
MEETING	HEALTH SCRUTINY COMMITTEE
DATE	30 MARCH 2009
PRESENT	COUNCILLORS FRASER (CHAIR), ALEXANDER, AYRE (VICE-CHAIR), MORLEY, SUNDERLAND, WISEMAN AND SIMPSON-LAING (SUBSTITUTE)
IN ATTENDANCE	KEELEY TOWNEND -YORKSHIRE AMBULANCE SERVICE IAN WALTON -YORKSHIRE AMBULANCE SERVICE MARK INMAN – YORK AMBULANCE SERVICE GRAHAM PURDY – NHS NORTH YORKSHIRE & YORK
APOLOGIES	COUNCILLOR DOUGLAS

42. DECLARATIONS OF INTEREST

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda.

Councillor Fraser – personal and non-prejudicial interest as a Governor of York Hospitals NHS Foundation Trust and as a member of the retired section of Unison;

Councillor Wiseman – personal and non-prejudicial interest as a Governor of York Hospitals NHS Foundation Trust.

Cllr Morley declared a personal non-prejudicial interest in the meeting as a member of the York Hospitals NHS Foundation Trust.

43. MINUTES

Arising out of consideration of the minutes it was reported that, at a recent LINKs meeting, it had been agreed to share their work plan with the Health Scrutiny Committee to align the work and avoid duplication.

RESOLVED: That the minutes of the last meeting of the Committee held on 2 February 2009 be approved and signed by the Chair as a correct record.

44. PUBLIC PARTICIPATION

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

John Yates, spoke in relation to agenda item 4 (Annual Health Check). He confirmed that the York Older People's Assembly, Chapter 10 and other groups kept a watching brief on the NHS and other health care organisations. He stated that most worked extremely well but NHS North Yorkshire & York's (formerly North Yorkshire & York Primary Care Trust) agenda and minutes published on their website were not easily understandable by the public. He requested the Scrutiny Committee to liaise with a partnership body such as LINKs to press NHS North Yorkshire & York to clarify the way in which they communicated with the public and vice versa.

45. ANNUAL HEALTH CHECK 2008/09

Consideration was given to an update report in relation to further developments on the Annual Health Check 2008/09.

The Annual Health Check was the system the Healthcare Commission used to assess and report on the performance of the NHS and other healthcare organisations.

Representatives of the Yorkshire Ambulance Trust (YAS), who were in attendance at the meeting, gave a presentation on the Trust and presented their draft declaration to the Committee, it focussed on the following points:

- The YAS challenge
- Priorities for sustainable improvement
- The Annual Health Check and
- Patient Transport Services

They referred to problems that the Yorkshire Ambulance Service had had to overcome during 2008/09, which ranged from adverse weather conditions to familiarising staff with new equipment, which had resulted in a financial deficit to the service. It was confirmed that, although the Service would still not have met its target for the whole year, it would be compliant at the year end. In relation to performance they confirmed that they were only one of 5 ambulance services within the country that would reach 75% performance for the 8 minute target for reaching patients.

They stated that they were now also in the process of seeking new premises for an additional call centre within the York conurbation which would take on the calls for the out of hours services for Monkgate, York Hospital and the General Practitioners.

The representatives confirmed that comments on their draft declarations were required by 6 April if at all possible. The Scrutiny Officer confirmed that Members were not to meet until 7 April to consider their draft comments.

Members then questioned the following points:

- The details of the slide on Standards for Better Health in relation to the 2007/08 and 2008/09;
- Possible joint fire and ambulance station in the area;

- The transfer of myocardial infarction patients (MI) direct to Leeds General Infirmary rather than York;

The representatives confirmed that although there was an impact on time it had been found that better patient care was achieved if MI patients were transferred directly to a PPCI centre (Primary Percutaneous Coronary Intervention) of which Leeds was the nearest.

The Chair thanked the representatives of the Ambulance Service for their attendance and informative presentation.

The Scrutiny Officer confirmed that she would circulate by email additional information and guidance to Members in relation to the Health Check.¹

RESOLVED: That the report and presentation be noted.

REASON: To enable the Health Scrutiny Committee to carry out their duty to promote the health needs of the people they represent.

[A copy of the presentation made to Members is attached to these minutes].

Action Required

1. Email additional information on Health Check to Members. GR

46. INFORMATION REPORT ON THE PUBLIC HEALTH BILL 2009

Members considered a report, which informed them of the contents of the Public Health Bill 2009. This Bill proposed measures to improve the quality of NHS care, the performance of NHS services and improve public health.

It was reported that the Bill had been introduced into Parliament on 15 January 2009 and that it concentrated on the following key areas:

- Placed a duty on providers and commissioners of NHS services to have regard to a new NHS Constitution, which would set out the responsibilities of patients and staff
- Introduced direct payments for health services with the intention of giving patients greater control over the health care services they received
- Introduced quality accounts, which would provide information on quality for patients, clinicians and managers, with the aim of improving local accountability for services
- Made provisions to protect children and young people from the harm caused by smoking. These provisions related particularly to advertising and sales from vending machines
- Extended the remit of the Local Government Ombudsman to consider complaints from people who had arranged their own adult social care
- Introduced a scheme by which prizes for innovation in health service provision may be awarded.

Members confirmed that they were pleased to see that provisions were to be made to protect children from the harm caused by smoking.

RESOLVED: That the report be noted.

REASON: To keep Members fully informed in relation to current legislation.

47. INFORMATION REPORT ON 'DELIVERING HEALTHY AMBITIONS'.

Consideration was given to a report, which advised the Committee about the 'Healthy Ambitions', and 'Delivering Healthy Ambitions' documents produce by NHS Yorkshire and the Humber.

It was reported that in Spring 2008 NHS Yorkshire & the Humber had published their vision document for improving health and healthcare in Yorkshire and the Humber entitled 'Healthy Ambitions'. Subsequently recommendations for improvement had been made in the following areas:

- Maternity and newborn care
- Children's healthcare
- Staying healthy
- Acute episode
- Planned care
- Long term conditions
- Mental health
- End of life care

In view of the large amount of information contained within the documentation Members were asked to consider inviting a representative of the Strategic Health Authority (SHA) to address them, either in general terms or on one or more of the key areas.

The representative from NHS North Yorkshire and York confirmed that their Board would very shortly also be considering these documents. He stated that they would then be in a position to report on the local picture and on progress within each area. He indicated that it may be more appropriate for the SHA to report on the high level strategies and NHS North Yorkshire & York at the local level.

RESOLVED: That, following consideration of this report by NHS North Yorkshire and York, representatives of the Strategic Health Authority and NHS North Yorkshire & York be invited to an informal seminar for all Members to address them on both the strategies and the local situation. ¹.

REASON: To keep Members informed of regional health strategies.

Action Required

1. Add Seminar to Committee's work plan.

GR

48. WORK PLAN

Consideration was given to the Health Scrutiny Committee work plan for 2008/09.

Arising out of this, the Chair updated that he had received confirmation from Rachel Johns that statistics were collected on alcohol related incidents and hospital admissions. He felt that this would be useful information to feed into the Alcohol Reduction Strategy (proposed scrutiny topic) and that work was progressing on a joint report, which would hopefully be available for the May meeting of the Committee.

The representative from NHS North Yorkshire and York confirmed that they had undertaken a significant amount of work with GP's and the Hospital on the referral pathways in relation to muscular skeletal procedures to try and avoid hospital admissions. He also confirmed that referral guidance was available for all GP's and that this would shortly be added to the hospital's website to make sure patients were aware why they had not received treatment and of the further options available to them.

Cllr S Fraser, Chair

[The meeting started at 5.00 pm and finished at 6.35 pm].

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York OSC 30 March 2009

**Keeley Townend, Director of ICT
Ian Walton, Director of Operations
Yorkshire Ambulance Service NHS Trust**



Contents

1. The YAS challenge
2. Priorities for sustainable improvement
3. The Annual Health Check
4. Patient Transport Services
5. Summary



1. The YAS Challenge

- Formed July 2006
- Merger and de-merger
- Financial deficit in first year
- Historic performance issues
- Major governance issues
- Cultural issues



2. Priorities for Sustainable Improvement

Performance <ul style="list-style-type: none"> - Workforce - ICT - Ways of working - Utilisation 	Systems Working <ul style="list-style-type: none"> - Emergency care - Urgent care - Public health
Resilience <ul style="list-style-type: none"> - Resilience - Business Continuity - Emergency Preparedness 	Quality <ul style="list-style-type: none"> - Safe - Effective - Patient-focussed
Management & Leadership Development <ul style="list-style-type: none"> - Capacity - Capability - Clinical Leadership 	Compliance <ul style="list-style-type: none"> - S4BH - RMST level - Culture



3. The Annual Health Check

- Systemic problems in operational and some corporate functions
- Demonstrable progress
- Increased confidence externally
- Moving into a sustainable position for 2009-10



3.1 Core Standards

- Acknowledged systemic issues
- Review of Board working by Deloitte
- Developed the assurance process
 - Cultural change – it is the day job
 - Standard operating procedure and clear evidence base
 - Internal audit review to check we've got the approach right
 - Director and assistant director secondments into the organisation
 - New structure and investment in infrastructure



3.2 Standards for Better Health

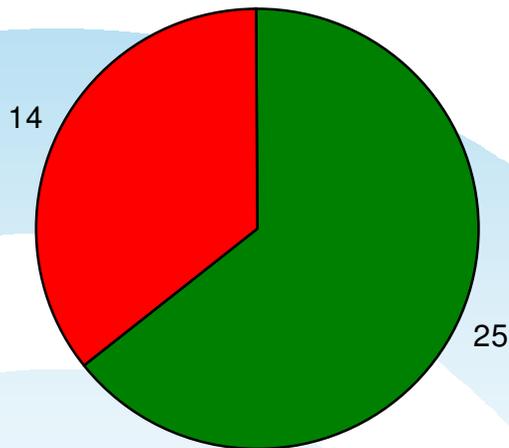
2007-08	Use of Resources	FAIR	
	Quality of Service	WEAK	
	Core Standards	Existing National Targets	New National Targets
2008-09	Use of Resources	FAIR	
	Quality of Service	WEAK	
	Core Standards	Existing National Targets	New National Targets
2009-10	Use of Resources	GOOD	
	Quality of Service	FAIR	
	Core Standards	Existing National Targets	New National Targets

- Not met
- Partly met
- Met
- Scoring yet to be defined

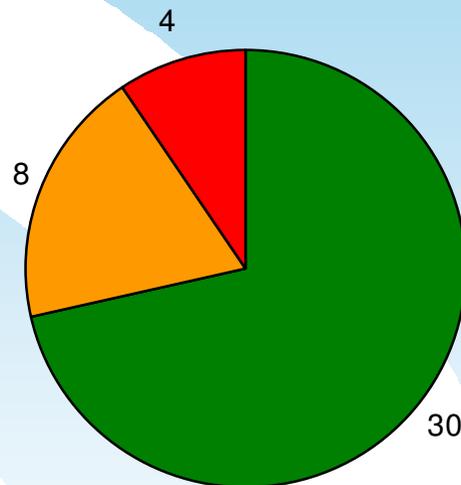


3.3 Compliance with core standards

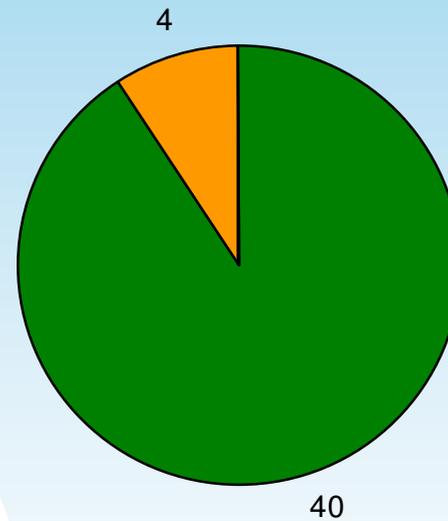
2007-08



2008-09



2009-10

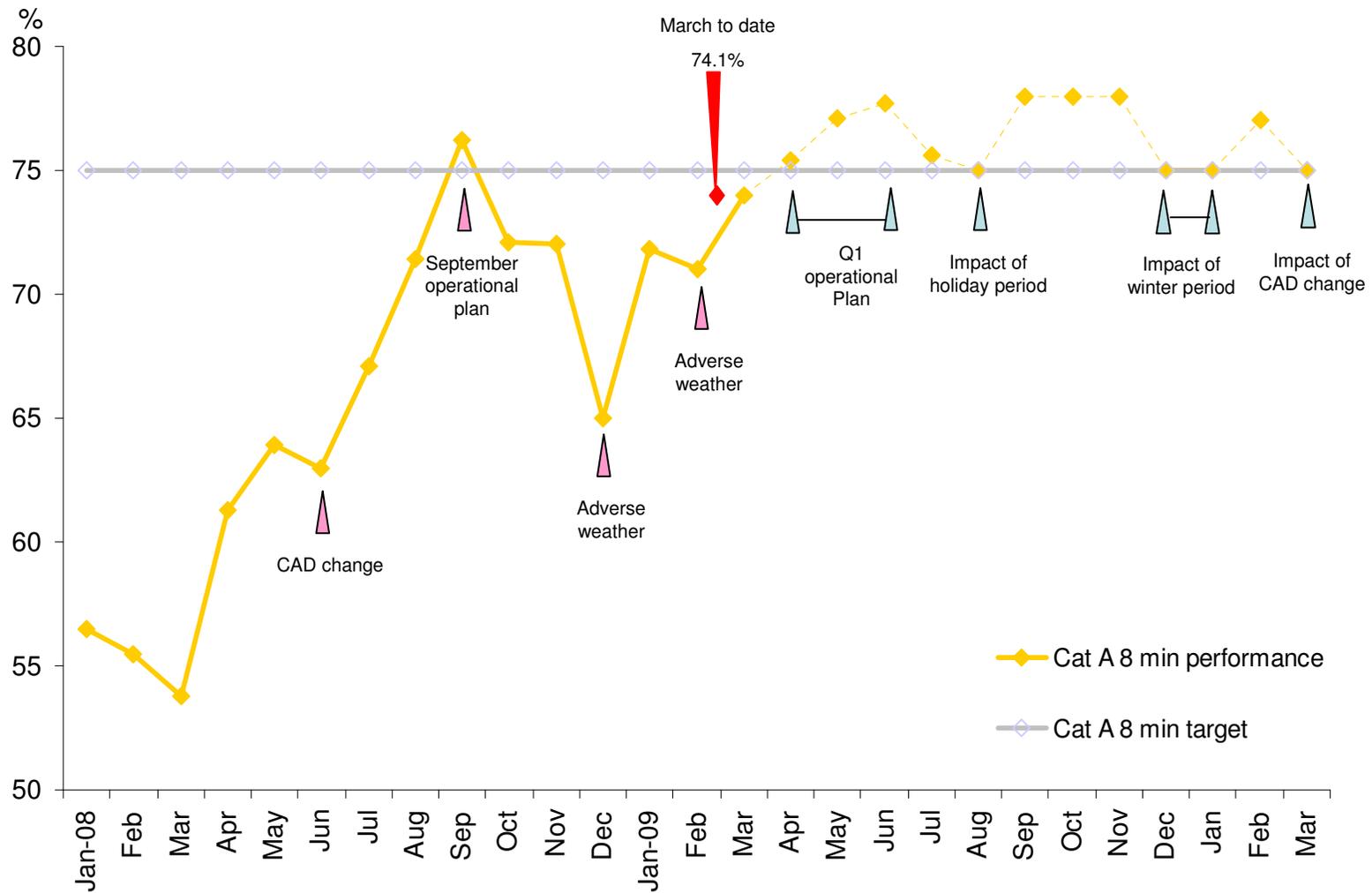


3.4 Clinical Performance Indicators

	Performance compared across 11 ambulance trusts using funnel plots showing confidence limits	Below Funnel	Within Funnel	Above Funnel
Cardiac Arrest	Pilot	0	2	0
	June 2008 (1 measure added)	0	3	0
Stroke	Pilot	2	1	0
	July 2008	0	1	2
Hypoglycaemia	Pilot	1	2	0
	August 2008	1	0	2
Asthma	Pilot	3	2	0
	September 2008	2	2	1



3.5 Performance trajectory 08-10



3.6 2009-10 will continue to show improvements

- Agreement on a sustainable financial settlement for A&E services
- Investments in resilience, workforce and management capacity
- Management and leadership development
- Better skills mix/pathways



3.7 Quarter 1

Short term

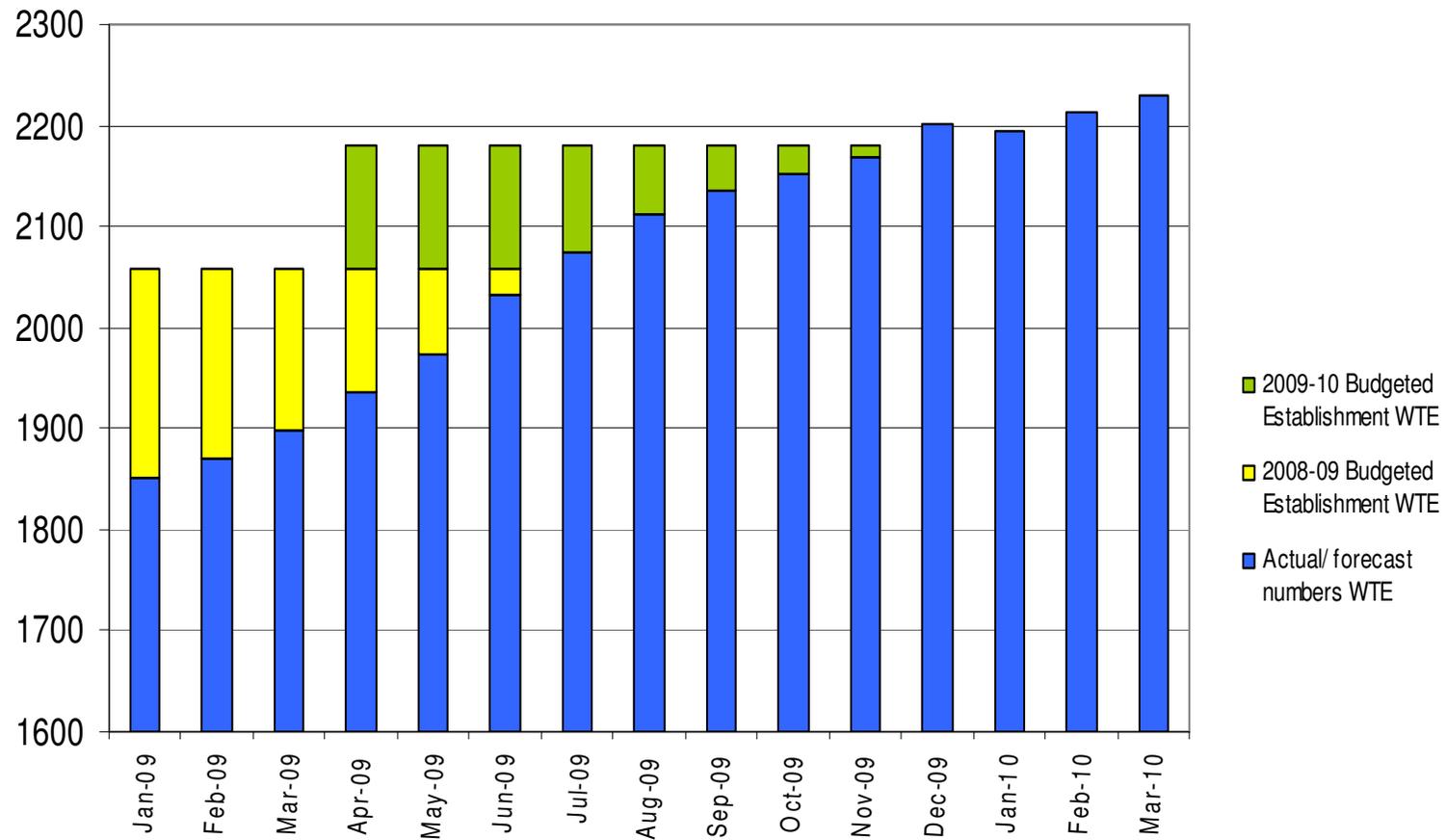
- REAP level 4
- Maximise capacity

Sustainable improvement

- Increased car hours
- Faster start of call
- Better deployment
- Quicker turnaround



3.8 A&E workforce



3.9 Key risks

- Uncommissioned demand increases
- WY urgent care changes
- Inability to generate short term capacity
- Industrial relations issues
- Patient Transport Services



4 Patient Transport Services

- Changed skill mix
- Centralised booking
- Automated processes
- Increased quality/reduced cost



5 Summary

- Clear diagnosis of problems
- Demonstrable improvements
 - Access targets
 - Clinical performance indicators
 - Core standards
- Focus on sustainable improvement
- Supplemented by pragmatic short term action
- Clear strategic direction



5 Summary (continued)

- Wrote to Chairs of OSCs 13 February 2009 requesting comments for the declaration
- Comments to reach Lisa Youle by initially 25 March 2009. Extend to 6 April.
- Any questions?
- lisa.youle@yas.nhs.uk



2007-08

Actual



2007-08

Use of Resources Rating

Financial Reporting	Fair
How good are the organisation's financial accounting and reporting arrangements?	
Financial Management	Fair
How well does the organisation plan and manage its finances?	
Financial Standing	Fair
How well does the organisation safeguard its financial standing?	
Internal Control	Fair
How well does the organisation's internal control environment enable it to manage its significant business risks?	
Value For Money	Fair
How good are the organisation's arrangements for managing and improving value for money?	
Overall Use of Resources Rating	FAIR

Quality of Services Rating

Element	
Core Standards	Not Met
Existing National Targets	Partly Met
New National Targets	Good
Overall Quality Rating	WEAK



2007-08 Quality of Service - Core Standards

Safety

C01a – patient safety	Compliant
C01b – patient safety	Compliant
C02 – child protection	Not met
C03 – NICE intervention procedures	N/A
C04a – HCAI/MRSA	Not met
C04b - medical devices	Compliant
C04c – reusable medical devices	N/A
C04d - medicines mgt	Not met
C04e – waste mgt	Not met

Clinical & cost effectiveness

C05a - NICE technology appraisals	Compliant
C05b - clinical supervision	Compliant
C05c - updating clinical skills	Not met
C05d – regular clinical audit	Not met
C06 – meeting patients' needs	Compliant

Governance

C07a/c governance & risk mgt	Compliant
C07b – accountability & use of resources	Compliant
C07e – equality & diversity	Not met
C08a - whistle-blowing	Compliant
C08b – org & personal development	Not met
C09 – information governance	Not met
C10a - employment checks	Compliant
C10b - profes codes of practice	Compliant
C11a - recruitment and training	Compliant
C11b - mandatory training	Not met
C11c - CPD	Compliant
C12 - research governance	Compliant

Patient focus

C13a - dignity and respect	Compliant
C13b – patient information	Not met
C13c – patient information	Compliant
C14a - complaints procedure	Compliant
C14b – non-discrimination	Compliant
C14c – acting on patient concerns	Compliant
C16 – publications & info services	Not met

Accessible & Responsive Care

C17 - patient and public involv't	Not met
C18 - equity, choice	Not met

Care Environ & Amenities

C20a - safe, secure environ	Compliant
C20b - privacy and confidentiality	Compliant
C21 - clean, well designed environment	Compliant

Public health

C22a/c - public health partnerships	Compliant
C22b – director of PH annual report	N/A
C23 – disease prevention	Compliant
C24 - emergency preparedness	Compliant

Overall Performance	NOT MET
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2007-08 Quality of Service

Existing National Targets		
Indicator	Performance	Rating
Category A calls meeting eight minute target Met $\geq 75\%$; underachieved $\geq 70\%$; not met $< 70\%$	73%	Under-achieved
Category A calls meeting 19 minute target Met $\geq 95\%$; underachieved $\geq 90\%$; not met $< 90\%$	96%	Met
Category B calls meeting 19 minute target Met $\geq 95\%$; underachieved $\geq 80\%$; not met $< 80\%$	92%	Under-achieved
Thrombolysis - 60 minute Call-to-Needle time Met: either $\geq 68\%$ or $\geq 38\%$ with a 10% increase between 04-05 and 07-08 Underachieved: either $\geq 38\%$ with a 10% increase between 04-05 and 07-08 Not met: either $\geq 38\%$ without a 10% increase between 04-05 and 07-08	66%	Under-achieved
Overall rating	PARTLY MET	

New National Targets	
Element	Rating
Participation in audits	Met
Emergency response to stroke and transient ischemic attack	Met
Infection control	Under-achieved
Compliance with self-harm guidelines	Met
Compliance with guidelines concerning obesity	Met
Overall rating	GOOD



2008-09

Forecast position



2008-09

Use of Resources Rating

Financial Reporting	Good
How good are the organisation's financial accounting and reporting arrangements?	
Financial Management	Good
How well does the organisation plan and manage its finances?	
Financial Standing	Good
How well does the organisation safeguard its financial standing?	
Internal Control	Fair
How well does the organisation's internal control environment enable it to manage its significant business risks?	
Value For Money	Fair
How good are the organisation's arrangements for managing and improving value for money?	
Overall 'Use of Resources' Rating	FAIR

Quality of Services Rating

Element	
Core Standards	Partly Met
Existing National Targets	Not Met
New National Targets	?* Scoring thresholds TBC
Overall Quality Rating	WEAK



2008-09 Quality of Service – Core Standards

Safety

C01a – patient safety	Compliant
C01b – patient safety	Compliant
C02 – child protection	Compliant
C03 – NICE intervention procedures	Compliant
C04a – HCAI/MRSA	Not met
C04b - medical devices	Not met
C04c – reusable medical devices	Not met
C04d - medicines mgt	Not met
C04e – waste mgt	Not Compliant

Clinical & cost effectiveness

C05a - NICE technology appraisals	Compliant
C05b - clinical supervision	Compliant
C05c - updating clinical skills	Compliant
C05d – regular clinical audit	Compliant
C06 – meeting patients’ needs	Compliant

Compliant	30
Not Met (Amber –Met in year)	10
Not Met (Red)	2

Governance

C07a/c governance & risk mgt	Compliant
C07b – accountability & use of resources	Compliant
C07e – equality & diversity	Not met
C08a - whistle-blowing	Compliant
C08b – org & personal development	Not met
C09 – information governance	Not met
C10a - employment checks	Compliant
C10b - profes codes of practice	Compliant
C11a - recruitment and training	Not met
C11b - mandatory training	Not met
C11c - CPD	Compliant
C12 - research governance	Compliant

Patient focus

C13a - dignity and respect	Compliant
C13b – patient information	Compliant
C13c – patient information	Compliant
C14a - complaints procedure	Compliant
C14b – non-discrimination	Compliant
C14c – acting on patient concerns	Compliant
C16 – publications & info services	Compliant

Accessible & Responsive Care

C17 - patient and public involv't	Not met
C18 - equity, choice	Not met

Care Environ & Amenities

C20a - safe, secure environ	Compliant
C20b - privacy and confidentiality	Compliant
C21 - clean, well designed environment	Not met

Public health

C22a/c - public health partnerships	Compliant
C22b – director of PH annual report	Compliant
C23 – disease prevention	Compliant
C24 - emergency preparedness	Not met

Overall Performance	PARTLY MET
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2008-09 Quality of Service

Existing National Targets		
Indicator	Performance	Rating
Category A calls meeting eight minute target Met $\geq 75\%$; underachieved $\geq 70\%$; not met $< 70\%$	69%	Not met
Category A calls meeting 19 minute target Met $\geq 95\%$; underachieved $\geq 90\%$; not met $< 90\%$	96%	Met
Category B calls meeting 19 minute target Met $\geq 95\%$; underachieved $\geq 80\%$; not met $< 80\%$	90%	Under-achieved
Thrombolysis - 60 minute call-to-needle time Met: either $\geq 68\%$ or $\geq 38\%$ with a 10% increase between 04-05 and 07-08 Underachieved: either $\geq 38\%$ with a 10% increase between 04-05 and 07-08 Not met: either $\geq 38\%$ without a 10% increase between 04-05 and 07-08	62%	Under-achieved
Overall rating	Not Met	

New National Targets	
Element	Rating
Emergency response to stroke and transient ischemic attack	Expect to meet
Management of hypoglycaemia	?
Management of asthma	?
Management of patients with cardiac arrest	?
Management of acute myocardial infarction	?
Overall rating	?

*Scoring thresholds not yet published by HCC



2009-10

Forecast position



2009-10

Use of Resources Rating

Financial Reporting	Good
How good are the organisation's financial accounting and reporting arrangements?	
Financial Management	Good
How well does the organisation plan and manage its finances?	
Financial Standing	Good
How well does the organisation safeguard its financial standing?	
Internal Control	Fair
How well does the organisation's internal control environment enable it to manage its significant business risks?	
Value For Money	Fair
How good are the organisation's arrangements for managing and improving value for money?	
Overall 'Use of Resources' Rating	FAIR

Quality of Services Rating

Element	
Core Standards	Met
Existing National Targets	Partly Met
New National Targets	?* Scoring thresholds TBC
Overall Quality Rating	FAIR



2009-10 Quality of Service – Core Standards

Safety

C01a – patient safety	Compliant
C01b – patient safety	Compliant
C02 – child protection	Compliant
C03 – NICE intervention procedures	Compliant
C04a – HCAI/MRSA	Compliant
C04b - medical devices	Complaint
C04c – reusable medical devices	Compliant
C04d - medicines mgt	Not met
C04e – waste mgt	Not Compliant

Clinical & cost effectiveness

C05a - NICE technology appraisals	Compliant
C05b - clinical supervision	Compliant
C05c - updating clinical skills	Compliant
C05d – regular clinical audit	Compliant
C06 – meeting patients' needs	Compliant

Compliant	40
Not Met (Amber –Met in year)	2

Governance

C07a/c governance & risk mgt	Compliant
C07b – accountability & use of resources	Compliant
C07e – equality & diversity	Compliant
C08a - whistle-blowing	Compliant
C08b – org & personal development	Compliant
C09 – information governance	Compliant
C10a - employment checks	Compliant
C10b - profes codes of practice	Compliant
C11a - recruitment and training	Compliant
C11b - mandatory training	Compliant
C11c - CPD	Compliant
C12 - research governance	Compliant

Patient focus

C13a - dignity and respect	Compliant
C13b – patient information	Compliant
C13c – patient information	Compliant
C14a - complaints procedure	Compliant
C14b – non-discrimination	Compliant
C14c – acting on patient concerns	Compliant
C16 – publications & info services	Compliant

Accessible & Responsive Care

C17 - patient and public involv't	Not met
C18 - equity, choice	Compliant

Care Environ & Amenities

C20a - safe, secure environ	Compliant
C20b - privacy and confidentiality	Compliant
C21 - clean, well designed environment	Compliant

Public health

C22a/c - public health partnerships	Compliant
C22b – director of PH annual report	Compliant
C23 – disease prevention	Compliant
C24 - emergency preparedness	Not met

Overall Performance	Met
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2009-10 Quality of Service

Existing National Targets		
Indicator	Performance	Rating
Category A calls meeting eight minute target Met $\geq 75\%$; underachieved $\geq 70\%$; not met $< 70\%$		Met
Category A calls meeting 19 minute target Met $\geq 95\%$; underachieved $\geq 90\%$; not met $< 90\%$		Met
Category B calls meeting 19 minute target Met $\geq 95\%$; underachieved $\geq 80\%$; not met $< 80\%$		Under-achieved
Thrombolysis - 60 minute call-to-needle time Met: either $\geq 68\%$ or $\geq 38\%$ with a 10% increase between 04-05 and 07-08 Underachieved: either $\geq 38\%$ with a 10% increase between 04-05 and 07-08 Not met: either $\geq 38\%$ without a 10% increase between 04-05 and 07-08		Under-achieved
Overall rating		Partly met

New National Targets	
Element	Rating
Emergency response to stroke and transient ischemic attack	Expect to meet
Management of hypoglycaemia	?
Management of asthma	?
Management of patients with cardiac arrest	?
Management of acute myocardial infarction	?
Overall rating	?

*Scoring thresholds not yet published by HCC



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