration, Members noted that they would need to be given access to information such as the following:

- How was compliant measured for each standard? What were the benchmarks?
- Was there any commentary available to accompany 'compliant' against every standard
- Who was collecting the data used to determine that the PCT was compliant? Who sets the standards? Was the exercise a self assessment?
- What other PCTs was Newark and Sherwood measured against?

With regard to specific Core Standards, Members commented as follows:

#### Core Standard 4

Were medicines and medical devices stored securely when not in use?

What are the systems in place to ensure acquired infection to patients is reduced in particular with respect to MRSA? Members had witnessed empty bottles of antiseptic wash and visitors refusing to wash their hands.

#### Core Standard 13

There was no mention of availability and attentiveness of staff or of prompt, friendly and efficient customer service.

#### Core Standard 15

There was concern about the quality of food provided.

In addition Members voiced their concern over the handling of closure of the hydrotherapy pool as highlighted in the PPI forum's comments appended to the draft Declaration Form. The pool was now open but not fully accessible to all parties that it was required by.

The Health Select Committee encourages the PCT to work closely with elected Members of Newark and Sherwood District Council and to provide an explanation to the concerns raised by the PPIF and Members.

## **Response received from David Sharp, Chief Executive**

I am writing in response to your letter of 14 February 2006, in which you set out the Committee's draft comments. The PCT board has noted and accepts your offer to respond in writing.

The PCT Board was disappointed by the overall response but agrees that it would benefit all for us to work closely with you, to develop a greater understanding of each other's roles. With that in mind and having spoken to Christian Gilbert, we would welcome an opportunity to work with you, perhaps through one of your study groups.

The Board understands the your committee wish to make a general strategic comment about Nottinghamshire but ask you to note that Newark and Sherwood PCT has full disclosure of all performance against financial duties at all Board meetings, which are held in public. In addition, the PCT has offered a place on the Board to a District Councillor. As this place has been accepted, Councillor Wood head receives all Board papers as this representative, which includes full financial disclosure. The Associate Director of Human Resources reports to the public Board quarterly, with details of number of employees, with groupings, indicating full and part time status; these also form part of the papers sent which are publicly available.

The Comments from Newark and Sherwood District Council are particularly disappointing as the PCT Director of Governance attended a panel meeting of the District Council External Relations Partnership Committee, to explain the Standards and the Annual Health Check process. This included how compliance was assessed and measured, and details of the Board's definition of significant lapses, that required reporting under non-compliance. The committee wished to hold a separate meeting to look in more detail at our declaration and the evidence behind it. Due to the quantity of evidence available, the committee was asked if it wished to receive all our self-assessment evidence but members felt they had sufficient information already. A number of the comments relate to hospital services, which the PCT does not provide. The PCT acknowledges that it commissions hospital services, however the Director of Governance informed members of the District Council External Relations Partnership Committee that the local Hospital Trusts were not reporting any significant lapses in any of the standards, including those relating to infection control and food. The PCT board accepts that this is the beginning of new process, and as I have said previously, there would be benefits to all of us to working more closely, to develop mutually understanding of our various roles.

**The Board would therefore ask that the Health Select Committee review its draft comments and to take our response into account before sending its final statement for inclusion verbatim in our final declaration.**

Should you require any further information or explanation on any issue relating to the Annual Health Check before you feel able to review your comments Liz Heath, Director of Governance, or myself will be pleased to meet with you or speak to you on the telephone.

## **Rushcliffe PCT**

### **Proposed Comments**

The Health Select Committee is concerned that no comments have been provided to it from Rushcliffe Primary Care Trust's Internal Audit, assuring the quality of processes used by the Trust and by the Public Patient Involvement Forum (PPIF). The Health Select Committee encourages the PCT to work closely with the PPIF to increase local involvement in a local service and to provide evidence of an effective relationship between the two organisations. The Select Committee also encourages the PCT to strengthen communication with elected Members of the Borough Council and to work with the Borough Council to make best use of resources, such as Rushcliffe Arena which provides an excellent facility for members of the public to receive physiotherapy to help recovery.

The Select Committee notes the open and informative approach taken by the PCT in providing information to the Joint County/City Health Scrutiny Committee and the Health Select Committee.

The Health Select Committee working in partnership has received the following comments from officers of Rushcliffe Borough Council:

### **Core Standard 22**

**a) cooperating with each other and with local authorities and other organisations**

**b) making appropriate and affective contribution to local partnership arrangements, including LSPs and CDRPs**

Rushcliffe Primary Care Trust contributes substantially to the workings of the LSP and CDRP. They also participate in projects and publicity events on a wide range of issues. In Community Development, particularly Arts and Events and Environmental Promotion, the Council has been assisted by officers of the PCT in the production of health promotion leaflets and awareness raising events.

Overall there is an excellent open and informative relationship between Environmental Health (EH) and the PCT and this is due to a real sense that both organisations have a number of shared priorities. From an EH perspective the PCT have contributed to the Council's public health function in a number of ways over the last year. The most significant being the jointly funded Health Development Officer post (commenced 9/1/06) which will provide the operational delivery of health based interventions for the benefit of residents. The post has a jointly agreed work programme which covers both national and local health needs such as obesity and smoking, which have been identified for action in the LSP Community Strategy.

Other collaborative working has taken place on the development of a Rushcliffe Obesity Strategy and a Smoke Free Charter which was signed by the PCT, BC and the LSP.

The shared commitment of both the PCT and the Council to drive the health elements of the LAA has seen further cooperation on setting targets and further work is scheduled for the delivery planning stage. Representation on the LSP strategic officer group and the work of the sub health group is also shared as PCT reps often cover for EH reps and vice versa. Thus both act as eyes and ears for each other in the multitude of meetings and events that surround the health agenda.

**c) ensuring that the local DPH's Annual Report informs their policies and practices.**

The Council already contributes information to the annual report and in that sense it is viewed as a shared document. It is also a useful statistical reference source on the status of resident's health in the borough and it has been used to help inform the smoke freedom agenda at the Council. The Council's contribution to the report will be further enhanced by the future work programme of the HDO.

# Sherwood Forest Hospitals NHS Trust

## Proposed Comments

At present the Health Select Committee has not agreed any formal comments. The following is an extract from the minutes of the Health Select Committee meeting on 13 December 2005

### **ANNUAL HEALTH CHECKS – SHERWOOD FOREST HOSPITALS TRUST**

Councillor Napier commented that there were 14 areas where the Trust were not compliant. He added that in the main there was a programme for this to be achieved by the end of the month. He noted however that there was one area, standard C4b concerning minimising the risks associated with the acquisition and use of medical devices, it was taking longer. He suggested that a letter be written asking why it would take so long to be compliant. He referred to the comments from the Patient and Public Involvement Forum in the health check and indicated that he was impressed by their comments. He thought that this was a good sign for the future. He noted that they had challenged the hospital about the annual infection control report not being submitted to the Trust Board meeting. He also commented that it was good that the Trust and the Patient and Public Involvement Forum were working well together. He indicated that the significance of the core standards were that these were the base minimum to be provided in the future. Councillor Tsimbiridis suggested that a letter be sent to the Patient and Public Involvement Forum thanking them for their detailed response. Councillor Allin commented that the standard of cleanliness at Kings Mill Hospital had improved. He felt that the ward housekeepers had led to this improvement.

Barbara Venes commented that the Forum had drawn attention to the need to establish a satellite GUM service in the Newark area.

It was agreed:-

(1) That a letter be sent to Sherwood Forest Hospitals Trust asking why it was proposed to take so long to comply with standard C4b concerning risks with the acquisition and use of medical devices minimisation.

(2) That a letter be sent to the Patient and Public Involvement Forum to thank them for their detailed response to the Healthcare Commission's standards.

(3) That a letter be sent to the Sherwood Forest Hospitals Trust supporting the request from the Patient and Public Involvement Forum for a satellite GUM service being provided in Newark.



## **Response received from Carolyn White Executive Nurse Director and Mike Mowbray Executive Medical Director**

The clinical governance planning team at Sherwood Forest Hospitals NHS Trust (SFHT) has recently reviewed the minutes of the Health Select Committee meeting held on Tuesday 13th December 2005. We were concerned to note that SFHT was reported as being 'non compliant' in 14 areas of the health care standards for Better Health. It is disappointing that it has been reported in this way, as this is not true.

Health organisations were asked to self assess themselves against the standards using three categories:

- . Compliant - fully compliant with adequate assurance to the Trust Board that no significant lapses have occurred in the reporting period
- . Insufficient assurance- where a lack of assurance leaves the board unclear as to whether there have been significant lapses in meeting the standards
- . Non :compliant - where significant lapses in standards have occurred

Recognising that this is a new and evolving system of accreditation SFHT adopted a robust approach of transparency and honesty in its self-assessment. We believe that this is reflected in our engagement of the patient and public involvement forum in our assessment procedures. The interim self-assessment was undertaken to familiarise organisations with the new processes and to ensure that adequate evidence was available to assure boards of compliance. In undertaking this task SFHT recognised that there were some areas where documentary evidence of our compliance could be improved. We chose at the interim stage to record this as 'insufficient assurance' recognising that there was an opportunity to improve on the interim assessment prior to the full submission in May 2006.

We note that you have made particular reference to standard C4b and felt that an example of how we self assessed ourselves may be of help to you and your colleagues.

Standard C4b requires that all risks associated with the acquisition and use of medical devices be minimised: In our assessment we reported that there were gaps in training records.

At the Trust we have over 3800 staff most of who work in clinical environments using medical devices of some sort or other. The table below details the assessment framework we used to assess our compliance at the interim stage

<b>Standard C4b Assurance Framework</b>	
Procurement standards	Assured
Check of equipment on receipt	Assured
Entry of equipment onto asset register to monitor maintenance	Assured
Maintenance records	Assured
Disinfection of equipment	Assured
Removal of faulty equipment	Assured
Staff training	Assured
Staff training records	Insufficient assurance

You will see from the table that we have adopted a robust process in our self assessment and that whilst compliant in 7 of the areas checked because we felt our training records could be improved chose to mark this as insufficient assurance. The trust has recently invested in a new software package to record staff training and a member of staff to work directly with staff in clinical areas in the commissioning and implementation of new equipment. On this basis we feel confident that we have addressed any outstanding issues and will be able to declare full compliance in May.

Since the summary of our interim assessment we have reorganised ourselves to address any deficiencies that we identified and I am sure that you will be reassured to hear that we will be reporting an improved position in May 2006.

In the interim we would be grateful if at your next meeting records be amended to show that SFHT reported a position of 'Insufficient Assurance' in 14 of the standards.