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Health and Wellbeing Scrutiny Committee Agenda

Date:	**Thursday, 9th June, 2011**
Time:	**10.00 am**
Venue:	**Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ**

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Declarations of Interest**

   To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests and for members to declare the existence of a party whip in relation to any item on the agenda.

3. **Minutes of Previous meeting** (Pages 1 - 16)

   To approve the minutes of the meetings held on 10 March 2011 and 14 April 2011.

4. **Public Speaking Time/Open Session**

   A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

   Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

   Note: in order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda at least one working day before the meeting with brief details of the matter to be covered.

For any apologies or requests for further information, or to give notice of a question to be asked by a member of the public

Contact: Denise French
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5. **Terms of reference, membership and meeting dates** (Pages 17 - 24)

To consider the report of the Borough Solicitor.

6. **North West Ambulance Service - Quality Account and current performance figures** (Pages 25 - 62)

a) Tim Butcher, Assistant Director for Performance Improvement, will present the North West Ambulance Service's Quality Account (attached) on which the Committee is invited to comment; and
b) Sarah Smith will present the current performance figures (attached).

7. **The Health and Wellbeing Service** (Pages 63 - 70)

Guy Kilminster, Head of Health and Wellbeing, will brief the committee on the following matters:

- The Health and Wellbeing Service,
- The Health Inequalities Strategy, and
- The transfer of the public health function to the Council.

8. **Work Programme** (Pages 71 - 88)

To consider the report of the Borough Solicitor.

9. **The Cheshire and Wirral Councils Joint Scrutiny Committee** (Pages 89 - 94)

To receive the minutes of the meeting of the Committee held on 4 April 2011.

10. **Forward Plan**

To consider extracts of the Forward Plan that fall within the remit of the Committee.

11. **Consultations from Cabinet**

To note any consultations referred to the Committee from Cabinet and to determine whether any further action is appropriate.

Agenda Item 3

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**
held on Thursday, 10th March, 2011 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors C Andrew, S Bentley, D Flude, S Furlong, S Jones, W Livesley, M Lloyd and C Tomlinson

Apologies

Councillors D Bebbington, A Moran and A Thwaite

94 DECLARATION OF INTERESTS/PARTY WHIP

RESOLVED: That the following declarations of interest be noted:

- Councillor D Flude – personal interest as a member of Dial A Ride;
- Councillor S Jones – personal interest as a member of the Alzheimers' Society.

95 ALSO PRESENT

Councillor R Domleo, Portfolio Holder for Adult Services
Councillor A Knowles, Portfolio Holder for Health and Wellbeing

96 PUBLIC SPEAKING TIME/OPEN SESSION

There were no members of the public present who wished to address the Committee.

97 MINUTES OF PREVIOUS MEETING

RESOLVED: That the minutes of the meeting of the Committee held on 6 January be approved as a correct record.

98 NORTH WEST AMBULANCE SERVICE

The Committee welcomed Sarah Byrom, Dave Kitchin and Ian Moses from the North West Ambulance Trust (NWAS) who were attending to discuss:

- Response times in Cheshire East;
- The Foundation Trust application;
- Serious and untoward incidents.

In relation to response times, the Committee had received figures showing response times by postcode area from April 2010 – February 2011. The figures showed that response time targets were not being met in many areas. Current targets categorised calls as follows:

- **Category A**: Serious and life-threatening
- **Category B**: Serious but not life-threatening
- **Category C**: Not immediately life-threatening or serious

With the Response times standards as follows:

- 75 percent of Category A calls within 8 minutes
- 95 percent of Category A calls in 19 minutes
- 95 percent of Category B calls in 19 minutes
- 95 percent of category C calls in 60 minutes (locally agreed target)

The Committee expressed concern over these figures and sought explanations as to why the response times were so low and what action NWAS was taking to address the issues.

In response, officers of NWAS explained that the low response times correlated to rural areas and to meet the targets would require far more vehicles and paramedics than current resources would allow. There had been an increase in demand of 8% compared to the previous year but this had not been matched by an 8% increase in resources.

However, there were a number of measures that could be taken to ensure patients were treated as quickly as possible. NWAS officers explained that specific winter pressures had been addressed through the use of additional resources from St Johns Ambulance, Red Cross and Mountain Rescue teams. In relation to general performance and responding to calls, there was increasing use of Community First Responders, investigations into devising Co-Responder schemes (with the Fire Service), advice given over the phone and redirecting callers to existing community resources. The increase in Community First Responder schemes had had a positive impact.

NWAS officers explained that cross border response agreements were in place and ambulances from out of the area would be used if it was more appropriate and timely than using one from NWAS. A crew would take a patient to the most appropriate hospital for treatment (such as a specialised centre) which could be an out of area location, which would impact on the time taken to get the ambulance back into service. There were also sometimes issues around turnaround times at hospitals. It was also relevant to note that even though an ambulance was stationed in an area it may not remain there as it would be out responding to calls and may not return to the station for a long time.

It was noted that Cheshire East was an area with an increasing elderly population, with meant increasing healthcare needs, and there were also increases in chronic illness. There were also areas of deprivation which had their own health and social care needs and demands.

All paramedics were currently undergoing diploma training which would mean they could treat patients in the more appropriate manner using the most up to date techniques.

A directory was being developed regarding existing services available in the community which would ensure that each patient was handed over to the most suitable service, if they did not require hospital. If an ambulance crew was called out they would always ensure a safe handover for the patient. There was a role for the community to manage demand through local services.

In response to a question regarding SatNavs, the Committee was advised that such systems were updated as soon as uploads became available but all systems were there to assist local knowledge.

In the future a new national call system would be introduced where callers would ring 111 for non emergency calls; this had been piloted in the North East and had reduced inappropriate emergency calls. It was important that strategies to reduce demand could be introduced as calls classed as Category A when received, were often not found to be life threatening when the ambulance crew arrived.

NWAS officers then outlined their proposals around Foundation Trust status. The Government White Paper "Equality and Excellence"; Liberating the NHS" outlined the commitment for all NHS Trusts to become Foundation Trusts – Foundation Trusts were still part of the NHS and subject to NHS standards, performance ratings and systems of inspection. However, they were run locally with local people as members having a say in how they wished their services to be developed. If NWAS were to achieve Foundation Trust status it would have more freedom to design services that met community needs, greater financial freedoms that would allow any surplus funds to be kept to invest in better facilities and services for patients, more involvement for staff and the public including opportunities to stand as a Governor of the Trust and strengthened local partnerships.

The Vision of NWAS was "We will deliver a high quality service to patients ensuring we deliver the right care, at the right time and in the right place". Their plans for the future included modernising the emergency service and the patient transport service, developing its role further as a key partner and service provider in an integrated emergency and urgent care system across the North West and devising stronger plans to meet responsibilities under the Civil Contingencies Act 2004 for when a major emergency occurred.

All members of the public who live in the North West could become a member of the Trust and NWAS was aiming to attract at least 5000 people by September 2011; there would be a separate class within the public constituency for volunteers to reflect the key role they played. The Board of Directors would be responsible for strategic and day to day management of the Trust and would comprise six non-executive directors (including people from business and education rather than just health) and five executive directors. A series of consultation events had been organised and views were welcomed.

Finally, NWAS officers reported on Serious and Untoward incidents – there had been 57 of these across the North West over a 3 year period. Any serious incidents were reported to commissioners, the Strategic Health Authority and to the NWAS Board. There had been no such incidents in this area.

Any untoward incidents were those reported by staff and they were encouraged to report any matters of concern. For the year to date there had been 180

untoward incidents including injuries, near misses, clinical issues (loss of drugs, equipment fault), and non clinical (assault on staff, persistent callers).

During discussion, Members asked about manual handling issues and could these be addressed by training? In response, Members were advised that there training was provided in both handling patients and equipment and in relation to patients there were issues caused by obesity, which was a significant and increasing issue for all the health services.

The Chairman thanked the representatives of NWAS for their attendance and full explanation of all the issues covered.

RESOLVED: That

(a) the Committee notes the action taken in relation to performance and response times but remains concerned about the failure to meet targets;
(b) NWAS be requested to report to the next meeting in April on measures introduced to improve performance;
(c) a report from NWAS and Adult Social Care be made to the meeting in June on how the two organisations can work together to make improvements to response times including sampling of cases where alternative services to an ambulance may have been appropriate but lack of knowledge meant this was not possible;
(d) NWAS return to the meeting in June with updated performance figures for all postcode areas in Cheshire East;
(e) the application for Foundation Trust status be supported; and
(f) the update on Serious and Untoward incidents be received.

99 **ADULT SERVICES CHARGING POLICY REVIEW**

The Committee considered a report on a review of the Adult Services Charging policy. A formal consultation had taken place between 2 November 2010 and 31 January 2011.

The report outlined how all Councils were under severe financial pressures due to reductions in grant funding from central government along with growing financial pressures resulting from the rising elderly population and increased demand for care.

Cheshire East Council was projecting an over-spend of £9.2m in Adult Services and was seeking ways to address this. One such method was to look at changing what people pay for care services including closing the gap between the charges service users pay for commissioned care services and the real cost of that commissioned care service. Consideration was also given to new charges that could be introduced to offset the administrative costs the Council pays for certain tasks (eg Deferred Charge Agreements and Appointeeships).

The impact of the changes would primarily be in the community provision offered to around 4000 customers. The report outlined that many people would be unaffected by the changes as they were entitled to a free service (66%), some would see a small change due to the percentage of disposable income as a

charge rising from the current level of 90% (19%). Those who paid a flat rate fee may see their charges increase – this was currently 8% of customers. People paying full cost or standard charge (7%) would see the greatest increase but would be able to consider purchasing care services from the open market at competitive prices.

The proposals relating to charging for community provision were aimed at removing as much subsidy as possible – the current policy was 90% of disposal income. During the consultation process, respondents felt that increasing this charge to 100% of disposal income was too high an increase, in too short a timescale. Officers explained that if a customer's circumstances changed they could be reassessed. The report summarised the findings following the consultation process which had provoked a wide range of reactions. Many people had sympathised with the Council's financial position whereas others felt that social care users were already in an economically and emotionally vulnerable position and should not be penalised further –suggesting other options such be explored instead such as increases in Council tax or staffing/bureaucracy cuts. There was also debate over whether the assessment of what is essential and what is disposable was flawed.

The report outlined the range of consultation undertaken including public meetings, facilitated meetings at Day Centres, discussion and engagement with Third Sector groups, website information, letters in invoices to service users and a poster campaign.

During discussion of the item the following points were raised:

- Whether a review following a customer's change in circumstances would be done quickly and robustly?
- How many customers were currently awaiting a review following a change in their circumstances – either financial or care needs?
- Whether any work was taking place to ensure people were claiming all benefits to which they were entitled?
- The importance of giving clear explanations to people about any costs for their care or increases in costs and the importance of sensitively managing difficult messages to vulnerable people;
- What information do people get to help them make a decision as to the most appropriate package of care to meet their own individual needs?

In response, L Scally explained that a number of these points were being addressed in current work including looking at performance information, consideration of whether it would be helpful to place finance officers within Local Implementation Teams, investigations as to how people could be helped to best prepare financially for the future (through bonds and annuities) and she would report to a future meeting covering all the points raised.

RESOLVED: that the outcome of the consultation process on the review of the Adult Services Charging policy be noted and a report be submitted to a future meeting of the Committee on the points raised at the meeting.

100 **ADULT SERVICES TRANSPORT**

The Committee considered a report on a consultation undertaken regarding Adult Services transport. The original timescale for the consultation had been extended so that the consultation ran from 2 November 2010 to 31 January 2011.

The consultation proposed a phased programme from April 2011 to move away from Strategically Commissioned Adult Transport provision over the next two financial years. The Council was committed to ensuring that no individual would have commissioned transport withdrawn without an appropriate alternative solution being available to them to meet their eligible unmet transport needs. The proposal for a two year phased programme would enable interest from the market to be measured and enable a safe transition for customers. It was recognised that there may be a need to retain a small element of strategically commissioned transport for individuals in exceptional circumstances who could not be supported to travel through alternative transport options.

The report explained that strategically commissioned transport did not meet the requirements of personalisation as it gave limited choice and flexibility.

During the first twelve months of the programme, the focus would be on market development to scope and develop a range of services such as appropriate alternative transport options in the private market, developing volunteer services with the Third Sector, concessionary travel for carers, accreditation of accessible taxis, accessible buses, scoping rural transport issues and examining options.

The consultation also outlined how currently the transport budget was used to deliver transport to 420 adults to and from their day care provision using fleet transport vehicles (43 minibuses) or hired transport. The current cost per one way trip was £9 to the Council but £2 to the service user and it was proposed that this cost to the user be increased to £4 per one way trip from 9 April 2011.

During discussion of the report the following issues were raised:

- The phased approach was welcomed;
- Appropriate alternatives must be available and service users and carers must receive full information on all options;
- What would happen to the Dial A Ride service and was it likely to be able to take on new customers or was it running at full capacity already? In response, the Committee was advised that community transport operators were a very important option for service users and this type of transport would need developing in the future;
- The importance of providing transport options in rural areas.

RESOLVED: That the consultation process and proposals be noted.

101 RATIONALISATION AND TEMPORARY CLOSURE OF BUILDINGS IN ADULT SERVICES

The Committee considered a report on the future of the facility at 291 Nantwich Road, Crewe. The matter had been considered at Cabinet on 18 October 2010 when it had been agreed not to close the facility at that stage but to re-examine the future of the building in March 2011.

Since then, officers had held regular meetings with users of the service at 291 Nantwich Road who felt affection for the building and felt secure there. However,

it was considered good practice to move mental health day services, wherever possible, away from day centres into more socially inclusive settings such as libraries and community centres. A room had subsequently been identified at the Oakley (Leisure) Centre, West Street, Crewe which would become available daily to mental health service users by early summer. This would provide a dedicated space for them but would also provide the opportunity to branch out and share some facilities with other community groups and the general public. Other groups who currently used 291 Nantwich Road had also been offered relocation to the Oakley Centre or Hilary Centre. Services users were happy with this outcome.

RESOLVED: that the proposals relating to the closure of 291 Nantwich Road, Crewe and alternative arrangements made for service users, be supported.

102 GOVERNMENT PROPOSALS FOR "LOCAL ACCOUNTS"

The Government had announced changes to the way that Council's adult social care services were to be assessed in future; previously there was an Annual Performance Assessment by the Care Quality Commission and publication by Councils of their performance against a list of national targets. These measures were to be replaced by:

- Local Accounts – a document published by councils on how they believed they had made progress on achieving goals for adult social care over the past year;
- Outcome Measures – these would be published nationally each year on how each council had performed against a number of different measures so that both councils and local people could compare progress on outcomes that are being achieved; these would also be published within the Local Account.

The Local Accounts would be published annually by the Council with the first one relating to 2011/12. It was intended that they reflected the priorities of local people in a way that way meaningful to them and would be achieved by the involvement of local people, Members and key partners in the planning and production of Local Accounts. Quality and outcome priorities would be set by the Local Authority and progress would be shown in the Local Accounts. The content may include a statement from the proposed Health and Wellbeing Board, demonstration of how the council is working with other partners locally and a statement from the local Healthwatch; quality assurance would be through a system of peer review.

The proposals put forward by the Government on Outcome Measures were:

- Outcome Measures under four "Outcome Domains" which align with the Outcome Frameworks for the NHS and Public Health:
  - promoting personalisation and enhancing quality of life for people with care and support needs;
  - preventing deterioration, delaying dependency and supporting recovery
  - ensuring a positive experience of care and support
  - protecting from avoidable harm and caring in a safe environment.
- There would be no national targets for the outcome measures
- They would be published annually

- They were intended for councils to consider for benchmarking their results and to help local people judge progress.

A local steering group had been set up to oversee the planning and production of the Local Account which included representation from the PCT. The process included consultation survey and events to take place over the summer with a "prototype" Local Account to be tested from the autumn, this would be presented to the Scrutiny Committee.

In discussing the item, Members felt it was important that they were kept up to date with progress and had the opportunity to be involved in the Local Accounts.

RESOLVED: That
(a) the proposals for Local Accounts and Outcome Measures be noted; and
(b) the Committee be kept up to date with progress on the production and content of the Local Accounts.

103 PUBLIC HEALTH WHITE PAPERS: COUNCIL'S RESPONSE TO CONSULTATION

The Committee considered a report of the Chief Executive on the Council's response to the consultation on the Public Health White Paper "Healthy Lives Healthy People" published in November 2010. There were 3 consultation papers on which comments were sought. The proposals in the first paper, "Our strategy for public health in England", referred to the transfer of public health to the Local Authority. The key points in the paper were:

- Local Authorities would be tasked with improving public health, fighting obesity, alcohol and drug abuse, smoking and sexually transmitted diseases;
- The Director of Public Health would be the strategic leader for public health and health inequalities in local communities working in partnership across public, private and voluntary sectors;
- There would be a renewed focus on bringing health work into early years, schools and unemployment initiatives;
- There would be ring-fenced budgets for public health. These were to be determined but councils would receive bonus payments for delivering on obesity and smoking targets;
- The guiding principle was to reach across and reach out – reach the root causes of poor health and reach out to people in most need;
- The support to be provided by local authority public health teams would need to be responsive, resourced, rigorous and resilient.

The second paper, "Transparency in Outcomes" set out proposals to put in place a new strategic outcomes framework for public health at national and local levels; the framework was guided by a set of principles and would:

- Use indicators that were meaningful to people and communities;
- Focus on major causes and impacts of health inequality, disease and premature mortality;
- Take account of legal duties in particular under equalities legislation and regulations;
- Take a life course approach;

- As far as possible use data collated and analysed nationally to reduce the burden on local authorities.

The third consultation was on the funding and commissioning routes for public health and sought views on both who should be the lead commissioner for specific services and on aspects of funding. Public health services would be funded by a new ring-fenced public health budget separate from the budget managed through the NHS Commissioning Board. Public Health England would fund public health activity through:

- Allocating funding to local authorities;
- Commissioning services via the NHS Commissioning Board;
- Commissioning or providing services itself.

For each consultation, there were a set number of questions and the report had included suggested answers. The committee was advised that the overall approach of the White Paper was to focus on health and improvements to health rather than on disease management.

It was noted that a Shadow Health and Wellbeing Board was to be in place by 1 April 2012.

In discussing the White Paper and the three consultation documents Members felt that there was a role for a cross party group of Members to consider the impact of the changes to the NHS on the Council's scrutiny arrangements, including the role of the Health and Well being Board and its relationship with Scrutiny.

RESOLVED: That

(a) the draft consultation responses contained in the report be approved; and

(b) consideration be given to setting up a cross party Member group to look at the future role for scrutiny in the light of the proposed changes to the NHS.

104 **THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE**

The Committee considered the minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 10 January.

RESOLVED: that the minutes be received.

The meeting commenced at 9.30 am and concluded at 11.55 am

Councillor B Silvester (Chairman)

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Adult Social Care Scrutiny Committee** held on Thursday, 14th April, 2011 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor B Silvester (Chairman)
Councillor C Beard (Vice-Chairman)

Councillors C Andrew, G Baxendale, S Bentley, S Jones, W Livesley, M Lloyd, A Moran, A Thwaite and C Tomlinson

Apologies

Councillors D Bebbington and D Flude

In attendance

Mark Grimshaw	Scrutiny Officer
Leonie Beavers	Director of Strategy at Liverpool primary Care Trust
Mr. Andrew Guy	Consultant, General and Vascular Surgeon
Jackie Robinson	Head of Engagement and Involvement NHS Knowsley
Jayne Hartley	Mid Cheshire Hospital NHS Foundation Trust
Liz Smith	Mid Cheshire Hospital NHS Foundation Trust
Brian Green	East Cheshire Hospital Trust

105 **APOLOGIES FOR ABSENCE**

106 **DECLARATION OF INTERESTS/PARTY WHIP**

RESOLVED – That the following declarations of interest be noted:

- Councillor A Moran – personal interest on the grounds that he was a member of the Mid Cheshire Hospital Foundation Trust

107 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to address the Committee

108 **MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 10 March 2011 be deferred to the next meeting for approval.

109 **NORTHWEST AMBULANCE SERVICE - RESPONSE TIMES**

RESOLVED – That this item be deferred to the next meeting of the Committee

110 **CHESHIRE AND MERSEYSIDE REVIEW OF VASCULAR SERVICES**

Mr. Andrew Guy, Leonie Beavers and Jackie Robinson attended to present a report which described a number of improvements that the NHS were planning to make to the way vascular services were provided in Cheshire and Merseyside.

It was explained that the planned changes were currently in the consultation stage of the process and that the review for Cheshire and Merseyside was part of a much wider national review of how vascular services were delivered. It was reported that the drivers for such a review lay in the idea that complex vascular procedures such as widening or narrowing arteries, blocked vessels and varicose veins had better outcomes for patients when performed in major centres with multidisciplinary teams working closely together.

It was highlighted that at the current time, treatment for vascular conditions took place at most district hospitals. As some of the procedures were complex and difficult, it was reported that not all hospitals in the region were able to offer the latest treatments or techniques. This was causing inequality of access and it was hoped that the proposed changes would go some way in making access fairer. Attention was drawn to the fact that the only services that would be relocated as part of the proposed changes were surgery on the arteries and some complex endovascular procedures. There would be no change in the location of outpatient clinics, initial investigations or follow ups, all of which would continue at local hospitals providing they met the requisite quality checks. It was also noted that as part of the changes, there were plans to start to screen older men for abdominal aortic aneurysms. It was explained that at present, local vascular services were not set to undertake such a screening programme in Cheshire. By moving a number of procedures to the proposed vascular centres, it was explained that this would facilitate particular local hospitals to become sites for screening.

In terms of the consultation process, it was emphasised that the aim of the consultation was not to decide whether to make the proposed changes or not as this had already been decided given the strength of scientific evidence and professional consensus. What was being consulted on was firstly how the vascular centres should be chosen and secondly how to achieve a balance between local access and high quality specialist care. It was reported that two events had be held, one with the public and one with NHS stakeholders. It was also noted that there had been 2000 respondents online. It was reported that the two main issues that had emerged from the process were regarding safety and local access.

It was reported that once the form of the changes had been finalised they would be implemented from November 2011 onwards.

After considering the report, Members raised a number of questions and queries. Firstly, with regards to the proposed aortic aneurysm screening centres, it was queried whether there would only be one centre for the whole of Cheshire. It was explained that it was not possible to provide a definitive answer at the current time as the number of screening centres would be subject to a local assessment. Secondly, in line with the changes to the NHS commissioning structures, it was queried whether GP consortiums had been considered. It was confirmed that GPs had been invited to the consultation events.

A number of questions were asked regarding those residents who lived close to the border of other NHS footprints. The example of Alsager was given, as many of the residents used North Staffordshire hospital as their preferred centre. It was confirmed that connections had been made with hospitals in other footprints and that 'cross-boundary flow' would be facilitated and considered.

A concern was also raised over the impact that the proposed vascular centres would have on local hospitals in particular in terms of the availability of senior staff and the ability to cope with emergencies. It was confirmed that all Accident and Emergency staff were supervised by senior consultants and that this would continue to be the case. It was conceded that centralising services could possibly have an impact on emergencies. It was explained that it was the aim of the consultation process to make sure that when the changes took place the balance between local access and high-quality specialist care would be found.

As a final point, it was queried where the two vascular centres would be situated. It was explained that this had not been confirmed as proposals were still being invited from hospitals.

RESOLVED – That the report be received.

111 QUALITY ACCOUNT - MID CHESHIRE HOSPITAL NHS FOUNDATION TRUST

Officers from the Mid Cheshire Hospitals NHS Foundation Trust attended to present their 2010/11 Quality Account. It was reported that the Trust were in the second year of their five year '10 out of Ten' Quality and Safety Improvement Strategy. It was explained how the priorities in the strategy were focussed around the four domains of quality (Safety, Effectiveness, Experiences and Outcomes). Baseline data had been set for each of the 10 principles and these had been embedded in the appraisal process throughout the Trust.

The officers proceeded to go through each of the ten elements, highlighting which areas had met their targets and which had failed to do so. It was also reported that the Trust ran a consultation each year to analyse whether or not the 10 priorities identified were still relevant and judged as being important by the public.

Prior to inviting questions from the Committee, the Chairman drew attention to a number of figures that were missing with regards to the Trust's performance against key national priorities. It was suggested that the figures be distributed to the Members of the Committee once available.

Members continued to draw attention to particular elements of the '10 out of Ten' strategy which they wished to explore further. Firstly, in terms of patient experience, it was queried why the satisfaction levels were so low. It was answered that the Trust were very disappointed with the figures and that they had set up a steering group to analyse the results and to develop subsequent actions.

In terms of readmissions, it was questioned whether the Trust had confidence in meeting the target set when the current and lower target had not been achieved. It was explained that the development of the integrated discharge team should have a large impact on reducing the number of readmissions and therefore, they were confident in meeting the revised target.

It was questioned whether the Trust felt that their hand cleaning policy was being enforced properly. It was confirmed that this was audited rigorously and that the message was constantly reinforced with staff.

As a final point, it was suggested that in future versions of the Quality Account it would be useful if out-patients were surveyed in more detail. It was answered that this would be something that the Trust would consider.

The Chairman suggested that the 'easy read' version should be distributed to Members of the Committee once it was available. As part of this, it was also suggested that it would be useful if a summary of the areas of improvement and their respective actions and measures could be produced.

RESOLVED –

a) That the Committee note the report

b) That the figures relating to Key National Priorities be distributed to Members once available.

c) That the 'easy read' version of the Quality Account be made available to Members.

112 **QUALITY ACCOUNT - EAST CHESHIRE HOSPITAL TRUST**

Brian Green attended to present the East Cheshire NHS Trust Quality Account 2010/11. Attention was drawn to the fact that East Cheshire NHS Trust had become an integrated trust from April 2011 and that this had provided enormous potential for them to work with partners to reduce duplication and reduce waste.

Brian Green continued to highlight the main issues arising from the review of 2010/11. For instance, it was noted that the Trust were behind schedule on their venous thromboembolism (VTE) programme. It was explained that they were improving on their target and that it would be made a priority for 2011/12. It was reported that every other target had been met or was on target to be met.

Attention was also drawn to the audit section of the report. It was highlighted that during 2010/11, East Cheshire NHS Trust participated in 35/40 (87%) of the national clinical audits and 100% of the national confidential enquiries that it was eligible to participate in.

As a final point, the top priorities for 2011/12 were reported. These were as follows:

1. Reduce patient harm in hospital
2. Provide evidence based care
3. To provide positive patient experience

It was explained that the East Cheshire NHS Trust had selected these priorities by engaging with their staff, patients and user groups, and other stakeholders and that they had been informed by feedback from patient surveys and complaints and incidents.

A question was asked regarding patient safety. It was queried that whilst the 'four p's' policy (asking patients about pain, possessions, patient needs and position during hourly rounds) was to be commended, could the Committee be reassured that those patients who could not respond were also being looked after. It was confirmed that the Trust does identify these patients and makes sure that their safety was adequately met also.

RESOLVED – That the report be received.

113 TASK/FINISH GROUP - FUTURE HEALTHCARE PROJECT KNUTSFORD AND CONGLETON

The Committee considered a report of the Task and Finish Review on Future Healthcare Proposals for Knutsford and Congleton. It was explained that the original remit of the review was to consider and make recommendations on the proposals by the Central and Eastern Cheshire Primary Care Trust (PCT) for future healthcare provision in both Knutsford and Congleton. However due to external factors, the review concentrated increasingly on Knutsford as it had developed.

It was reported that whilst the Group had carried a lot of detailed and extensive research, it had been difficult to finalise the report and come to conclusions due to delays arising during the General election period, financial difficulties of the PCT and the coalition Government's proposals for substantial change in the NHS.

With this in mind, it was suggested that the report should be kept as a note to inform a possible future Task and Finish Review, as the issues involved had not gone away. Indeed, it was noted that could be new opportunities to develop both health and social care provision in Knutsford in light of the renewed interest from local GPs and the changes emerging from the health white paper.

RESOLVED –

a) That the report be received

b) That the report be kept as a note to inform any subsequent Task and Finish Reviews on similar issues.

114 HEALTH INEQUALITIES IN CHESHIRE - CENTRE FOR PUBLIC SCRUTINY PILOT PROJECT

The Committee received a report which outlined the Centre for Public Scrutiny (CfPS) pilot project in which Cheshire East and Cheshire West and Chester Council participated to contribute to a Scrutiny Toolkit on Health Inequalities.

It was reported that the major purpose of the project was to help develop a Scrutiny toolkit through investigating and piloting various methodologies. It was hoped that the findings from the project would prove useful in any future work to investigate health inequalities.

As part of the research process, it was explained that the Joint Scrutiny Panel met on 5 occasions, including undertaking a tour of the two pilot areas, information gathering and face to face interviews. It was reported that the face to face interviews proved to be particularly effective and that this had led the Group to focus on one particular area; mental health in rural areas. Indeed, it was noted that there was a proliferation of issues in isolated farming communities in which the people involved tended to avoid formal support mechanisms. This was in part due to the distance of travel and access to transport but also due to the reliance on community and informal support.

It was reported that the findings of the project were presented at a Centre for Public Scrutiny event in London on 17 November. Subsequently, the findings were written up by the Panel's Expert Advisor into a Case Study and this was due to form part of the Toolkit chapter on Local Understanding.

The Chairman thanked those Members involved for all their hard work in contributing to the project.

RESOLVED – That the report be received and noted.

115 **REVIEW OF CHILDREN'S HEART SURGERY**

The Committee considered a briefing paper on the Review of Children's Congenital Heart Services in England.

RESOLVED – That the briefing paper be noted and received.

The meeting commenced at 10.05 am and concluded at 12.40 pm

Councillor B Silvester (Chairman)

Agenda Item 5

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 9 June 2011
Report of: Borough Solicitor
Subject/Title: Terms of reference, membership and meeting dates

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1.0 Report Summary

1.1 To consider the proposed terms of reference for the committee, note the membership and give consideration to meeting dates.

2.0 Recommendations

2.1 That:

(1) The terms of reference of the Committee be considered and approved;

(2) membership be noted; and

(3) Meeting dates be agreed.

3.0 Reasons for Recommendations

3.1 To enable the work of the committee to progress efficiently.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Climate change
- Health

6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 At the annual council meeting, approval was given to splitting the responsibilities of the existing Health and Adult Social Care Scrutiny Committee so as to allow two new scrutiny committees to concentrate on the detailed work in the two areas: Adult Social Care, and Health and Wellbeing.

10.2 The powers of the existing Health and Adult Social Care Scrutiny Committee are set out in Appendix A to this report. In Appendix B are the proposed separation of powers and their allocation to an Adult Social Care Scrutiny Committee, and a Health and Wellbeing Scrutiny Committee.

10.3 Council agreed the provisional terms of reference for the new Committees and extended an invitation to each of the Overview and Scrutiny Committees, the Scrutiny Chairman and the Constitution Committee to consider the terms of reference of all Overview and Scrutiny Committees and request the Borough Solicitor to submit a further report with recommendations to July Council when the political balance and member appointments will need to be reviewed following the Crewe South election.

10.4 The Committee is therefore asked to consider its proposed terms of reference and pass on any views to the Borough Solicitor.

10.5 At annual council, membership of the committee was agreed and is set out below for information:

HEALTH AND WELLBEING SCRUTINY COMMITTEE (12) (8:2:1:1)			
Conservative	Labour	Independent	Lib Dem
G Baxendale (C)	G Boston	A Moran	D Hough
J Clowes (VC)	I Faseyi		
S Gardiner			
M Hardy			
A Martin			
P Raynes			
J Saunders			
J Wray			

10.6 The calendar of meetings has allocated dates for the former Health and Adult Social Care Scrutiny Committee on a bi-monthly basis and the

committee is asked to consider whether it wants to also meet bi-monthly and to agree a programme of meeting dates.

11.0 ***Access to Information***

The background papers relating to this report can be inspected by contacting the report writer:

Name: Denise French
Designation: Scrutiny Officer
Tel No: 01270 686464
Email: denise.french@cheshireeast.gov.uk

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Appendix A

HEALTH AND ADULT SOCIAL CARE COMMITTEE TERMS OF REFERENCE

The Health and Adult Social Care Scrutiny Committee will:

1. fulfil the Health Scrutiny duties falling on the Authority by virtue of the Health and Social Care Act 2001 (consolidated into the NHS Act 2006) and subsequent relevant legislation and Government Guidance;

2. liaise with NHS Trusts on any matter relating to the planning, provision and operation of Health services in East Cheshire, including commenting on the annual —health check of the performance of those Trusts;

3. respond to any formal consultations undertaken by relevant NHS Trusts on any substantial development or variation in service;

4. participate with other relevant local authorities in joint scrutiny arrangements of NHS Trusts providing cross-border services to East Cheshire residents, in particular the Cheshire and Wirral Partnership Foundation Trust;

5. prepare an annual Work Programme and commission scrutiny reviews to ensure that all sections of East Cheshire‘s local communities have equal access to Health services and have an equal chance of a successful outcome from those services;

6. liaise with the Local Involvement Network (LINk) for East Cheshire, commissioning work and receiving reports and recommendations as appropriate;

7. deal with any matter referred by the Department of Health, the Local Involvement Network or by the Council;

8. offer advice to the Cabinet on Key Decisions relating to the operation of the Council‘s Adult Social Care functions;

9. receive reports from the Council‘s external inspectors on its Adult Social Care responsibilities and to offer advice thereon to the Cabinet;

10. keep under review the Council‘s performance management arrangements in relation to its Adult Social Care responsibilities and offer advice as appropriate;

11. deal with any Health or Adult Social Care matter which is the subject of a Call-In, a Councillor Call for Action or Local Petition;

12. provide a regular programme of training and development for all Members and Co-opted Members involved in the work of the Committee.

Appendix B

PROPOSED TERMS OF REFERENCE OF THE ADULT SOCIAL CARE SCRUTINY COMMITTEE

The Adult Social Care Scrutiny Committee will:

1. offer advice to the Cabinet on Key Decisions relating to the operation of the Council's Adult Social Care functions;

2. receive reports from the Council's external inspectors on its Adult Social Care responsibilities and to offer advice thereon to the Cabinet;

3. keep under review the Council's performance management arrangements in relation to its Adult Social Care responsibilities and offer advice as appropriate;

4. deal with any Adult Social Care matter which is the subject of a Call-In, a Councillor Call for Action or Local Petition;

5. provide a regular programme of training and development for all Members and Co-opted Members involved in the work of the Committee.

PROPOSED TERMS OF REFERENCE OF THE HEALTH AND WELLBEING SCRUTINY COMMITTEE

The Health and Wellbeing Scrutiny Committee will:

1. fulfil the Health Scrutiny duties falling on the Authority by virtue of the Health and Social Care Act 2001 (consolidated into the NHS Act 2006) and subsequent relevant legislation and Government Guidance;

2. liaise with NHS Trusts on any matter relating to the planning, provision and operation of Health services in East Cheshire, including commenting on the annual —health check of the performance of those Trusts;

3. respond to any formal consultations undertaken by relevant NHS Trusts on any substantial development or variation in service;

4. participate with other relevant local authorities in joint scrutiny arrangements of NHS Trusts providing cross-border services to East Cheshire residents, in particular the Cheshire and Wirral Partnership Foundation Trust;

5. prepare an annual Work Programme and commission scrutiny reviews to ensure that all sections of East Cheshire's local communities have equal access to Health services and have an equal chance of a successful outcome from those services;

6. liaise with the Local Involvement Network (LINk) for East Cheshire, commissioning work and receiving reports and recommendations as appropriate;

7. deal with any matter referred by the Department of Health, the Local Involvement Network or by the Council;

8. deal with any Health or Wellbeing matter which is the subject of a Call-In, a Councillor Call for Action or Local Petition;

(Note: The provisional terms of reference will need to be reviewed to ensure that there is a clear focus on Public Health, Health Improvement, Health Inequalities and the thrust of new legislative changes, together with clarity around the establishment of the health and wellbeing board and the future working arrangements between the board and scrutiny. It will also be necessary to monitor changes to NHS legislation and its impact on the Council's Overview and Scrutiny arrangements.)

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North West Ambulance Service NHS

NHS Trust

your lifeline to health care

Delivering the right care, at the right time, in the right place

NORTH WEST AMBULANCE SERVICE NHS TRUST

QUALITY ACCOUNT

2010/2011

1 Chief Executive's Statement

Welcome to the second Quality Account published by North West Ambulance Service NHS Trust (NWAS) that covers the period April 2010 to March 2011.

I am pleased to report that the Trust has built on last year's account with a focussed emphasis on the issues of the clinical quality of the services we offer. At Board level we are advised by two experienced directors, Professor Kevin Mackway-Jones our Medical Director and Sarah Byrom our Director of Performance and Patient Experience and Director of Nursing. Between them they have championed the importance of quality at Board level and through the organisation to the staff and volunteers who deliver and support care across the North West.

The Trust has developed its own statement of what quality means for an ambulance service. This is that we aim to deliver:

Right care, Right time, Right place

This statement demonstrates the idea that excellence for this Trust is not solely about the speed of response, although this remains important, but is dependent on ensuring that the right decisions are made about delivering the care that most meet the needs of an individual patient. These decisions require a highly educated and competent workforce supported by appropriate clinical leadership. This applies in all four areas of care that we provide: emergency and non-emergency ambulance services, Control Centres and our considerable commitment to Emergency Preparedness.

I believe that we have a very good story to share about quality in NWAS over the last year. For example, we set challenging targets for improvement in our Clinical Performance Indicators and most were met. What is pleasing is the way in which they are now becoming an established part of the way that we work and we expect to show further progress next year.

Inevitably our narrow failure to meet the Category A response target is disappointing, and it is frustrating that the margin by which it was missed was very small. Undoubtedly the extended period of atrocious weather and very high levels of demand in December and early January severely affected our ability to respond to 999 calls. I want to pay tribute to all the staff of this organisation and the many volunteers who support us for the superb efforts made to deal with this challenge and I can assure the public that we will redouble our efforts to improve our response time performance in 2011/12.

Darren Hurrell
Chief Executive

2 Looking Forward to Improving Care

Last year we identified five areas where we were committed to delivering improvements in the services that we offered. In this section we will report on how we met those commitments, and identify any further progress needed. We will also report on three key areas for further development in 2011/12.

2.1 End of Life Care

Last year we stated that we were "determined to make the experience of our services as good and personalised as possible for those people nearing the end of their lives".

Significant progress has been made during the last year in relation to developing End of Life care (EoLC). The Trust was successful in securing funding to support the recruitment of an End of Life Project Lead in December 2010. There have been three key areas of development:

1. The development of Rapid Transfer Procedures and integration with a number of hospital rapid discharge procedures. The Trust has continued to operate a significant pilot in the Southport and Ormskirk area and implemented a second pilot with Tameside General Hospital in March 2010. The procedures aim to provide a 2 hour response for End of Life rapid transfer bookings, enabling patients to die in a setting of their choice.

2. Development of a web-based application called Electronic Referral and Information Sharing System (ERISS), to support the sharing of information by health professionals for EoLC patients. This will enable NWAS to alert ambulance staff to the presence of Advanced Care Planning tools such as Preferred Priorities for Care or Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) documents. This enables patient's wishes to be met and avoids unnecessary hospital admissions. NWAS has been working with in excess of 10 organisations (PCTs, GP Practices, Hospices, OOH providers and acute trusts) across the NW to pilot the ERISS application. It planned to go live with the pilot sites during mid-June 2011.

3. The production and issue of an End of Life Care Educational Guide for all NWAS frontline staff, which provides an overview of national and regional End of Life care developments, care planning tools and advice on how to care for patients at the end of their life. A series of educational events have also been organised and delivered across the North West, supported by local universities, hospices and Palliative Care Consultants. Revisions to core training and university educational programmes have been started, which will continue during 2011/12.

End of Life Care – Going Forward

The Trust will continue to develop the work undertaken during 2010/11 and expand the number of pilot sites for End of Life rapid transfers. Similarly, the Trust aims to significantly expand the information sharing for End of Life Care Planning across the North West. The education of the workforce also continues to remain a priority and work is already underway to plan and deliver a further series of educational events across the North West. The development of E-learning, including access to the national e-learning modules for End of Life Care will be also be progressed.

2.2 Frequent Callers

Last year we said that during 2010/11 we will take the first steps towards a "Single Point of Access" for urgent and emergency care. We also said that we would work with PCTs to address the issue of frequent callers who use the 999 system disproportionately

We have made good progress in partnership with our PCT colleagues in preparing for the introduction of a new means of prioritising calls and identifying the most appropriate care. This is a triage system called *NHS Pathways*. We believe that this is a positive move towards coordinated and effective care for the many people with an urgent rather than an emergency problem who now ring for an emergency ambulance because they have no alternative available.

Nationally, progress is being made towards the introduction of a single 111 number for all non-emergency health-related calls. The Trust is actively involved in this development.

In response to the issue of frequent callers, information is produced on a monthly basis identifying the source of 999 incidents by postcode. The frequent callers' information is sent to the Urgent Care lead in each PCT. Additional information is provided by request, such as further analysis to identify the type of incidents occurring nursing homes. This enables the PCT to provide advice and support to nursing homes to prevent unnecessary emergency calls.

2.3 Chain of Survival and Complementary Resources

Last year we said that during 2010/11 we will expand the Chain of Survival scheme further to cover more areas in the North West. We will also expand our network of volunteers in line with emerging health policy.

To this end, a Complementary Resources strategy was adopted by NWAS Trust Board in March 2011. This provided the basis for an additional 20 Community First Responder (CFR) teams, 20 Establishment Based Responder (EBR) teams, 125 Public Access Defibrillators, and 50 NWAS Staff Responders in 2011/12 and again in 2012/13. The strategy also involved further development of the Chain of Survival Partnership and further support has been provided by the British Heart Foundation who are providing funding for more AEDs and training staff to further this approach in 2011/12 and 2012/13.

During 2010/11, 150 Automatic External Defibrillators (AEDs) were placed with people trained to use them. The target of 125 was achieved and exceeded.

The objective of 425 people trained to use AEDs has been achieved and exceeded. The actual figure for people trained is 1,659.

In addition, the Trust supported the following developments:

- 3,809 people trained in Basic Life Support
- 286 New Community First Responders
- 501 Reassessed in AED (Establishment Based Responders - EBRs)
- 961 Reassessed CFRs
- 105 New EBR sites
- 45 New CFR Teams
- 75 New Heartstart Trainers
- 40 EBR Trainers
- 48 Field Trainers CFRs

The Trust hosted its very first Annual Community First Responder (CFR) Conference to over 200 guests and CFRs on Saturday 26 March 2011, at Lancaster University Conference Centre. It was a great success. The Community First Responders 'Year in review' was also launched at this event providing a review of the work undertaken by the Trust's CFRs over the course of the last year. This is the first time such a document has been produced and it highlights the key successes and developments over the past 12 months. The full document can be viewed on our website at:

www.nwas.nhs.uk/internet/OurServices/CommunityFirstRespondersCFRs

In 2011/12 we will deliver the second phase of the Trust's Complementary Resources Strategy:

- 20 additional Community First Responder Schemes
- 50 additional staff responders active
- 125 additional AEDs installed in public places

We will also introduce an Extended First Responder role where some individuals will be trained to higher levels to be able to deliver a broader range of immediate care until ambulance personnel arrive on scene.

2.4 Acute Stroke Care

Last year we said that: "During 2010/11 we will introduce "hyper acute pathways" for patients who could benefit from thrombolysis (clot busting) therapy in the early stages of thrombolytic stroke (stroke caused by a blood clot) at a specialist hospital. This may involve patients travelling further by ambulance, but outcomes for patients will improve as a result".

Greater Manchester fully integrated stroke service with direct access to specialist stroke centres was completed during 2010/11.

A Telestroke solution has been implemented by Cumbria and Lancashire Stroke Network for the population of the area. NWAS supports this by providing pre-alert for FAST positive patients and by the direct referral of stroke patients in Chorley/Preston to a specialist unit in Preston.

Work is continuing with the Cheshire and Merseyside Stroke network to implement a solution in that area. These developments are now offering the potential to significantly improve the care offered to stroke patients. In partnership with our hospital colleagues, we will continue to monitor closely what impact the new services have on survival rates, and on the outcomes for patients.

In 2011/12 this process will be continued by NWAS and the stroke networks to ensure that this service is embedded to deliver benefits to all patients suffering thrombolytic stroke.

2.5 Heart Attack

New developments in the treatment and care of people following a heart attack include an option for some people of a surgical procedure called Primary Percutaneous Coronary Intervention (PPCI) in the early stages. This has been clearly shown to deliver even better results.

Last year we said that during 2010/11 we will provide a rapid response, clinical assessment and direct transportation for eligible patients to nominated specialist treatment centres.

All areas of Greater Manchester are now using direct referral pathways for PPCI patients with direct access to specialist centres.

Merseyside and Cheshire have rolled out direct referral pathways to all areas, the final one being Central & Eastern Cheshire which went live in April 2011, completing the provision of direct access to PPCI for the population of that area.

Lancashire commissioners and Cardiac Network have agreed PPCI pathways and funding for the required ambulance resources for implementation in 2011.

Cumbria PPCI arrangements are not yet finalised and we are working with the Cardiac Network and commissioners to agree an implementation plan.

In 2011/12 we will continue to work with partners and our staff to thoroughly embed these new arrangements in order to deliver measurable benefits to patients. These outcomes will be reflected in the new national ambulance quality indicators.

2.6 Further developments for 2011/12

In our Quality Account we have the opportunity to describe what we are doing to improve the way we measure and manage quality in our Trust, delivering real improvements in the quality of our care. Three major developments for the Trust in the management of quality are:

1. *Introduction of the new national quality indicators for ambulance services*
   In a very positive development for ambulance services, the Department of Health have introduced a set of 13 new quality indicators to assess the quality of emergency ambulance services. These complement the existing response time measures by identifying the clinical outcomes of the care that we provide. Ambulance Trusts nationally are working together to ensure effective collection and assessment of information to allow national comparison and promote quality improvement. Performance against these indicators will be reported in next year's Quality Account.

2. *Development and implementation of the Trust's Quality Strategy*
   This year we are developing a single Trust-wide framework for all quality measures, to ensure that staff at all areas and levels of the organisation know how they are contributing to the delivery of "right care, right time, right place". This will be included within an overall Quality Strategy that will be published and approved by the Trust Board in the summer.

3. *Further development of Clinical Leadership and Education*
   The Trust identified some years ago that the delivery of good quality clinical care requires investment in clinical education and leadership.

   From this year all new paramedic staff will undertake a graduate programme. In the meantime, 900 of our existing paramedic staff have been supported to undertake part time diploma and degree programmes.

   The Trust has appointed 36 Advanced Paramedics to provide clinical leadership to clinical staff, including appraisal, audit of clinical performance and direct support on challenging cases. This has led to a significant improvement in the confidence and competence of our clinical staff. This can be evidenced by the improvements against Clinical Performance Indicators discussed in section 4.2.1

3 Formal Statements on Quality

The Trust is required to make the following formal statements within its Quality Account:

3.1 Review of services

The Trust has reviewed all the data available on the quality of care in the services provided by us in 2010/11. The income generated by the NHS services reviewed in 2010/11 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for 2009/2010.

3.2 Participation in clinical audits

During 2010/11, the Trust participated in two national clinical audits and no national confidential enquiries relevant to NHS services that the Trust provides. During that period the Trust participated in 100% of national clinical audits that it was eligible to participate in.

The national clinical audits and national confidential enquiries that NWAS NHS Trust was eligible to participate in during 2010/2011 were:

- MINAP (Myocardial Ischaemia National Audit Project) a national audit of the care of patients suffering a heart attack.
- TARN: (Trauma Audit and Research Network) a national audit of the care of patients suffering acute trauma.

Ambulance services are not required to register cases for these audits, but provide appropriate information on request.

The reports of no national clinical audits were reviewed by the Trust in 2010/2011.
The reports of no local clinical audits were reviewed by the Trust in 2010/2011.

3.3 Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by NWAS NHS Trust in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was nil.

3.4 Use of the CQUIN payment framework

A proportion of NWAS NHS Trust income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between NWAS NHS Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010/11 and for the following 12 month period are available electronically at www.nwas.nhs.uk.

3.5 Statements from the CQC

The Trust is required to register with the Care Quality Commission and its current registration status is that it is registered without conditions.

The Care Quality Commission has not taken enforcement action against NWAS NHS Trust during 2010/11

NWAS NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

3.6 Statement on relevance of Data Quality and your actions to improve it

3.6.1 NHS Number and General Medical Practice Code Validity

NWAS NHS Trust did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

3.6.2 Information Governance Toolkit attainment levels

NWAS NHS Trust Information Governance Assessment Report score overall score for 2010/11 was 63% and was graded red. The assessment system changed in 2010/11 and although the overall score increased on the previous year, the amber category was removed leading to a red rating. Action plans are in place to ensure that the Trust achieves the requisite level in 2011/12.

3.6.3 Clinical coding error rate

NWAS NHS Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission

4 Looking back to 2009/2010 - Review of Quality Performance

The Trust has identified a range of indicators to report on the quality of care following consultation with PCTs, Overview and Scrutiny Committees and Local Improvement Networks. They have been grouped under the three aspects of clinical quality:

- Patient Safety
- Clinical Effectiveness
- Patient Experience.

4.1 Indicators of Quality – Patient Safety

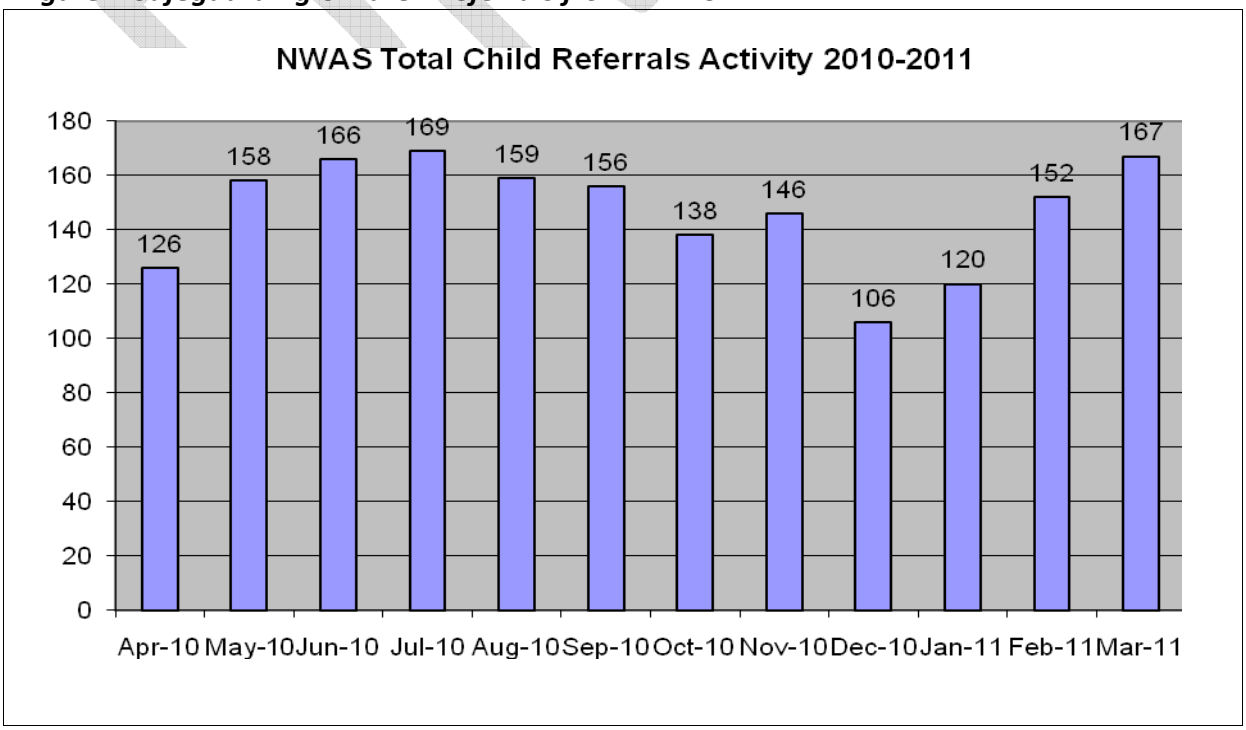
4.1.1 Safeguarding Services

The Trust takes its safeguarding responsibilities seriously and as such continuously reviews what needs to be done to make sure that arrangements are in place to safeguard the most vulnerable people it interacts with, including children and adults with conditions such as learning difficulties and relevant clinical conditions. We continue work with Safeguarding bodies across the region to support local arrangements.

The Trust has a part time Safeguarding Practice Manager, a full time Safeguarding Practitioner with a second Practitioner post approved and being recruited to and a full time Safeguarding Administrator. The team provides training and support for staff, reviews and manages referrals and supports the serious case review processes for both adults and children.

During 2010/11, the Trust has introduced a centralised safeguarding referral pathway for both adults and children and associated Policies and Procedures have been reviewed, updated and approved to reflect this significant change in process. The Trust's safeguarding activity reporting is currently supported by a secure safeguarding electronic database and the further development of paperless referral and information systems is an identified priority for the year ahead.

Figure1: Safeguarding Children Referrals from NWAS



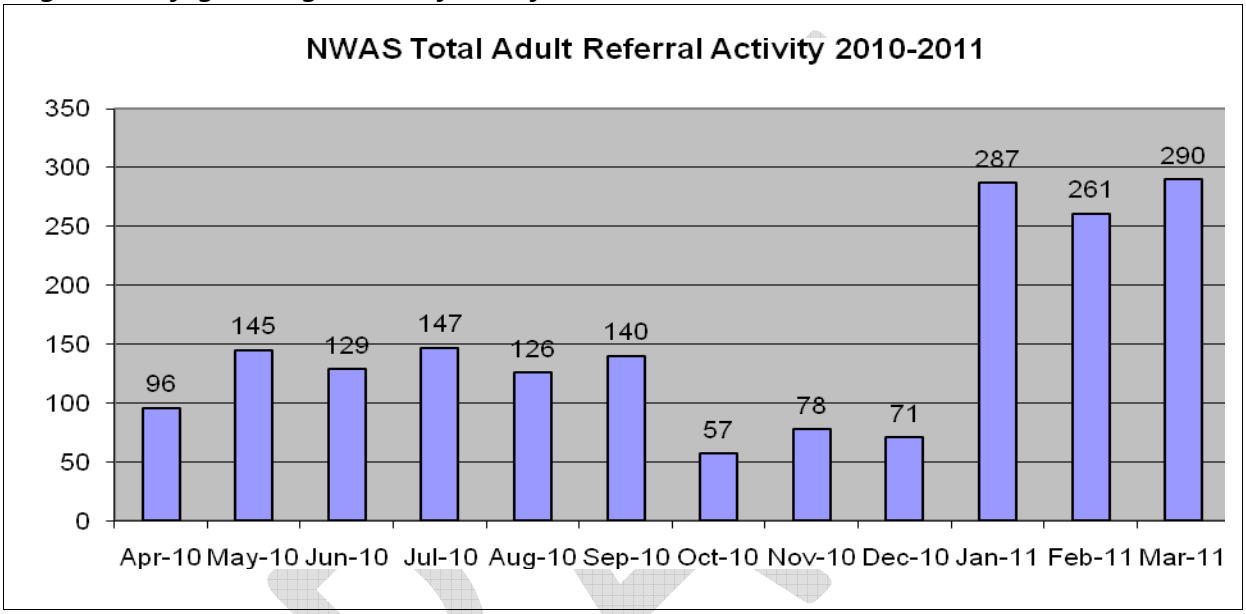
Comparative information (April to March 2009/10 and 2010/11) shows an increased rate of child referrals per month compared to the previous year. This indicates that staff are using the system more.

Vulnerable Child Referrals were in two broad categories of safeguarding concerns:

(i) **Concerns for parental capacity** due to the intake of alcohol and/or drugs or attempted drug overdose.

(ii) **Concerns for parental neglect** due to environmental related issues.

Figure 2: Safeguarding Adult Referrals from NWAS



The monthly Vulnerable Adult Referrals are shown in the figure above. Within the total there were two broad categories of safeguarding concerns:

(i) **Concern for welfare** involving health and/or social care needs assessment. Within this group, themes of neglect and mental health or emotional concerns predominate;

(ii) **Third Party incidents of abuse** involving themes of carer support, domestic abuse and care home standards.

While the majority of the referral relate to category (i), the reported levels are on the increase in both categories.

Domestic Abuse

During 2010/11 the Trust established a domestic abuse task and finish group and has now established an approach to support its clinical staff in identifying and signposting for support, those patients and their "immediate others", whom they come across in the course of their clinical duties who may be impacted by domestic abuse.

The effectiveness of this approach will be monitored through the feedback received during future mandatory awareness training and the trends identified by referral activity patterns.

The Trust has also introduced manager and employee guidance to support those employees directly affected by domestic violence.

4.1.2 Clinical Safety Incident Reporting

The Trust promotes incident reporting positively and we aim to identify learning outcomes and implement appropriate service developments to address areas of weakness.

All clinical and patient safety incidents are recorded and assessed for trend and cause analysis. This enables us to identify the underlying root cause or particular key causes of incidents and ensure the development of improvement strategies to prevent re-occurrence and to mitigate any identified risks. The Trust has an Incident Learning Forum, chaired by a Non Executive Director, which considers any identified trends and seeks assurance that appropriate action plans are in place to address weaknesses.

Clinical safety incidents are categorised by the Healthcare Governance Department to allow for National Patient Safety Agency reporting and to assist with the identification and implementation of learning outcomes.

The process for managing external clinical and patient safety incidents raised by other healthcare organisations undertaken by the Trust ensures that all incidents, however they are reported, are managed appropriately and in a timely manner. This ensures that serious issues are addressed and that lessons to be learnt are identified and actioned. This process has been greatly assisted, during the investigation stages, by utilising the clinical expertise of the Advanced Paramedics.

During the year a total of 1289 clinical and patient safety incidents were reported and resolved, which is a 20% increase from last year. Of these, a total of 353 incidents were reported to the NPSA and 15 incidents were reported using the NHS North West's Strategic Executive Information System (StEIS).

The system for reporting MHRA incidents has been reviewed to ensure that all incidents that include equipment failures are now, where appropriate, reported centrally.

Figure 3: Clinical Safety Incidents by Type 2010/11

Type of incident	No. of incidents
Access/admission/transfer issue	243
Controlled Drugs	229
Equipment Fault	136
Consent/Communication/Confidentiality	111
Medicine Management	108
Clinical Assessment	80
Clinical Treatment	74
Slips, Trips or Falls	67
Infection Control	59
Documentation	54
Manual Handling	54
Verbal Abuse	23
Sharps Injury/ Incident	17
RTC/ Vehicle	14
Physical Abuse	12
Exposure to Harmful Substance	4
Vehicle Failure	2
Abuse of Service	1

Equipment Failure	1
Totals:	1289

Figure 4: Patient Safety incidents by type 2010/11

Incident Type	No. of Incidents
Equipment Fault	65
Access/admission/transfer issue	64
Slips, Trips or Falls	53
Manual Handling	41
Clinical Treatment	39
Consent/Communication/Confidentiality	28
Medicine Management	14
Clinical Assessment	13
RTC/ Vehicle	13
Controlled Drugs	9
Documentation	6
Sharps Injury/ Incident	4
Verbal Abuse	2
Infection Control	1
Physical Abuse	1
Totals:	353

4.1.2.1 Infection Prevention and Control

Infection Prevention and Control Structure

The Trust's Medical Director fulfils the role of Director of Infection Prevention and Control (DIPC). The role is supported by the Head of Clinical Safety, and three full time Specialist Paramedics in Infection Prevention and Control (SPIPC). The team are responsible for training and supporting staff and providing assurance that stations and vehicles are clean through independent audits.

The Trust has more than 100 staff acting as Infection Control Champions, supporting the Specialist Paramedics. These are volunteer members of staff who have a particular interest in improving infection, prevention and control standards, taking a lead role in their location.

During 2010/11 the Infection Prevention and Control Policy and associated procedures were updated and approved by the Board of Directors.

Deep Cleaning arrangements for all vehicles are in place to ensure that every vehicle is taken out of service at a designated interval and given a thorough deep clean by a dedicated team using specialised steam cleaning equipment.

Healthcare Associated Infection (HCAI) Incident Reporting

During 2010/11 66 incidents were reported:

Figure 5: HCAI Incidents 2010/11

Incident type	No. of incidents
Contact with bodily fluids	22
Contaminated vehicle	13
Contaminated Equipment	11

Not Notified of patient's infection status	10
Staff welfare	6
Crew contact with known infectious disease	3
Sterile Equipment	1
Totals:	66

The Trust has learnt a number of useful lessons from this process. Examples are:

- We continue to see a growing trend in staff reporting incidents where blood, spit or vomit has been splashed into the staff's face and eyes.

These incidents are investigated and staff are offered support and an Occupational Health review. To prevent incidents such as this the use of Perspex glasses is recommended and an article has been written to reinforce this message to all staff. A review of eye protective goggles across the Trust is taking place to ensure that the most appropriate goggles are provided as standard PPE.

There have been 10 reported incidents of staff not being informed of the infectious status of patients they have been asked to transport. This is a particular issue with some nursing homes.

Wherever possible, these incidents were dealt with immediately by the SPIPC or local manager contacting the establishment and reinforcing the message that our staff must be informed about this type of risk. Action is being taken to ensure that when taking patients details Control and Planning obtain this kind of information and relay it to our staff.

- Bulletins and posters have been produced and displayed in staff areas to highlight information on correct waste management and sharps disposal following several incidents where poor practice was identified.

The Trust undertakes Infection prevention and control audits, reporting to local teams, managers and the Board of Directors.

- Quarterly Service Delivery audits of the cleanliness of vehicles (including the deep clean process) and ambulance stations.
- Quarterly independent Specialist Paramedic audits of the cleanliness of vehicles and ambulance stations.
- Random manager spot check audits of the cleanliness of vehicles and stations.

4.2 Indicators of Quality – Clinical Effectiveness (Emergency Services)

4.2.1 Clinical Performance Indicators (CPIs)

As reported last year, the Trust has developed a set of measures that identify how close staff are performing to a set of prescribed actions that are applicable in each of six clinical situations. The six areas identified are: Asthma, Cardiac Arrest Management, Hypoglycaemia (low blood sugar) Management, Pain Management, PRF (Patient Report Form) Completion and Stroke Management. We call these our Clinical Performance Indicators.

The expected interventions for each clinical condition are grouped into sets of required clinical interventions known as "Care Bundles". Clinical effectiveness is measured in terms of all the interventions in the care bundle being carried out on each patient. A score of 50% means that half of all patients seen with a condition have received the complete bundle of interventions required. The

remaining patients will have had a proportion but not all the interventions specified for that clinical condition. As the needs of individual patients vary, a score of 100% would not necessarily be expected at all times.

Progress on these CPIs is reported to each meeting of the Board of Directors. 2010/11 was the first year that NWAS established stretch targets for CPI Care Bundles. 4 of the 6 indicators achieved in excess of 10% improvement on the Q4 performance for 2009/10. An impressive 34.7% improvement was made in the treatment of low blood sugar (hypoglycaemia). Cardiac Arrest achieved a 2.6% improvement in performance from Q4 last year.

Stroke was the only indicator to perform less well compared to Q4 2009/10. There was a significant dip in performance from May to July, which reflects a reduction in the number of blood glucose measurements and respiratory rates being recorded. Improvements in these areas were made in Q3 and 4 of 2009/10. However, the addition of a new metric in July for pre-alerting Emergency Departments (against which the Trust did not perform well) limited any performance gain. A new analysis report has now been developed to help identify more easily performance issues within each bundle; enabling more rapid and focused quality improvement actions. Figure 6 provides a summary of performance for the year.

Care Bundle Topic	Q4 2009/10 Performance (%)	Q4 2010/11 Stretch Target (%)	Q4 2010/11 Actual Performance (%)	Variance from (09/10 Performance) (%)
Asthma	45.9	55.9	63.8	+ 17.9
Cardiac Arrest	50.4	60.4	53.0	+2.6
Hypoglycaemia	48.7	58.7	83.4	+34.7
Pain Management	61.8	71.8	79.0	+17.2
PRF Completion	66.6	76.6	77.7	+11.1
Stroke	66.9	76.9	58.4	-8.5

Figure 6: CPI Care Bundle Performance Q4 2009/10 against Q4 2010/11

CPIs – Going Forward

Various approaches have been introduced to encourage improved performance, including an incentive scheme that rewards local budgets for good performance. Given the success of the incentive scheme, a point based scheme is currently being developed as a proposal to help sustain and improve clinical performance during 2011/12. The proposal will consider the use of Advancing Quality monies received in 2011/12 to provide a benefit to local budgets for the points. It is also planned to agree a series of stretch targets for the care bundles for 2011/12. The proposal will be submitted to the Trust Executive Management team for further consideration during May.

4.2.2 Thrombolysis/Reperfusion

As national arrangements have now changed since last year's Quality Account, the Trust is currently unable to provide details of 2010/11 performance in relation to reperfusion performance. The validation of data (nationally) is not completed until the end of September 2011. Trusts are officially notified of their performance soon after validation has been completed. Performance will be reported publicly to the Board of Directors.

4.3 Indicators of Quality – Patient Experience

4.3.1 Access (Emergency Services only)

Ambulance services have always been judged by the speed with which they respond to 999 calls, and this is a critical measure of the quality of care. In 2010/11, Ambulance services in England were required to report on their response times for three different categories of calls.

Category A (Red)	Immediately life-threatening
Category B (Amber)	Serious but, not immediately life-threatening
Category C (Green)	Other

For Red calls, Trusts are expected to respond to at least 75% within 8 minutes of the call being received and 95% within 19 minutes of being received. The target for Amber calls is 95% within 19 minutes. This is measured as a total figure for the whole of the North West. There is variation in performance between urban and rural areas because of the variation in the spread and density of populations.
The Trust aims to pick up 95% of 999 calls within 5 seconds of receipt.

Over the last two years our year end position has been:

Indicator	Target	Performance 07/08	Performance 08/09	Performance 09/10	Performance 10/11
Response time (A8)	75%	75.61%	74.32%	73.04%	73.64%
Response time (A19)	95%	97.54%	96.47%	95.44%	95.66%
Response time (B19)	95%	90.99%	87.62%	85.89%	87.00%
Call pick-up	95%		94.72%	95.2%	96.60%

Although performance on all four measures has improved, it is again disappointing to note that the main target, A8, was again not met. This does, not, however show the full picture. We have improved the way in which our resources are deployed and used, and are now responding to more patients, more quickly, than ever before. This is demonstrated by the fact that for the North West as a whole we met the 75% target in all but one quarter of the year. The target was met for the full year in Cumbria and Lancashire.

	Quarter 1 Apr-Jun 2010	Quarter 2 Jul-Sep 2010	Quarter 3 Oct Dec 2010	Quarter 4 Jan-Mar 2011
Response time (A8)	75.96%	76.09%	67.95%	75.21%

Performance in Quarter 3 was severely affected by a significant rise in demand compared with that expected, and an extended period of very severe weather. Excluding the four weeks in December when weather conditions and demand were at the most challenging, the Trust's performance for the year would have been 75.15%, meeting the national target.

The NWAS Board has paid tribute to the superb efforts of staff in the Control Centres and on the Road to continue to deliver a remarkable level of service in exceptionally difficult circumstances. The

Board also registered its thanks to the many agencies and voluntary bodies, including the Voluntary Ambulance Services and Mountain Rescue Teams, who worked so hard to support the Trust and the populations we serve.

The Trust has not been in a position to meet the Category B target for some years now. An independent capacity review led by the PCTs who commission ambulance services in the North West confirmed that the Trust is not resourced to a level to meet this target. For 2011/12 a national policy decision has been made to remove the B category and new arrangements are currently being made to transfer calls previously placed in category B into a remodelled set of categories. This will allow ambulance services to provide a more flexible and appropriate response that better meets the individual needs of patients.

Should you require further information at a more local level please contact the Trust as detailed on the inside back page.

Patient Transport Service/Planned Care

With the adoption of a single contract for PTS services from April 2011 the Trust will now be able to report on performance against a single set of quality standards for this service. This will be reported publicly to Board meetings through the year and then included in next year's Quality Account.

4.3.2 Patient and Public Engagement

One of the major challenges for this Trust is that it covers a huge geographical footprint and so has a very large and diverse range of stakeholders and communities. The Trust is committed to engaging positively with as wide a range of groups and individuals as possible in order to provide services that meet the needs of the communities we serve. The Board has approved an engagement strategy that sets out how we aim to go about this. As well as statutory bodies such as Overview and Scrutiny Committees (OSCs) and Local Involvement Networks (LINks), the Trust actively engages with and responds to a wide range of bodies, linked to specific locations and groups, as well as regularly contributing to Health Melas, PRIDE and other community events across the region.

The biggest single event for 2010/2011 has been a formal consultation on the Trust's application for Foundation Trust Status. Managers from the service attended public meetings and other events throughout the North West to explain our proposals and seek feedback and comment. The report on the findings has been submitted to the Board of Directors and is available on the website www.nwas.nhs.uk.

One of our key tasks for the year ahead is to recruit a large public membership that represents the whole region for FT status. This will build on our already successful Critical Friends network which has proved invaluable as a resource to gain the views of the public and to support to the Trust in a number of areas.

Other highlights from 2010/11 have included:

- regular meetings with the Liverpool Somalian community, resulting in the recruitment of 5 out of an initial 8 BME appointments to the Trust's Patient Transport Service,
- liaison with the Deafness Network resulting in a partnership event for children of deaf and deaf adults. Feedback received included requests for SMS texting and the development of an emergency service pictorial communication handbook (building on the success of the Patient Transport Service version). The texting service is now going national following the local pilot and the pictorial handbook is in production, developed in partnership with Salford City Council.

- engagement with the Lancashire Council of Mosques resulting in the training of 144 individuals from ethnic minority groups in Heart start and basic first aid training
- the Trust's own E&D Celebration of Diversity in the Community event. This was delivered with NHS partners resulting in opportunities to work with learning disability and mental health groups. Feedback on all aspects of the patient journey and work of the service has been used to improve access to services and patient experience.

The Trust seeks information about patient experience in many different ways. Perhaps the most noteworthy this year has been the Patient Experience programme developed with special funding from the CQUIN programme. Some of the findings are shown below to give a picture of the way in which the Trust is approaching this vital issue:

NWAS Patient Experience programme 2010/11

The Trust launched a programme of patient experience work in the autumn of 2010 to understand satisfaction levels and the patient experience of Category A and B patients brought into hospital via ambulance. The intended outcome of this scheme was to inform a long term sustainable programme for gathering information and measuring patient satisfaction of emergency patients. An initial analysis of complaints data was undertaken to gain an understanding of current patient feedback.

A real time face to face patient survey was undertaken in A&E departments for Category A and B patients following handover. A crowd sourcing programme (online and interactive form of staff consultation) was simultaneously introduced and an initial pilot study of both areas was completed in Bolton in the summer of 2010.

The full face to face programme involved a total of five hospital A&E's: Bolton, Liverpool, Countess of Chester, Blackpool and Furness General. It was delivered by staff and critical friends using mainly touch screen devices which were wirelessly linked to the Trust's analysis web software. 313 patients were interviewed. The crowd sourcing work involved a number of staff who were provided with a unique log on to a secure website where they could give their opinions and rate discussion topics to produce a different set of perspectives and make suggestions on what good patient experience looked like.

This was supplemented by two other methods, a short term marketing campaign to encourage feedback from any service users of the emergency service (via on line survey or telephone) and a retrospective survey.

There were high levels of public satisfaction levels demonstrated with 41% of those participating responding very positively to defined statements but also evidence that patients and their representatives found it difficult to describe what they expected from the service. The issues highlighted related to waiting times, handover and vehicle comfort.

The staff crowd sourcing was successful with staff enthusiastic about this type of approach and useful insight obtained regarding staff perspective of patient experience, public expectations and other service issues. Key themes included improved patient education and knowledge, better call filtering, and improved staff communication skills, increased use of senior clinical advice, improved communication between senior team and front line staff and greater celebration of success.

This was the first of this type of consultation and the Trust learned a great deal from the process. A service improvement plan and proposed sustainable programme have now been developed to take the Trust's patient experience agenda forward into 2011 and beyond. The Trust would particularly

like to thank the Critical Friends Network Core Group members who gave their time to support the initiative, and all staff who contributed.

4.3.3 Complaints, PALS and Compliments

In 2010/11 the Trust received a total of 483 complaints, 2007 PALS contacts and 712 compliments. A monthly breakdown is shown below.

COMPLAINTS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2008/2009	27	32	33	37	20	41	37	32	31	34	26	22	372
2009/2010	31	27	39	51	41	34	40	51	41	47	73	78	553
2010/2011	42	41	40	43	30	50	35	46	43	36	33	44	483

PALS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2008/2009	121	124	102	139	106	129	147	104	110	136	137	160	1515
2009/2010	145	99	144	174	111	151	184	152	116	134	187	213	1810
2010/2011	159	140	195	155	161	130	112	173	150	173	185	274	2007

COMPLIMENTS													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2009/2010	63	41	62	57	73	45	53	67	35	62	47	65	670
2010/2011	62	67	66	62	56	66	61	67	46	68	50	77	748

Figure 8: Complaints, PALS and Compliments Data 2008/09, 2009/10 and 2010/11

The total number of complaints has fallen. In last year's Account we identified a spike of complaints in February and March 2010 that arose from the recent bad weather. That trend has settled in the last year and no spike arose this year. Both compliments and PALS show an increase in numbers compared to the same period in 2009/2010.

Patient Transport Service - Complaints

During 2010/11, 35.8% of complaints were about the Patient Transport Service. The main areas of concern as detailed below are delays in transport and failure to transport:

Complaints Categories	Cumbria Lancs	Cheshire Mersey	GM	Total	PTS Control	PTS Ops	VCS
Delay in PTS Transport	5	10	55	**70**	68	1	1
Failure to Transport (PTS)	6	7	40	**53**	48	5	0
Staff Conduct	8	1	5	**14**	0	12	2
Inappropriate Care	1	1	7	**9**	0	9	0
Staff Attitude	1	3	4	**8**	2	5	1
Transport Other	1	0	6	**7**	4	3	0
Communication	1	0	5	**6**	4	2	0
Driving Skills	1	0	1	**2**	0	2	0
Equipment problem or failure	0	1	0	**1**	0	1	0

Other	1	0	0	**1**	0	1	0
Totals:	**25**	**23**	**123**	**171**	**126**	**41**	**4**

Figure 9: PTS Complaint categories and geographical/service area data

Patient Transport Service – PALS

Figure 9 above shows the monthly breakdown of PALS concerns for the Patient Transport Service. As can be seen from Figure 10 below, the main areas of PALS concern for the Patient Transport Service are delays out of hospital and non arrival of transport, followed by communication and information and delays into hospital.

PALS Categories	Cumbria Lancs	Cheshire Mersey	GM	Total	PTS Control	PTS Ops	VCS
Delays out of Hospital (PTS)	37	61	146	**244**	234	8	2
Non arrival of Ambulance	11	30	126	**167**	147	19	1
Communication and information	20	88	51	**159**	153	5	1
Delays into Hospital (PTS)	27	35	75	**137**	116	11	10
Problems with transporting Patients	14	25	60	**99**	70	26	3
Attitude Staff	25	37	24	**86**	18	51	17
Expression of Concern	23	18	19	**60**	42	14	4
Non Provision of Ambulance	16	24	17	**57**	53	4	0
Care/ Treatment Given	2	8	12	**22**	5	17	0
Driving Standards	9	3	8	**20**	1	14	5
Other	2	9	5	**16**	11	5	0
Early arrival of Ambulance	0	4	5	**9**	9	0	0
Lost Property	0	5	3	**8**	2	6	0
Vehicle issues	2	2	0	**4**	1	2	1
Confidentiality	1	1	0	**2**	0	1	1
Discrimination	1	0	0	**1**	1	0	0
Totals:	**190**	**350**	**551**	**1091**	**863**	**183**	**45**

Figure 10: PTS PALS categories and geographical/service area data

By the nature of the informal, simpler and quicker service PALS is often best placed to resolve concerns and comments within or up to 2 working days (690 of a total of 1084). A further 136 were resolved within 3-5 working days and another 111 within 6-10 working days. 26 PALS concerns were referred to become complaints. See Figure 11 below.

PALS working days to resolve	Cumbria Lancs	Cheshire Mersey	GM	Total
0 - 2 working days	128	205	357	**690**
3 - 5 working days	38	34	64	**136**
6 - 10 working days	18	43	50	**111**

11 - 20 working days	4	32	55	**91**
20+ working days	1	34	21	**56**
Totals:	**189**	**348**	**547**	**1084**

Figure 11: No of working days taken to resolve PALS contacts, broken down into geographical areas

PALS referred to Formal Complaints													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
CL	1	0	1	0	1	0	0	0	0	0	0	0	**3**
CM	1	0	0	0	0	0	1	2	0	2	0	1	**7**
GM	4	1	1	2	1	0	0	1	0	2	2	2	**16**

Figure 12: No of PALS referred to complaints broken down into month and geographical areas

Paramedic Emergency Service – Complaints

The main areas of concern have focussed on delay in emergency response, followed by inappropriate care and thirdly, staff attitude. Staff attitude was recorded as the main area of concern in the 2009/10 Quality Account and there has been a slight improvement this year.

Complaints Categories	**Cumbria Lancs**	**Cheshire Mersey**	**GM**	**Total**	**CFR**	**Control**	**PES Ops**
Delay in emergency response	34	48	40	**122**	0	109	13
Inappropriate Care	12	22	27	**61**	0	4	57
Staff Attitude	14	12	23	**49**	0	5	44
Communication	3	2	9	**14**	0	6	8
Staff Conduct	4	5	5	**14**	0	1	13
Failure to Convey (PES)	5	2	5	**12**	0	11	1
Staff Comments	1	1	4	**6**	0	0	6
Other	2	2	1	**5**	0	3	2
Driving Skills	0	1	3	**4**	0	0	4
Policy/Procedure	1	0	3	**4**	0	2	2
Confidentiality	0	0	2	**2**	0	1	1
Discrimination	0	0	2	**2**	0	0	2
Misuse of Sirens	0	0	2	**2**	0	0	2
Delay in emergency transfer	0	0	2	**2**	0	1	1
Equipment problem or failure	1	0	0	**1**	0	0	1
Failure to Transport (PTS)	0	0	1	**1**	0	1	0
Formal complaint	0	0	1	**1**	0	0	1
IT or Technical problems	0	0	1	**1**	0	1	0
Damage or loss to property	0	0	1	**1**	0	0	1

Medical Records	1	0	0	**1**	0	0	1
Sirens	0	0	1	**1**	0	0	1
Transport Other	1	0	0	**1**	0	0	1
Totals:	**79**	**95**	**133**	**307**	**0**	**145**	**162**

Figure 13: PES Complaints categories and geographical/service area data

Paramedic Emergency Service – PALS

The numbers of Paramedic Emergency Service PALS cases have increased significantly in 2010/11 compared to 2009/10. The main areas of concern focussed on communication and information, followed by lost property and finally response times, closely followed by staff attitude (see Figure 14 below). It is noteworthy that staff attitude does not seem to have been such a major focus with complainants during the past twelve months.

PALS Categories	Cumbria Lancs	Cheshire Mersey	GM	Total	CFR	Control	PES Ops
Communication and information	31	84	49	**164**	1	88	75
Lost Property	15	71	42	**128**	0	2	126
Response Times (PEC)	22	62	27	**111**	0	105	6
Attitude Staff	22	50	38	**110**	0	15	95
Expression of Concern	29	35	12	**76**	0	30	46
Care/ Treatment Given	11	32	28	**71**	0	2	69
Driving Standards	12	12	12	**36**	0	1	35
Misuse of Sirens	6	4	14	**24**	0	1	23
Non- Provision of Ambulance	15	4	3	**22**	0	22	0
Other	0	6	6	**12**	0	4	8
Confidentiality	0	4	1	**5**	0	0	5
Discrimination	0	4	1	**5**	0	2	3
Non-arrival of Ambulance	0	0	5	**5**	0	4	1
Delays out of Hospital (PTS)	1	1	1	**3**	0	1	2
Problems with transporting Patients	2	1	0	**3**	0	0	3
Vehicle issues	0	0	3	**3**	0	0	3
Delays into Hospital (PTS)	0	0	1	**1**	0	0	1
Early arrival of Ambulance	0	0	1	**1**	0	1	0
Totals:	**166**	**370**	**244**	**780**	**1**	**278**	**501**

Figure 14 PES PALS categories and geographical/service area data

PALS working days to resolve	CL	CM	GM	Total
0 - 2 working days	86	162	132	**380**

3 - 5 working days	28	48	37	**113**
6 - 10 working days	34	39	22	**95**
11 - 20 working days	13	53	31	**97**
20+ working days	4	63	21	**88**
Totals	**165**	**365**	**243**	**773**

Figure 15: No of working days taken to resolve PALS contacts, broken down into geographical areas

As previously reported PALS is often best placed to resolve concerns and comments within or up to 2 working days (380 of a total of 773). A further 113 were resolved within 3-5 working days and another 95 within 6-10 working days. A total of 50 PALS concerns were referred to become complaints, see Figure 16 below.

PALS referred to Formal Complaints													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
CL	1	2	0	0	0	0	0	0	2	1	3	1	**10**
CM	1	2	1	5	2	0	3	5	2	1	0	0	**22**
GM	1	5	1	4	1	0	0	2	0	2	1	1	**18**

Figure 16: No of PALS referred to complaints broken down into month and geographical areas

Lessons learned

An essential aspect of the handling of complaints and PALS enquiries is to ensure that lessons are learned to ensure that the same mistakes are not repeated. The Trust has well-developed mechanisms to ensure that this happens, and has an Incident Learning Panel that reviews complaints and other incidents to ensure that the necessary processes have taken place. The Trust is publishing a detailed "4 C's" report to cover complaints, compliments, concerns and comments that have been received this year. This contains much more detail than is possible here, and this can be accessed on the website or on request from the Trust.

5 Statements from commissioning PCT, LINk and OSC

5.1 Overview and Scrutiny Committee

5.2 NHS Blackpool

5.3 Local Improvement Network

If you have any questions or concerns following reading this report please do not hesitate to contact the Trust.

We can be contacted at:

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For enquiries specific to the Quality Account, please contact Tim Butcher, Assistant Director for Performance Improvement on:

Telephone: 01204 498400
E-mail: tim.butcher@nwas.nhs.uk

Should you wish to access any of the Trust publications mentioned in this Quality Account they can be accessed on the Trust website at www.nwas.nhs.uk.

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North West Ambulance Service NHS
NHS Trust

SK10

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	127	93	73.23%	34	125	116	92.80%	9	102	85	83.33%	17	35	33	94.29%	2
May-10	122	101	82.79%	21	119	111	93.28%	8	118	106	89.83%	12	46	46	100.00%	0
Jun-10	116	85	73.28%	31	116	110	94.83%	6	107	92	85.98%	15	35	35	100.00%	0
Jul-10	118	82	69.49%	36	118	116	98.31%	2	121	108	89.26%	13	42	42	100.00%	0
Aug-10	129	102	79.07%	27	128	122	95.31%	6	104	92	88.46%	12	40	39	97.50%	1
Sep-10	110	77	70.00%	33	110	104	94.55%	6	130	114	87.69%	16	42	40	95.24%	2
Oct-10	145	104	71.72%	41	142	139	97.89%	3	115	100	86.96%	15	39	39	100.00%	0
Nov-10	133	95	71.43%	38	133	127	95.49%	6	115	95	82.61%	20	52	51	98.08%	1
Dec-10	146	81	55.48%	65	145	131	90.34%	14	134	113	84.33%	21	46	42	91.30%	4
Jan-11	158	106	67.09%	52	157	143	91.08%	14	138	117	84.78%	21	37	35	94.59%	2
Feb-11	125	92	73.60%	33	125	122	97.60%	3	99	90	90.91%	9	30	30	100.00%	0
Mar-11	135	98	72.59%	37	134	129	96.27%	5	125	112	89.60%	13	47	46	97.87%	1
Apr-11	117	85	72.65%	32	116	112	96.55%	4	135	121	89.63%	14	31	29	93.55%	2
TOTAL	1,681	1,201	71.45%	480	1,668	1,582	94.84%	86	1,543	1,345	87.17%	198	522	507	97.13%	15

SK9

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	108	62	57.41%	46	108	96	88.89%	12	126	93	73.81%	33	41	41	100.00%	0
May-10	124	78	62.90%	46	124	119	95.97%	5	137	110	80.29%	27	58	57	98.28%	1
Jun-10	119	69	57.98%	50	118	104	88.14%	14	136	113	83.09%	23	40	39	97.50%	1
Jul-10	112	61	54.46%	51	112	102	91.07%	10	158	129	81.65%	29	51	49	96.08%	2
Aug-10	110	69	62.73%	41	110	104	94.55%	6	123	94	76.42%	29	41	40	97.56%	1
Sep-10	112	66	58.93%	46	110	93	84.55%	17	146	111	76.03%	35	54	51	94.44%	3
Oct-10	109	69	63.30%	40	109	101	92.66%	8	148	118	79.73%	30	53	52	98.11%	1
Nov-10	110	60	54.55%	50	109	92	84.40%	17	149	115	77.18%	34	51	49	96.08%	2
Dec-10	128	55	42.97%	73	128	102	79.69%	26	154	97	62.99%	57	52	48	92.31%	4
Jan-11	113	64	56.64%	49	113	109	96.46%	4	133	109	81.95%	24	55	52	94.55%	3
Feb-11	106	67	63.21%	39	106	98	92.45%	8	108	93	86.11%	15	32	32	100.00%	0
Mar-11	117	77	65.81%	40	117	110	94.02%	7	147	120	81.63%	27	45	43	95.56%	2
Apr-11	107	66	61.68%	41	106	97	91.51%	9	172	145	84.30%	27	34	34	100.00%	0
TOTAL	1,475	863	58.51%	612	1,470	1,327	90.27%	143	1,837	1,447	78.77%	390	607	587	96.71%	20

WA16

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	91	39	42.86%	52	91	80	87.91%	11	93	70	75.27%	23	23	22	95.65%	1
May-10	73	28	38.36%	45	72	68	94.44%	4	77	58	75.32%	19	33	31	93.94%	2
Jun-10	72	34	47.22%	38	72	65	90.28%	7	85	74	87.06%	11	28	28	100.00%	0
Jul-10	94	50	53.19%	44	93	85	91.40%	8	82	65	79.27%	17	22	22	100.00%	0
Aug-10	92	45	48.91%	47	92	83	90.22%	9	94	74	78.72%	20	24	23	95.83%	1
Sep-10	95	41	43.16%	54	94	85	90.43%	9	81	68	83.95%	13	37	33	89.19%	4
Oct-10	88	33	37.50%	55	88	80	90.91%	8	96	67	69.79%	29	34	34	100.00%	0
Nov-10	52	11	21.15%	41	51	44	86.27%	7	89	64	71.91%	25	19	18	94.74%	1
Dec-10	81	20	24.69%	61	81	64	79.01%	17	95	63	66.32%	32	31	29	93.55%	2
Jan-11	87	30	34.48%	57	87	76	87.36%	11	82	60	73.17%	22	24	24	100.00%	0
Feb-11	49	19	38.78%	30	49	46	93.88%	3	83	74	89.16%	9	19	18	94.74%	1
Mar-11	88	33	37.50%	55	88	85	96.59%	3	62	51	82.26%	11	18	18	100.00%	0
Apr-11	75	35	46.67%	40	75	71	94.67%	4	119	97	81.51%	22	16	16	100.00%	0
TOTAL	1,037	418	40.31%	619	1,033	932	90.22%	101	1,138	885	77.77%	253	328	316	96.34%	12

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CW1

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	188	169	89.89%	19	187	175	93.58%	12	127	119	93.70%	8	57	55	96.49%	2
May-10	179	166	92.74%	13	178	171	96.07%	7	153	145	94.77%	8	57	57	100.00%	0
Jun-10	174	164	94.25%	10	174	170	97.70%	4	171	167	97.66%	4	52	52	100.00%	0
Jul-10	190	171	90.00%	19	190	187	98.42%	3	135	127	94.07%	8	46	46	100.00%	0
Aug-10	189	176	93.12%	13	188	187	99.47%	1	189	180	95.24%	9	71	70	98.59%	1
Sep-10	185	163	88.11%	22	184	176	95.65%	8	180	164	91.11%	16	60	58	96.67%	2
Oct-10	225	203	90.22%	22	222	211	95.05%	11	211	195	92.42%	16	66	63	95.45%	3
Nov-10	190	159	83.68%	31	190	179	94.21%	11	207	182	87.92%	25	60	58	96.67%	2
Dec-10	238	179	75.21%	59	235	212	90.21%	23	237	212	89.45%	25	62	61	98.39%	1
Jan-11	200	183	91.50%	17	200	189	94.50%	11	199	187	93.97%	12	62	59	95.16%	3
Feb-11	190	169	88.95%	21	190	186	97.89%	4	165	156	94.55%	9	56	55	98.21%	1
Mar-11	258	238	92.25%	20	256	245	95.70%	11	201	189	94.03%	12	56	55	98.21%	1
Apr-11	193	169	87.56%	24	193	189	97.93%	4	190	174	91.58%	16	37	37	100.00%	0
TOTAL	2,599	2,309	88.84%	290	2,587	2,477	95.75%	110	2,365	2,197	92.90%	168	742	726	97.84%	16

SK11

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	116	80	68.97%	36	116	111	95.69%	5	118	101	85.59%	17	56	55	98.21%	1
May-10	141	111	78.72%	30	141	137	97.16%	4	140	129	92.14%	11	47	45	95.74%	2
Jun-10	126	93	73.81%	33	126	124	98.41%	2	141	132	93.62%	9	46	46	100.00%	0
Jul-10	105	85	80.95%	20	105	101	96.19%	4	131	118	90.08%	13	50	49	98.00%	1
Aug-10	132	108	81.82%	24	132	130	98.48%	2	145	124	85.52%	21	48	47	97.92%	1
Sep-10	156	112	71.79%	44	156	148	94.87%	8	139	119	85.61%	20	59	56	94.92%	3
Oct-10	134	101	75.37%	33	134	132	98.51%	2	155	143	92.26%	12	47	45	95.74%	2
Nov-10	115	77	66.96%	38	115	111	96.52%	4	152	135	88.82%	17	50	48	96.00%	2
Dec-10	156	106	67.95%	50	156	151	96.79%	5	166	140	84.34%	26	51	50	98.04%	1
Jan-11	139	110	79.14%	29	139	138	99.28%	1	120	113	94.17%	7	51	48	94.12%	3
Feb-11	116	78	67.24%	38	116	107	92.24%	9	125	114	91.20%	11	45	45	100.00%	0
Mar-11	115	88	76.52%	27	115	110	95.65%	5	137	130	94.89%	7	47	47	100.00%	0
Apr-11	137	114	83.21%	23	137	132	96.35%	5	131	120	91.60%	11	25	25	100.00%	0
TOTAL	1,688	1,263	74.82%	425	1,688	1,632	96.68%	56	1,800	1,618	89.89%	182	622	606	97.43%	16

CW2

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	118	102	86.44%	16	117	116	99.15%	1	137	123	89.78%	14	43	40	93.02%	3
May-10	131	117	89.31%	14	131	129	98.47%	2	154	138	89.61%	16	54	52	96.30%	2
Jun-10	116	100	86.21%	16	116	115	99.14%	1	146	130	89.04%	16	49	46	93.88%	3
Jul-10	122	107	87.70%	15	122	121	99.18%	1	152	142	93.42%	10	43	43	100.00%	0
Aug-10	146	121	82.88%	25	146	144	98.63%	2	154	140	90.91%	14	54	54	100.00%	0
Sep-10	140	109	77.86%	31	140	136	97.14%	4	129	110	85.27%	19	41	34	82.93%	7
Oct-10	142	124	87.32%	18	142	140	98.59%	2	143	132	92.31%	11	57	55	96.49%	2
Nov-10	129	92	71.32%	37	129	127	98.45%	2	148	120	81.08%	28	41	40	97.56%	1
Dec-10	163	109	66.87%	54	163	151	92.64%	12	136	119	87.50%	17	41	39	95.12%	2
Jan-11	114	96	84.21%	18	114	111	97.37%	3	141	128	90.78%	13	49	49	100.00%	0
Feb-11	114	98	85.96%	16	114	111	97.37%	3	137	127	92.70%	10	46	46	100.00%	0
Mar-11	117	93	79.49%	24	117	116	99.15%	1	153	137	89.54%	16	40	38	95.00%	2
Apr-11	130	120	92.31%	10	130	129	99.23%	1	155	144	92.90%	11	34	33	97.06%	1
TOTAL	1,682	1,388	82.52%	294	1,681	1,646	97.92%	35	1,885	1,690	89.66%	195	592	569	96.11%	23

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CW12

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	95	63	66.32%	32	95	88	92.63%	7	85	71	83.53%	14	48	46	95.83%	2
May-10	116	85	73.28%	31	116	112	96.55%	4	92	85	92.39%	7	47	46	97.87%	1
Jun-10	85	57	67.06%	28	85	82	96.47%	3	87	78	89.66%	9	36	35	97.22%	1
Jul-10	106	83	78.30%	23	106	102	96.23%	4	111	101	90.99%	10	30	30	100.00%	0
Aug-10	91	60	65.93%	31	91	89	97.80%	2	124	108	87.10%	16	30	30	100.00%	0
Sep-10	94	66	70.21%	28	94	86	91.49%	8	92	77	83.70%	15	42	40	95.24%	2
Oct-10	109	72	66.06%	37	109	103	94.50%	6	111	97	87.39%	14	46	44	95.65%	2
Nov-10	114	74	64.91%	40	114	107	93.86%	7	104	89	85.58%	15	38	37	97.37%	1
Dec-10	128	76	59.38%	52	128	115	89.84%	13	112	93	83.04%	19	37	36	97.30%	1
Jan-11	118	85	72.03%	33	118	112	94.92%	6	121	106	87.60%	15	33	31	93.94%	2
Feb-11	95	64	67.37%	31	95	92	96.84%	3	96	85	88.54%	11	36	34	94.44%	2
Mar-11	89	70	78.65%	19	89	87	97.75%	2	105	95	90.48%	10	37	37	100.00%	0
Apr-11	91	62	68.13%	29	91	85	93.41%	6	116	106	91.38%	10	34	33	97.06%	1
TOTAL	1,331	917	68.90%	414	1,331	1,260	94.67%	71	1,356	1,191	87.83%	165	494	479	96.96%	15

CW5

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	94	73	77.66%	21	93	88	94.62%	5	93	86	92.47%	7	46	42	91.30%	4
May-10	71	54	76.06%	17	71	67	94.37%	4	96	87	90.63%	9	40	39	97.50%	1
Jun-10	89	71	79.78%	18	89	84	94.38%	5	73	65	89.04%	8	30	30	100.00%	0
Jul-10	88	70	79.55%	18	88	86	97.73%	2	72	53	73.61%	19	34	34	100.00%	0
Aug-10	94	76	80.85%	18	93	90	96.77%	3	84	75	89.29%	9	30	29	96.67%	1
Sep-10	100	74	74.00%	26	100	94	94.00%	6	109	92	84.40%	17	31	31	100.00%	0
Oct-10	115	92	80.00%	23	115	108	93.91%	7	91	76	83.52%	15	43	42	97.67%	1
Nov-10	93	69	74.19%	24	93	90	96.77%	3	98	81	82.65%	17	41	39	95.12%	2
Dec-10	116	77	66.38%	39	116	109	93.97%	7	142	107	75.35%	35	40	38	95.00%	2
Jan-11	94	72	76.60%	22	94	92	97.87%	2	102	90	88.24%	12	40	39	97.50%	1
Feb-11	83	62	74.70%	21	83	79	95.18%	4	101	95	94.06%	6	26	22	84.62%	4
Mar-11	112	93	83.04%	19	112	108	96.43%	4	104	92	88.46%	12	32	32	100.00%	0
Apr-11	79	66	83.54%	13	79	77	97.47%	2	128	116	90.63%	12	21	21	100.00%	0
TOTAL	1,228	949	77.28%	279	1,226	1,172	95.60%	54	1,293	1,115	86.23%	178	454	438	96.48%	16

CW11

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	64	29	45.31%	35	64	62	96.88%	2	79	69	87.34%	10	38	37	97.37%	1
May-10	68	45	66.18%	23	68	68	100.00%	0	75	69	92.00%	6	21	21	100.00%	0
Jun-10	52	36	69.23%	16	52	51	98.08%	1	68	60	88.24%	8	20	20	100.00%	0
Jul-10	56	41	73.21%	15	56	56	100.00%	0	69	65	94.20%	4	28	26	92.86%	2
Aug-10	63	44	69.84%	19	63	63	100.00%	0	68	64	94.12%	4	22	22	100.00%	0
Sep-10	56	35	62.50%	21	56	55	98.21%	1	87	72	82.76%	15	27	24	88.89%	3
Oct-10	53	30	56.60%	23	53	52	98.11%	1	60	55	91.67%	5	21	20	95.24%	1
Nov-10	64	39	60.94%	25	64	62	96.88%	2	86	71	82.56%	15	21	19	90.48%	2
Dec-10	62	38	61.29%	24	62	61	98.39%	1	85	70	82.35%	15	35	32	91.43%	3
Jan-11	66	47	71.21%	19	66	66	100.00%	0	56	52	92.86%	4	18	17	94.44%	1
Feb-11	50	31	62.00%	19	50	46	92.00%	4	62	56	90.32%	6	20	19	95.00%	1
Mar-11	64	42	65.63%	22	64	64	100.00%	0	80	78	97.50%	2	14	13	92.86%	1
Apr-11	52	33	63.46%	19	52	52	100.00%	0	82	77	93.90%	5	15	14	93.33%	1
TOTAL	770	490	63.64%	280	770	758	98.44%	12	957	858	89.66%	99	300	284	94.67%	16

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ST7

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	47	7	14.89%	40	47	41	87.23%	6	72	60	83.33%	12	21	21	100.00%	0
May-10	49	17	34.69%	32	49	46	93.88%	3	69	64	92.75%	5	21	20	95.24%	1
Jun-10	40	5	12.50%	35	40	38	95.00%	2	67	54	80.60%	13	15	15	100.00%	0
Jul-10	46	15	32.61%	31	46	43	93.48%	3	66	59	89.39%	7	17	17	100.00%	0
Aug-10	49	20	40.82%	29	49	49	100.00%	0	56	44	78.57%	12	18	18	100.00%	0
Sep-10	65	16	24.62%	49	65	61	93.85%	4	65	49	75.38%	16	38	33	86.84%	5
Oct-10	60	29	48.33%	31	60	58	96.67%	2	75	59	78.67%	16	48	42	87.50%	6
Nov-10	50	21	42.00%	29	50	45	90.00%	5	66	51	77.27%	15	33	33	100.00%	0
Dec-10	65	23	35.38%	42	65	56	86.15%	9	68	52	76.47%	16	30	29	96.67%	1
Jan-11	50	11	22.00%	39	50	48	96.00%	2	63	56	88.89%	7	17	16	94.12%	1
Feb-11	37	16	43.24%	21	37	36	97.30%	1	64	57	89.06%	7	20	18	90.00%	2
Mar-11	58	21	36.21%	37	58	58	100.00%	0	63	56	88.89%	7	11	10	90.91%	1
Apr-11	41	11	26.83%	30	41	41	100.00%	0	60	49	81.67%	11	14	13	92.86%	1
TOTAL	657	212	32.27%	445	657	620	94.37%	37	854	710	83.14%	144	303	285	94.06%	18

SK12

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	46	9	19.57%	37	43	40	93.02%	3	48	36	75.00%	12	10	10	100.00%	0
May-10	44	10	22.73%	34	44	37	84.09%	7	41	35	85.37%	6	12	12	100.00%	0
Jun-10	53	13	24.53%	40	51	45	88.24%	6	43	30	69.77%	13	15	14	93.33%	1
Jul-10	42	11	26.19%	31	42	36	85.71%	6	39	29	74.36%	10	8	7	87.50%	1
Aug-10	28	7	25.00%	21	28	24	85.71%	4	47	36	76.60%	11	12	12	100.00%	0
Sep-10	47	8	17.02%	39	45	35	77.78%	10	47	35	74.47%	12	16	14	87.50%	2
Oct-10	53	10	18.87%	43	50	36	72.00%	14	57	41	71.93%	16	21	17	80.95%	4
Nov-10	49	11	22.45%	38	49	42	85.71%	7	55	30	54.55%	25	16	13	81.25%	3
Dec-10	55	12	21.82%	43	55	37	67.27%	18	58	39	67.24%	19	14	14	100.00%	0
Jan-11	58	14	24.14%	44	58	52	89.66%	6	65	40	61.54%	25	18	17	94.44%	1
Feb-11	43	12	27.91%	31	43	39	90.70%	4	50	34	68.00%	16	12	10	83.33%	2
Mar-11	38	16	42.11%	22	37	35	94.59%	2	54	40	74.07%	14	27	27	100.00%	0
Apr-11	57	14	24.56%	43	57	51	89.47%	6	62	43	69.35%	19	12	11	91.67%	1
TOTAL	613	147	23.98%	466	602	509	84.55%	93	666	468	70.27%	198	193	178	92.23%	15

CW10

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	33	10	30.30%	23	33	33	100.00%	0	47	41	87.23%	6	19	16	84.21%	3
May-10	37	12	32.43%	25	37	37	100.00%	0	38	33	86.84%	5	19	19	100.00%	0
Jun-10	30	17	56.67%	13	30	30	100.00%	0	51	41	80.39%	10	11	11	100.00%	0
Jul-10	50	30	60.00%	20	50	50	100.00%	0	44	43	97.73%	1	23	23	100.00%	0
Aug-10	35	17	48.57%	18	35	34	97.14%	1	50	46	92.00%	4	16	16	100.00%	0
Sep-10	46	23	50.00%	23	46	43	93.48%	3	55	45	81.82%	10	15	15	100.00%	0
Oct-10	37	14	37.84%	23	37	36	97.30%	1	42	37	88.10%	5	18	18	100.00%	0
Nov-10	42	13	30.95%	29	42	41	97.62%	1	46	39	84.78%	7	10	8	80.00%	2
Dec-10	56	20	35.71%	36	56	53	94.64%	3	52	41	78.85%	11	10	9	90.00%	1
Jan-11	36	20	55.56%	16	36	36	100.00%	0	51	46	90.20%	5	16	16	100.00%	0
Feb-11	47	26	55.32%	21	47	46	97.87%	1	37	30	81.08%	7	13	13	100.00%	0
Mar-11	59	39	66.10%	20	59	58	98.31%	1	46	43	93.48%	3	15	15	100.00%	0
Apr-11	51	32	62.75%	19	51	51	100.00%	0	51	48	94.12%	3	7	7	100.00%	0
TOTAL	559	273	48.84%	286	559	548	98.03%	11	610	533	87.38%	77	192	186	96.88%	6

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CW4

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	32	8	25.00%	24	32	31	96.88%	1	30	28	93.33%	2	9	8	88.89%	1
May-10	21	7	33.33%	14	21	20	95.24%	1	20	16	80.00%	4	13	13	100.00%	0
Jun-10	26	10	38.46%	16	26	25	96.15%	1	31	30	96.77%	1	7	7	100.00%	0
Jul-10	20	8	40.00%	12	20	19	95.00%	1	27	25	92.59%	2	8	8	100.00%	0
Aug-10	15	6	40.00%	9	15	14	93.33%	1	30	26	86.67%	4	8	7	87.50%	1
Sep-10	24	5	20.83%	19	24	23	95.83%	1	27	22	81.48%	5	9	9	100.00%	0
Oct-10	21	4	19.05%	17	21	20	95.24%	1	26	24	92.31%	2	6	6	100.00%	0
Nov-10	19	5	26.32%	14	19	18	94.74%	1	25	22	88.00%	3	10	10	100.00%	0
Dec-10	15	2	13.33%	13	15	13	86.67%	2	33	20	60.61%	13	5	5	100.00%	0
Jan-11	33	5	15.15%	28	33	31	93.94%	2	19	18	94.74%	1	9	9	100.00%	0
Feb-11	20	2	10.00%	18	20	19	95.00%	1	28	27	96.43%	1	6	6	100.00%	0
Mar-11	20	7	35.00%	13	20	20	100.00%	0	21	20	95.24%	1	15	15	100.00%	0
Apr-11	29	7	24.14%	22	29	29	100.00%	0	38	37	97.37%	1	9	9	100.00%	0
TOTAL	295	76	25.76%	219	295	282	95.59%	13	355	315	88.73%	40	114	112	98.25%	2

CW3

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	6	1	16.67%	5	6	5	83.33%	1	5	1	20.00%	4	5	5	100.00%	0
May-10	8	2	25.00%	6	8	7	87.50%	1	9	7	77.78%	2	2	2	100.00%	0
Jun-10	9	3	33.33%	6	9	5	55.56%	4	9	6	66.67%	3	3	3	100.00%	0
Jul-10	4	0	0%	4	4	4	100.00%	0	7	2	28.57%	5	2	2	100.00%	0
Aug-10	6	1	16.67%	5	6	5	83.33%	1	16	10	62.50%	6	1	1	100.00%	0
Sep-10	5	0	0%	5	5	2	40.00%	3	3	2	66.67%	1	2	1	50.00%	1
Oct-10	10	2	20.00%	8	10	9	90.00%	1	10	6	60.00%	4	3	1	33.33%	2
Nov-10	7	2	28.57%	5	7	5	71.43%	2	8	4	50.00%	4	3	3	100.00%	0
Dec-10	11	4	36.36%	7	11	8	72.73%	3	5	2	40.00%	3	3	3	100.00%	0
Jan-11	9	3	33.33%	6	9	8	88.89%	1	9	5	55.56%	4	3	1	33.33%	2
Feb-11	7	2	28.57%	5	7	7	100.00%	0	8	5	62.50%	3	3	3	100.00%	0
Mar-11	10	3	30.00%	7	10	8	80.00%	2	6	5	83.33%	1	3	3	100.00%	0
Apr-11	10	4	40.00%	6	10	10	100.00%	0	2	1	50.00%	1	1	1	100.00%	0
TOTAL	102	27	26.47%	75	102	83	81.37%	19	97	56	57.73%	41	34	29	85.29%	5

CW6

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	32	6	18.75%	26	32	28	87.50%	4	31	25	80.65%	6	12	11	91.67%	1
May-10	37	9	24.32%	28	36	30	83.33%	6	39	32	82.05%	7	11	10	90.91%	1
Jun-10	28	8	28.57%	20	28	28	100.00%	0	40	32	80.00%	8	9	9	100.00%	0
Jul-10	27	6	22.22%	21	27	23	85.19%	4	53	44	83.02%	9	11	11	100.00%	0
Aug-10	34	11	32.35%	23	34	29	85.29%	5	26	18	69.23%	8	18	18	100.00%	0
Sep-10	29	8	27.59%	21	29	23	79.31%	6	27	15	55.56%	12	11	10	90.91%	1
Oct-10	32	7	21.88%	25	32	29	90.63%	3	38	24	63.16%	14	18	18	100.00%	0
Nov-10	29	4	13.79%	25	29	23	79.31%	6	38	21	55.26%	17	9	9	100.00%	0
Dec-10	29	1	3.45%	28	29	23	79.31%	6	31	22	70.97%	9	21	18	85.71%	3
Jan-11	26	4	15.38%	22	26	21	80.77%	5	28	25	89.29%	3	12	11	91.67%	1
Feb-11	29	4	13.79%	25	29	24	82.76%	5	26	21	80.77%	5	8	8	100.00%	0
Mar-11	30	7	23.33%	23	29	25	86.21%	4	35	26	74.29%	9	8	8	100.00%	0
Apr-11	33	10	30.30%	23	32	31	96.88%	1	41	32	78.05%	9	5	5	100.00%	0
TOTAL	395	85	21.52%	310	392	337	85.97%	55	453	337	74.39%	116	153	146	95.42%	7

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SY13

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	1	1	100.00%	0	1	1	100.00%	0	4	1	25.00%	3	1	1	100.00%	0
May-10	2	1	50.00%	1	2	2	100.00%	0	1	1	100.00%	0	0	0	0%	0
Jun-10	1	0	0%	1	0	0	0%	0	2	2	100.00%	0	1	1	100.00%	0
Jul-10	3	0	0%	3	3	2	66.67%	1	1	0	0%	1	2	1	50.00%	1
Aug-10	1	0	0%	1	1	1	100.00%	0	1	1	100.00%	0	0	0	0%	0
Sep-10	2	1	50.00%	1	1	1	100.00%	0	1	0	0%	1	0	0	0%	0
Oct-10	4	0	0%	4	4	2	50.00%	2	0	0	0%	0	1	1	100.00%	0
Jan-11	1	0	0%	1	1	0	0%	1	1	1	100.00%	0	0	0	0%	0
Feb-11	1	1	100.00%	0	1	1	100.00%	0	2	1	50.00%	1	0	0	0%	0
Mar-11	1	0	0%	1	1	1	100.00%	0	0	0	0%	0	1	1	100.00%	0
Nov-10	0	0	0%	0	0	0	0%	0	1	0	0%	1	0	0	0%	0
Dec-10	0	0	0%	0	0	0	0%	0	3	1	33.33%	2	1	1	100.00%	0
Apr-11	0	0	0%	0	0	0	0%	0	4	3	75.00%	1	0	0	0%	0
TOTAL	17	4	23.53%	13	15	11	73.33%	4	21	11	52.38%	10	7	6	85.71%	1

WA14

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	85	51	60.00%	34	84	82	97.62%	2	97	81	83.51%	16	34	34	100.00%	0
May-10	63	42	66.67%	21	63	61	96.83%	2	104	89	85.58%	15	25	24	96.00%	1
Jun-10	81	44	54.32%	37	81	80	98.77%	1	114	98	85.96%	16	28	26	92.86%	2
Jul-10	69	39	56.52%	30	68	67	98.53%	1	99	83	83.84%	16	28	27	96.43%	1
Aug-10	88	49	55.68%	39	87	84	96.55%	3	113	97	85.84%	16	45	42	93.33%	3
Sep-10	80	51	63.75%	29	80	75	93.75%	5	129	100	77.52%	29	42	40	95.24%	2
Oct-10	87	56	64.37%	31	87	85	97.70%	2	101	77	76.24%	24	46	40	86.96%	6
Nov-10	96	49	51.04%	47	95	83	87.37%	12	118	89	75.42%	29	39	36	92.31%	3
Dec-10	98	39	39.80%	59	98	82	83.67%	16	114	68	59.65%	46	40	25	62.50%	15
Jan-11	107	62	57.94%	45	107	105	98.13%	2	91	75	82.42%	16	34	29	85.29%	5
Feb-11	74	38	51.35%	36	74	72	97.30%	2	117	86	73.50%	31	27	21	77.78%	6
Mar-11	95	58	61.05%	37	95	93	97.89%	2	141	104	73.76%	37	41	33	80.49%	8
Apr-11	89	47	52.81%	42	89	81	91.01%	8	137	108	78.83%	29	37	31	83.78%	6
TOTAL	1,112	625	56.21%	487	1,108	1,050	94.77%	58	1,475	1,155	78.31%	320	466	408	87.55%	58

SY14

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	8	4	50.00%	4	7	6	85.71%	1	13	11	84.62%	2	5	5	100.00%	0
May-10	11	2	18.18%	9	9	8	88.89%	1	15	7	46.67%	8	3	3	100.00%	0
Jun-10	12	0	0%	12	11	8	72.73%	3	18	9	50.00%	9	6	6	100.00%	0
Jul-10	10	2	20.00%	8	10	7	70.00%	3	9	8	88.89%	1	5	5	100.00%	0
Aug-10	15	5	33.33%	10	15	12	80.00%	3	11	10	90.91%	1	4	4	100.00%	0
Sep-10	7	1	14.29%	6	7	6	85.71%	1	4	3	75.00%	1	4	4	100.00%	0
Oct-10	11	3	27.27%	8	11	9	81.82%	2	17	10	58.82%	7	4	4	100.00%	0
Nov-10	14	2	14.29%	12	14	10	71.43%	4	10	4	40.00%	6	6	6	100.00%	0
Dec-10	12	1	8.33%	11	12	7	58.33%	5	14	8	57.14%	6	6	6	100.00%	0
Jan-11	11	2	18.18%	9	10	6	60.00%	4	17	7	41.18%	10	3	2	66.67%	1
Feb-11	7	1	14.29%	6	7	5	71.43%	2	14	6	42.86%	8	4	4	100.00%	0
Mar-11	13	2	15.38%	11	13	9	69.23%	4	13	11	84.62%	2	7	7	100.00%	0
Apr-11	7	3	42.86%	4	7	7	100.00%	0	13	3	23.08%	10	2	2	100.00%	0
TOTAL	138	28	20.29%	110	133	100	75.19%	33	168	97	57.74%	71	59	58	98.31%	1

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WA15

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	93	58	62.37%	35	90	89	98.89%	1	121	100	82.64%	21	41	36	87.80%	5
May-10	99	63	63.64%	36	94	93	98.94%	1	129	119	92.25%	10	36	34	94.44%	2
Jun-10	86	62	72.09%	24	83	82	98.80%	1	107	92	85.98%	15	45	44	97.78%	1
Jul-10	107	80	74.77%	27	102	101	99.02%	1	138	121	87.68%	17	45	44	97.78%	1
Aug-10	95	66	69.47%	29	93	92	98.92%	1	107	90	84.11%	17	38	37	97.37%	1
Sep-10	90	68	75.56%	22	88	87	98.86%	1	117	98	83.76%	19	53	49	92.45%	4
Oct-10	129	84	65.12%	45	127	118	92.91%	9	118	100	84.75%	18	50	47	94.00%	3
Nov-10	99	59	59.60%	40	96	93	96.88%	3	130	100	76.92%	30	31	27	87.10%	4
Dec-10	119	63	52.94%	56	114	102	89.47%	12	123	86	69.92%	37	33	26	78.79%	7
Jan-11	101	71	70.30%	30	100	98	98.00%	2	108	96	88.89%	12	32	27	84.38%	5
Feb-11	110	85	77.27%	25	108	107	99.07%	1	98	73	74.49%	25	50	44	88.00%	6
Mar-11	116	73	62.93%	43	114	110	96.49%	4	126	100	79.37%	26	41	33	80.49%	8
Apr-11	105	72	68.57%	33	104	100	96.15%	4	143	113	79.02%	30	34	30	88.24%	4
TOTAL	1,349	904	67.01%	445	1,313	1,272	96.88%	41	1,565	1,288	82.30%	277	529	478	90.36%	51

WA13

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	24	4	16.67%	20	24	23	95.83%	1	33	26	78.79%	7	12	12	100.00%	0
May-10	23	7	30.43%	16	23	22	95.65%	1	33	27	81.82%	6	10	10	100.00%	0
Jun-10	32	8	25.00%	24	32	30	93.75%	2	34	25	73.53%	9	10	5	50.00%	5
Jul-10	30	12	40.00%	18	30	28	93.33%	2	30	23	76.67%	7	5	5	100.00%	0
Aug-10	27	7	25.93%	20	27	26	96.30%	1	45	40	88.89%	5	11	9	81.82%	2
Sep-10	26	2	7.69%	24	26	23	88.46%	3	43	31	72.09%	12	16	13	81.25%	3
Oct-10	41	8	19.51%	33	41	40	97.56%	1	38	30	78.95%	8	5	5	100.00%	0
Nov-10	21	2	9.52%	19	21	19	90.48%	2	45	31	68.89%	14	8	7	87.50%	1
Dec-10	45	6	13.33%	39	45	41	91.11%	4	36	27	75.00%	9	11	10	90.91%	1
Jan-11	44	8	18.18%	36	44	42	95.45%	2	37	30	81.08%	7	8	7	87.50%	1
Feb-11	21	0	0%	21	21	19	90.48%	2	29	24	82.76%	5	10	10	100.00%	0
Mar-11	33	12	36.36%	21	33	33	100.00%	0	33	26	78.79%	7	12	12	100.00%	0
Apr-11	23	6	26.09%	17	23	23	100.00%	0	30	26	86.67%	4	5	5	100.00%	0
TOTAL	390	82	21.03%	308	390	369	94.62%	21	466	366	78.54%	100	123	110	89.43%	13

SK23

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Aug-10	2	0	0%	2	2	2	100.00%	0	0	0	0%	0	0	0	0%	0
Jun-10	0	0	0%	0	0	0	0%	0	2	1	50.00%	1	0	0	0%	0
Jul-10	0	0	0%	0	0	0	0%	0	1	0	0%	1	0	0	0%	0
Nov-10	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%	0
Dec-10	0	0	0%	0	0	0	0%	0	2	0	0%	2	0	0	0%	0
Jan-11	0	0	0%	0	0	0	0%	0	1	1	100.00%	0	1	1	100.00%	0
Feb-11	0	0	0%	0	0	0	0%	0	0	0	0%	0	1	1	100.00%	0
Apr-11	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%	0
Apr-10	0	0	0%	0	0	0	0%	0	0	0	0%	0	1	1	100.00%	0
Sep-10	0	0	0%	0	0	0	0%	0	0	0	0%	0	1	1	100.00%	0
TOTAL	2			2	2	2	100.00%		6	2	33.33%	4	4	4	100.00%	

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CW7

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	105	62	59.05%	43	104	96	92.31%	8	116	97	83.62%	19	37	33	89.19%	4
May-10	113	73	64.60%	40	113	111	98.23%	2	126	112	88.89%	14	39	37	94.87%	2
Jun-10	98	45	45.92%	53	98	92	93.88%	6	117	96	82.05%	21	23	23	100.00%	0
Jul-10	105	59	56.19%	46	105	99	94.29%	6	126	113	89.68%	13	27	26	96.30%	1
Aug-10	113	65	57.52%	48	113	108	95.58%	5	121	109	90.08%	12	34	34	100.00%	0
Sep-10	133	61	45.86%	72	133	129	96.99%	4	100	82	82.00%	18	31	30	96.77%	1
Oct-10	149	90	60.40%	59	149	148	99.33%	1	107	91	85.05%	16	42	38	90.48%	4
Nov-10	130	63	48.46%	67	130	123	94.62%	7	108	88	81.48%	20	42	40	95.24%	2
Dec-10	162	61	37.65%	101	162	146	90.12%	16	125	93	74.40%	32	40	38	95.00%	2
Jan-11	141	99	70.21%	42	141	137	97.16%	4	120	110	91.67%	10	23	22	95.65%	1
Feb-11	116	83	71.55%	33	116	116	100.00%	0	108	100	92.59%	8	28	28	100.00%	0
Mar-11	112	61	54.46%	51	112	104	92.86%	8	111	104	93.69%	7	36	35	97.22%	1
Apr-11	126	96	76.19%	30	126	125	99.21%	1	138	127	92.03%	11	19	19	100.00%	0
TOTAL	1,603	918	57.27%	685	1,602	1,534	95.76%	68	1,523	1,322	86.80%	201	421	403	95.72%	18

CW9

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	86	58	67.44%	28	86	80	93.02%	6	109	89	81.65%	20	35	34	97.14%	1
May-10	105	79	75.24%	26	105	96	91.43%	9	120	104	86.67%	16	38	38	100.00%	0
Jun-10	105	83	79.05%	22	105	101	96.19%	4	141	121	85.82%	20	36	34	94.44%	2
Jul-10	121	83	68.60%	38	121	118	97.52%	3	119	101	84.87%	18	50	49	98.00%	1
Aug-10	108	71	65.74%	37	108	102	94.44%	6	111	97	87.39%	14	43	41	95.35%	2
Sep-10	111	76	68.47%	35	111	98	88.29%	13	130	102	78.46%	28	35	32	91.43%	3
Oct-10	122	79	64.75%	43	122	111	90.98%	11	121	101	83.47%	20	44	42	95.45%	2
Nov-10	105	68	64.76%	37	105	99	94.29%	6	115	89	77.39%	26	36	34	94.44%	2
Dec-10	134	72	53.73%	62	134	120	89.55%	14	129	97	75.19%	32	44	41	93.18%	3
Jan-11	123	93	75.61%	30	123	120	97.56%	3	102	85	83.33%	17	42	38	90.48%	4
Feb-11	109	76	69.72%	33	109	99	90.83%	10	111	96	86.49%	15	38	35	92.11%	3
Mar-11	116	81	69.83%	35	116	107	92.24%	9	124	106	85.48%	18	48	46	95.83%	2
Apr-11	126	87	69.05%	39	126	121	96.03%	5	152	132	86.84%	20	28	28	100.00%	0
TOTAL	1,471	1,006	68.39%	465	1,471	1,372	93.27%	99	1,584	1,320	83.33%	264	517	492	95.16%	25

SK8

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	123	99	80.49%	24	123	123	100.00%	0	175	164	93.71%	11	51	50	98.04%	1
May-10	170	132	77.65%	38	170	170	100.00%	0	197	185	93.91%	12	73	71	97.26%	2
Jun-10	154	108	70.13%	46	154	152	98.70%	2	201	188	93.53%	13	62	60	96.77%	2
Jul-10	148	112	75.68%	36	148	145	97.97%	3	167	156	93.41%	11	57	55	96.49%	2
Aug-10	153	122	79.74%	31	153	153	100.00%	0	182	173	95.05%	9	62	61	98.39%	1
Sep-10	138	91	65.94%	47	138	136	98.55%	2	181	157	86.74%	24	57	54	94.74%	3
Oct-10	192	140	72.92%	52	192	189	98.44%	3	182	159	87.36%	23	58	55	94.83%	3
Nov-10	162	113	69.75%	49	162	157	96.91%	5	213	181	84.98%	32	67	64	95.52%	3
Dec-10	223	127	56.95%	96	222	211	95.05%	11	205	143	69.76%	62	54	38	70.37%	16
Jan-11	165	123	74.55%	42	165	161	97.58%	4	191	161	84.29%	30	44	39	88.64%	5
Feb-11	137	91	66.42%	46	137	134	97.81%	3	171	149	87.13%	22	33	31	93.94%	2
Mar-11	191	126	65.97%	65	191	191	100.00%	0	197	167	84.77%	30	58	50	86.21%	8
Apr-11	136	88	64.71%	48	136	132	97.06%	4	192	164	85.42%	28	38	36	94.74%	2
TOTAL	2,092	1,472	70.36%	620	2,091	2,054	98.23%	37	2,454	2,147	87.49%	307	714	664	93.00%	50

North West Ambulance Service NHS
NHS Trust

SK6

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	165	96	58.18%	69	164	160	97.56%	4	224	199	88.84%	25	59	58	98.31%	1
May-10	164	86	52.44%	78	163	162	99.39%	1	206	176	85.44%	30	63	55	87.30%	8
Jun-10	158	82	51.90%	76	158	155	98.10%	3	203	166	81.77%	37	54	50	92.59%	4
Jul-10	151	81	53.64%	70	151	147	97.35%	4	211	185	87.68%	26	46	45	97.83%	1
Aug-10	153	76	49.67%	77	152	149	98.03%	3	236	203	86.02%	33	56	54	96.43%	2
Sep-10	175	79	45.14%	96	175	173	98.86%	2	217	165	76.04%	52	43	40	93.02%	3
Oct-10	192	86	44.79%	106	192	182	94.79%	10	200	166	83.00%	34	84	75	89.29%	9
Nov-10	215	91	42.33%	124	215	201	93.49%	14	212	165	77.83%	47	63	58	92.06%	5
Dec-10	242	80	33.06%	162	242	215	88.84%	27	230	148	64.35%	82	58	37	63.79%	21
Jan-11	207	117	56.52%	90	207	204	98.55%	3	218	179	82.11%	39	79	72	91.14%	7
Feb-11	160	81	50.63%	79	160	152	95.00%	8	197	156	79.19%	41	63	56	88.89%	7
Mar-11	177	92	51.98%	85	177	173	97.74%	4	223	175	78.48%	48	61	55	90.16%	6
Apr-11	207	86	41.55%	121	207	203	98.07%	4	205	159	77.56%	46	38	36	94.74%	2
TOTAL	2,366	1,133	47.89%	1,233	2,363	2,276	96.32%	87	2,782	2,242	80.59%	540	767	691	90.09%	76

SK7

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	110	73	66.36%	37	109	107	98.17%	2	110	100	90.91%	10	37	36	97.30%	1
May-10	100	63	63.00%	37	100	100	100.00%	0	120	110	91.67%	10	36	34	94.44%	2
Jun-10	90	59	65.56%	31	90	87	96.67%	3	120	106	88.33%	14	51	49	96.08%	2
Jul-10	108	67	62.04%	41	108	107	99.07%	1	114	100	87.72%	14	56	55	98.21%	1
Aug-10	89	53	59.55%	36	89	86	96.63%	3	106	92	86.79%	14	34	31	91.18%	3
Sep-10	109	58	53.21%	51	108	106	98.15%	2	117	92	78.63%	25	34	34	100.00%	0
Oct-10	121	67	55.37%	54	120	116	96.67%	4	147	126	85.71%	21	40	35	87.50%	5
Nov-10	92	45	48.91%	47	92	85	92.39%	7	144	123	85.42%	21	38	34	89.47%	4
Dec-10	126	55	43.65%	71	126	112	88.89%	14	145	97	66.90%	48	51	41	80.39%	10
Jan-11	104	64	61.54%	40	104	102	98.08%	2	128	100	78.13%	28	33	30	90.91%	3
Feb-11	100	67	67.00%	33	100	98	98.00%	2	120	96	80.00%	24	29	25	86.21%	4
Mar-11	101	69	68.32%	32	101	100	99.01%	1	118	96	81.36%	22	37	35	94.59%	2
Apr-11	103	59	57.28%	44	103	101	98.06%	2	155	136	87.74%	19	33	31	93.94%	2
TOTAL	1,353	799	59.05%	554	1,350	1,307	96.81%	43	1,644	1,374	83.58%	270	509	470	92.34%	39

M22

	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	336	316	94.05%	20	245	234	95.51%	11	207	191	92.27%	16	55	55	100.00%	0
May-10	445	389	87.42%	56	324	310	95.68%	14	228	211	92.54%	17	68	66	97.06%	2
Jun-10	387	355	91.73%	32	274	261	95.26%	13	275	242	88.00%	33	73	70	95.89%	3
Jul-10	396	359	90.66%	37	279	264	94.62%	15	249	237	95.18%	12	65	65	100.00%	0
Aug-10	402	376	93.53%	26	283	255	90.11%	28	265	248	93.58%	17	61	61	100.00%	0
Sep-10	393	360	91.60%	33	275	253	92.00%	22	256	227	88.67%	29	78	75	96.15%	3
Oct-10	419	376	89.74%	43	298	271	90.94%	27	265	237	89.43%	28	86	83	96.51%	3
Nov-10	353	316	89.52%	37	257	235	91.44%	22	232	187	80.60%	45	71	64	90.14%	7
Dec-10	454	354	77.97%	100	332	290	87.35%	42	260	186	71.54%	74	63	46	73.02%	17
Jan-11	401	349	87.03%	52	279	258	92.47%	21	257	221	85.99%	36	56	54	96.43%	2
Feb-11	313	282	90.10%	31	223	203	91.03%	20	197	176	89.34%	21	53	48	90.57%	5
Mar-11	370	331	89.46%	39	261	244	93.49%	17	230	200	86.96%	30	68	61	89.71%	7
Apr-11	348	314	90.23%	34	259	244	94.21%	15	242	206	85.12%	36	31	23	74.19%	8
TOTAL	5,017	4,477	89.24%	540	3,589	3,322	92.56%	267	3,163	2,769	87.54%	394	828	771	93.12%	57

North West Ambulance Service NHS
NHS Trust

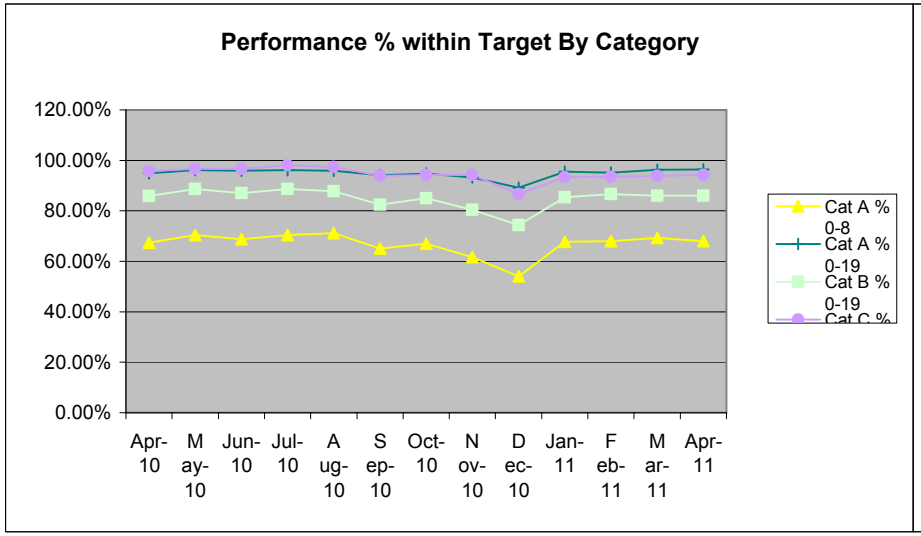
CH3

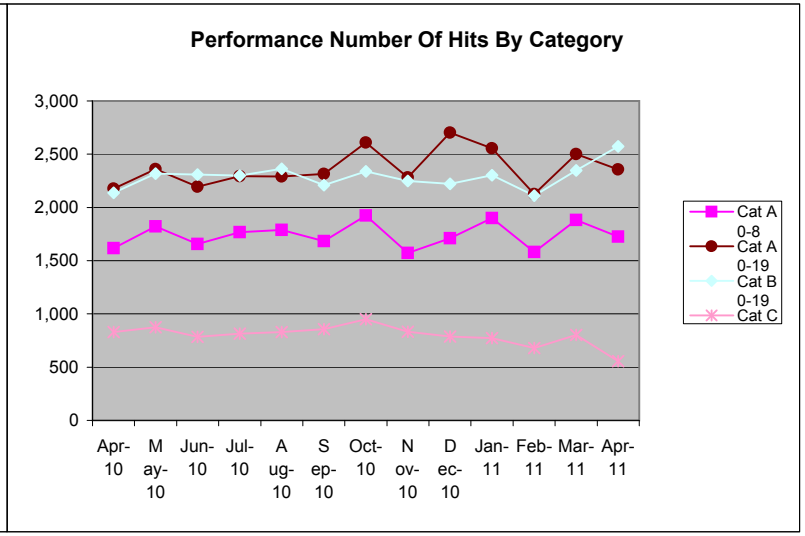
	Category A8				Category A19				Category B19				Category C60			
	TOTAL	0-8	% 0-8	8+	TOTAL	0-19	% 0-19	19+	TOTAL	0-19	% 0-19	19+	TOTAL	0-60	% 0-60	60+
Apr-10	67	45	67.16%	22	67	66	98.51%	1	87	71	81.61%	16	33	31	93.94%	2
May-10	72	42	58.33%	30	72	66	91.67%	6	80	67	83.75%	13	31	30	96.77%	1
Jun-10	68	46	67.65%	22	68	66	97.06%	2	68	59	86.76%	9	26	25	96.15%	1
Jul-10	78	54	69.23%	24	78	76	97.44%	2	67	65	97.01%	2	27	26	96.30%	1
Aug-10	56	36	64.29%	20	56	53	94.64%	3	85	75	88.24%	10	29	28	96.55%	1
Sep-10	61	33	54.10%	28	61	59	96.72%	2	76	61	80.26%	15	31	31	100.00%	0
Oct-10	73	42	57.53%	31	73	67	91.78%	6	74	66	89.19%	8	29	29	100.00%	0
Nov-10	69	35	50.72%	34	69	64	92.75%	5	83	72	86.75%	11	30	29	96.67%	1
Dec-10	97	49	50.52%	48	97	90	92.78%	7	98	78	79.59%	20	29	25	86.21%	4
Jan-11	93	61	65.59%	32	93	90	96.77%	3	96	84	87.50%	12	31	29	93.55%	2
Feb-11	66	34	51.52%	32	66	62	93.94%	4	83	81	97.59%	2	18	17	94.44%	1
Mar-11	79	51	64.56%	28	79	77	97.47%	2	73	64	87.67%	9	31	29	93.55%	2
Apr-11	65	40	61.54%	25	65	62	95.38%	3	99	86	86.87%	13	29	26	89.66%	3
TOTAL	944	568	60.17%	376	944	898	95.13%	46	1,069	929	86.90%	140	374	355	94.92%	19

North West Ambulance Service - Health Informatics	01 April 2010 to 28 February 2011	ABC Performance by District

CH3 and SK6 and SK7 and SK23 and SK12 and SK8 and SK11 and SK9 and SY13 and WA14 and ST7 and WA13 and SY14 and WA15 and SK10 and CW98 and CW12 and CW10 and CW11 and CW1 and M22 and CW3 and CW2 and CW5 and CW4 and CW7 and CW9 and CW6 and WA16

	Perf Cat A8 by Month Gov NWAS				Perf Cat A19 by Month Gov NWAS				Perf Cat B19 by Month Gov NWAS				Perf Cat C60 by Month Gov NWAS			
	Cat A TOTA	Cat A 0-8	at A % 0-8	Cat A 8+	at A TOTA	Cat A 0-19	at A % 0-19	Cat A 19+	at B TOTA	Cat B 0-19	at B % 0-19	Cat B 19+	at C TOTA	Cat C 0-60	at C % 0-60	Cat C 60+
Apr-10	2,400	1,617	67.40%	783	2,293	2,177	94.90%	116	2,488	2,137	85.90%	351	865	829	95.80%	36
May-10	2,588	1,821	70.40%	767	2,453	2,360	96.20%	93	2,614	2,319	88.70%	295	906	875	96.60%	31
Jun-10	2,408	1,657	68.80%	751	2,287	2,193	95.90%	94	2,654	2,309	87.00%	345	813	785	96.60%	28
Jul-10	2,509	1,767	70.40%	742	2,385	2,294	96.20%	91	2,593	2,299	88.70%	294	830	814	98.10%	16
Aug-10	2,515	1,789	71.10%	726	2,389	2,290	95.90%	99	2,690	2,363	87.80%	327	853	831	97.40%	22
Sep-10	2,586	1,683	65.10%	903	2,460	2,314	94.10%	146	2,681	2,210	82.40%	471	912	856	93.90%	56
Oct-10	2,873	1,924	67.00%	949	2,754	2,608	94.70%	146	2,749	2,338	85.00%	411	1009	950	94.20%	59
Nov-10	2,551	1,573	61.70%	978	2,449	2,282	93.20%	167	2,797	2,248	80.40%	549	885	834	94.20%	51
Dec-10	3,161	1,710	54.10%	1451	3,029	2,702	89.20%	327	2,991	2,222	74.30%	769	908	787	86.70%	121
Jan-11	2,799	1,899	67.80%	900	2,674	2,555	95.50%	119	2,694	2,302	85.40%	392	830	774	93.30%	56
Feb-11	2,325	1,581	68.00%	744	2,233	2,126	95.20%	107	2,436	2,109	86.60%	327	726	679	93.50%	47
Mar-11	2,714	1,881	69.31%	833	2,598	2,500	96.23%	98	2,728	2,347	86.03%	381	856	804	93.93%	52
Apr-11	2,537	1,726	68.03%	811	2,444	2,356	96.40%	88	2,992	2,573	86.00%	419	589	555	94.23%	34
TOTAL	28,715	19,021	66.20%	9,694	27,406	25,901	94.50%	1,505	29,387	24,856	84.60%	4,531	9,537	9,014	94.50%	523





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Health and Wellbeing Scrutiny Briefing

Date of Meeting:	9th June 2011
Drafted by:	Sheila Woolstencroft, Health Promotion and Improvement Manager Judith Leask, Policy Analyst

SUBJECT: Health Inequalities Strategy for Cheshire East

PURPOSE: To brief the Scrutiny Panel on progress towards:

- an outline of a Health Inequalities Strategy; and
- the proposed next steps for its development and timescales.

ISSUES:

- A Health Inequalities Strategy for Cheshire East will build upon work already undertaken in this area, to provide a concerted and coherent approach to addressing the significant inequalities in health experienced across the borough. For example:
    - There is a gap in life expectancy within Cheshire East of 10.9 years for males and 16.8 years for females. [1]
    - Males can expect to live 13.7 years longer without a disability and females 12.2 years, in some areas of Cheshire East than in others. [2]
    - People are 4.5 times more likely to die prematurely from cardiovascular disease if they live in the most-deprived 10% of Cheshire East, compared to the least-deprived 10%.[3]
- A major aim for producing a health inequalities strategy is to provide easy-to-use information, based around clear priorities, for LAPs to use in producing action plans and in developing initiatives that address these inequalities.

[1] Source: Living Well in Cheshire East – a call to action, p10. 'Area' refers to MSOA, a statistical geographical area

[2] Source: Living Well in Cheshire East – a call to action, p14

[3] Source: JSNA, Circulatory diseases mortality data workbook, gap trend (3-year pooled), 2006-2008 figures. Refers to LSOAs, by index of multiple deprivation. Premature death refers to under the age of 75.

The outline

- A proposed outline for a Health Inequalities Strategy for Cheshire East is attached. It divides the strategy into three parts:
    - Part one: A call to action
    - Part two: Priorities for action
    - Part three: Delivery and evaluation

- **Part one** will demonstrate the need for a health inequalities strategy, providing details of:
    - The work already undertaken in Cheshire East on health inequalities;
    - The national context, including the Acheson Report and the Marmot Review;
    - The challenge that exists, providing some figures for unequal health outcomes across the borough;
    - Principles for addressing health inequalities, including the need to address the wider determinants of health; and
    - The priorities for action for Cheshire East.

- We propose to provide information at a LAP level, showing comparisons between LAPs as well as priorities within LAPs across a range of factors.

- The priorities for action will be expanded upon in **part two**. Taken from the CECPCT Annual Report of the Director of Public Health, we currently propose the priorities to be:
    - Reducing mortality in children under one year of age
    - Reducing the life expectancy gap between those in the most deprived and least deprived areas
    - Reducing mortality rates from heart disease, stroke and related diseases in people under 75
    - Reducing mortality rates from cancer in people under 75
    - Reducing adult smoking rates

- We propose to produce a diagram for each of these priorities to show the factors influencing them, including the wider social determinants, lifestyle factors and services. We also propose to produce an easy to read and remember sheet of the five priorities and headline facts.

- **Part three** will provide details of how the strategy will be delivered and evaluated:
    - The partnership approach, with LAPs producing action plans for implementing this strategy
    - The role of the Health and Wellbeing Board in the governance of this strategy and the work of the LAPs.

Factors to be decided

- A number of factors will need to be decided upon in order to progress the development of this strategy:
    - The priorities to be used
    - The indicators for evaluation
    - The level at which the information should be provided (likely to be MSOA)
    - The comparisons to be made – whether comparisons are relevant, and should these be with the North West average or England average
    - The information to be provided, keeping in mind a need to fit in with JSNA information
    - A user-friendly name for the strategy

Proposed next steps

- An initial draft strategy will be circulated for comments within this group. We aim to present a draft to the Transition Board in July. Further discussion of priorities and aims may be needed at this stage.

- A briefing on the draft Health Inequalities Strategy will be presented to the Health and Adult Social Care Scrutiny Committee on 9th June for the Committee's input.

RECOMMENDATIONS:

It is recommended that the Scrutiny Panel notes:

1. The outline Health Inequalities Strategy for Cheshire East as the basis for further drafting work

2. The proposed next steps for developing the strategy:
    a. Meeting with a group of relevant officers from PCT and CEC; and
    b. Aim to present a draft to Transition Board meeting in July.
    c. Provide a briefing on draft strategy to Scrutiny on 9th June.

ATTACHMENTS:

1. Outline of draft Health Inequalities Strategy for Cheshire East
2. Draft 5 priorities and headline facts

Prepared by: Judith Leask, Policy Analyst, Performance and Partnerships (01270) 685856

Date: 21st April 2011

Draft Health Inequalities Strategy for Cheshire East

Outline

Reducing mortality in children under one year of age

Rate of infant mortality per 1,000 live births:

- Cheshire East: 3.8
- England: 4.8

Source: Child and Maternal Health Observatory, chimat.org.uk

Reducing the life expectancy gap between those in the most deprived and least deprived areas

Current **gap** in life expectancy (between best and worst MSOA in Cheshire East):

- 10.9 years – males
- 16.8 years – females

Average life expectancy:

- 78.7 years – males
- 82.5 years – females

Worst life expectancy (Crewe Central & Valley MSOA):

- 72.9 years – males
- 77.0 years – females

Source: CECPCT 'Living Well in Cheshire East'

Reduce mortality rates from heart disease, stroke and related diseases in people under 75

Rate of premature mortality from cardiovascular disease (CVD) is **4.5 times higher** in the worst 10% Cheshire East, compared to the best 10%.

Rates of premature death from CVD per 100,000 people:

- **Worst** decile of LSOAs: 151.2
- **Best** decile: 33.6
- **CE average**: 71.0

Source: JSNA, Circulatory diseases mortality data workbook, gap trend (3-year pooled), 2006-2008 figures

Reduce mortality rates from cancer in people under 75

Rate of premature mortality from cancer is approximately **1.6 times higher** in the worst 10% Cheshire East, compared to the best 10%.

Rates of premature death from cancer per 100,000 people:

- **Worst** decile of LSOAs: X
- **Best** decile: Y
- **CE average**: Z

Source: CECPCT 'Living Well in Cheshire East'

Reduce adult smoking rates

Rate of smoking related deaths is **4.7 times higher for males** in Cheshire East's worst MSOA compared to its best, and **5.8 times higher for females**.

Rates of smoking related deaths per 100,000 people (males):

- **Worst** MSOA: 304.6
- **Best** MSOA: 65.5

Rates of smoking related deaths per 100,000 people (females):

- **Worst** MSOA: 138.4
- **Best** MSOA: 23.7

Source: JSNA indicator spine charts, male and female smoking-related deaths, 2006-2008

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Agenda Item 8

CHESHIRE EAST COUNCIL

REPORT TO: HEALTH AND WELLBEING SCRUTINY COMMITTEE

Date of Meeting: 9 June 2011
Report of: Borough Solicitor
Subject/Title: Work Programme update

1.0 Report Summary

1.1 To consider the items in the former Health and Adult Social Care Scrutiny Committee work programme and agree which items are relevant for this Health and Wellbeing Scrutiny Committee.

2.0 Recommendations

2.1 That the current work programme be reviewed and more detailed consideration of scrutiny work to be undertaken be given at a future meeting.

3.0 Reasons for Recommendations

3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

4.1 All

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications including - Climate change
- Health

6.1 Not known at this stage.

7.0 Financial Implications for Transition Costs

7.1 None identified at the moment.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None.

9.0 Risk Management

9.1 There are no identifiable risks.

10.0 Background and Options

10.1 The attached work programme has been inherited from the former Health and Adult Social Care Scrutiny Committee and the final column lists whether the item now appears appropriate for this committee or the new Adult Social Care Scrutiny committee. However, at this stage, further detail is awaited on Portfolio Holders' functions and responsibilities and until that has been received it is difficult to determine each Scrutiny Committee's remit. It is therefore suggested that more detailed consideration of the work programme is given at a future meeting date.

11.0 *Access to Information*

The background papers relating to this report can be inspected by contacting the report writer:

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HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Issue	Description/ Comments	Suggested by	Portfolio Holder	Corporate Priority	Date for completion	Current position	Health and Wellbeing Scrutiny Committee (HWB) or Adult Social Care (ASC)
North West Ambulance Service (NWAS) Performance Issues and Foundation Trust status	Committee to be kept updated on performance of NWAS in Cheshire East and be a consultee on the application for Foundation Trust status	Committee	-	To improve life opportunities and health for everybody in Cheshire East	March 10 Jan 2011	FT status – complete. Response times – ongoing issue, to include joint report with Adult Social Care on emergency response	HWB
Future Healthcare Proposals – Knutsford and Congleton	Task/Finish Group set up but the Group's work was suspended due to the financial situation at the Primary Care Trust, the Group then met	PCT - Substantial Development or Variation in service	-	To improve life opportunities and health for everybody in Cheshire East	Autumn 2010	Final interim report went to Scrutiny 140411.	HWB

	and agreed a final interim report.						
Diabetes/Obesity – Scrutiny Review	Task/Finish Group now submitted final report to Cabinet on 20 September. Group to be reconstituted to consider the formal responses to its recommendations.	Committee	A Knowles H Gaddum (maybe more)	To improve life opportunities and health for everybody in Cheshire East	Dec 2010 initially Keep Action Plan under review	Review Action Plan in the future?	HWB
Care Quality Commission (CQC)	The CQC has attended meetings regularly to update on their role	CQC	R Domleo	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources			HWB/ASC
Centre for Public	Joint work with	Committee	A Knowles	To improve	Jan	Completed.	HWB

Scrutiny (CfPS) pilot project	Cheshire West and Chester Council (CWAC) on health inequalities with a focus on the rural areas. The findings contributed to a Toolkit published by the CfPS			life opportunities and health for everybody in Cheshire East	2011	Centre for Public Scrutiny toolkit published.	
Annual Public Health Report	To receive a presentation on the Annual Public Health report and assess whether any issues should be a focus for Scrutiny	Strategic Director People	A Knowles	To improve life opportunities and health for everybody in Cheshire East	Yearly document – Sept 2010		HWB
PCT Financial Sustainability and resultant Substantial Developments or Variations in Service (SDVs)	The Committee will continue to receive regular updates on the financial situation at the PCT and will need to be aware of any SDVs that arise as a result	PCT	R Domleo and A Knowles	To improve life opportunities and health for everybody in Cheshire East	On-going	PCT's moving into larger clusters to act as a regional body for health – they are currently in the process of appointing a CEO and Board. O&S to possibly comment on the	HWB

						remoteness that this structure may cause. Need to establish a contact point for the Cheshire East area in the new structure.	
Cheshire East Community Health (CECH) – Services under Review GP Out of Hours service Community Dietetics, Nursing Home Doctors Scheme, Community Dental Services	The Committee will receive updates on the Review of services by CECH which may give rise to SDVs To Mid Point initially	PCT/CECH	R Domleo and A Knowles	To improve life opportunities and health for everybody in Cheshire East	On-going Nov 2010	Noted that there could be a danger this might become too 'Macclesfield Focused'. Also a concern that it could be too hospital focused dealing with mostly reactive treatment to take people from hospital instead of working with CE to be proactive to keep people out of hospital. Review	HWB

Alcohol Services – commissioning and delivery in Cheshire East	New item not yet prioritised	The Cheshire and Wirral Councils Joint Scrutiny Committee	-	To improve life opportunities and health for everybody in Cheshire East			HWB
Pharmaceutical Needs Assessment – consultation	Scrutiny was consulted on this document which has now been finalised.	Mid Point (071010)	-	To improve life opportunities and health for everybody in Cheshire East	March 2011	Completed	HWB
Mid Cheshire Hospital – Clinical Services Strategy	Presentation made to a mid point meeting.	Committee	-	To improve life opportunities and health for everybody in Cheshire East	Sept 2010		HWB
Vaccinations	The preventative role of vaccinations - new item not yet prioritised.	Councillor Baxendale	-	To improve life opportunities and health for			HWB

				everybody in Cheshire East			
Changes in the NHS - White Paper	Scrutiny to receive regular updates on the changes as they progress.	PCT	-	To improve life opportunities and health for everybody in Cheshire East		Noted that the Membership of the Health and Well being Board is being drafted. Will be in a position to establish a shadow board in 3 to 4 months with a view to establishing the Board proper in approx April '12. Scrutiny to consider how the Committee will engage with the Board	HWB
Review of Joint Strategic Needs Assessment	The Joint Strategic Needs Assessment is a joint document produced by the PCT and the Council and is regularly updated.	Committee		To improve life opportunities and health for everybody in Cheshire	Sept 2010		HWB

	It will be a useful tool for informing Scrutiny of areas on which to focus work.			East			
Caring Together programme	This is a joint programme between the Council and health partners and regular updates will be submitted to the mid point meeting and full Committee (if required)	PCT	A Knowles R Domleo	To improve life opportunities and health for everybody in Cheshire East	Dec 2010	Superseded by Health and Well Being Board – remove.	HWB
Health Inequalities including life expectancy and Marmot Report	A Health Inequalities Strategy is to be produced and Scrutiny can have an input.	Committee	A Knowles	To improve life opportunities and health for everybody in Cheshire East	Initial reort to Commit tee Sept 2010		HWB
Budget consultations	Scrutiny to be consulted on the budget, arrangements not decided yet.	Corporate Scrutiny Committee					HWB
Quality Accounts: North	NHS Providers	Care Quality	-	To improve	Regular		HWB

West Ambulance Service; Review of QA's from both Hospital Trusts;	publish Quality Accounts on a yearly basis and are required to give Scrutiny the opportunity to comment.	Commission		life opportunities and health for everybody in Cheshire East	Reports to Commit tee		
Teenage Pregnancy	A report on the Teenage Pregnancy Strategy and actions taken by the Council has been to the Children and Families Scrutiny Committee. The Committee may wish to look at this issue too.	Children and Families Scrutiny Committee	H Gaddum A Knowles	To improve life opportunities and health for everybody in Cheshire East			HWB
Local Involvement Network (LINk) – Work Programme; Future arrangements and transition to Local Healthwatch	It is important to develop good working relationships with the LINk.	Committee	R Domleo	To improve life opportunities and health for everybody in Cheshire East	On-going	The future of funding arrangements and repercussions on staff still unclear. Possible update from Mike Crawshaw to	HWB/ASC

						come to Committee	
The Cheshire and Wirral Councils' Joint Scrutiny Committee	It is important to share work programmes with the Joint Scrutiny Committee as there may be similar areas of interest.	Committee	A Knowles R Domleo	To improve life opportunities and health for everybody in Cheshire East	On-going		HWB/ASC
Changes to out of hours service – Congleton, Knutsford and Handforth	The mid point meeting was advised about changes to the minor injuries service at Congleton in February 2011.				Sept 10		HWB
Impact of NHS changes on social care	Report on impact of changes at Riseley Street and The Willows, Macclesfield and temporary closure of the Tatton Ward, Knutsford		R Domleo	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire	Novem ber 2010	Completed (Riseley Street and The Willows); ongoing – Tatton Ward.	HWB

				East more choice and control around services and resources			
Passenger Transport Services review	Scrutiny consulted on the review in November 2011.					Completed	HWB
Paediatric Heart Surgery Review	Scrutiny Committee advised in April 2011 that the review would not result in changes to people in Cheshire as all options under review included retaining Alder Hey Hospital as a centre.	Mid Point				Completed	HWB
Lifestyle Centres	Currently piloting an initiative in which public health functions are shifted into mainstream leisure centres so that day centres can be rationalised. If this					Scrutiny to consider business case if pilot is successful	HWB

	works then a business case will be developed.						
Parking at Macclesfield Hospital	Issue requested by Members in March 2011	Members				For consideration	HWB
Social Care Redesign	Committee to receive regular updates to full meeting or mid point	Committee	R Domleo	To give the people of Cheshire East more choice and control around services and resources; To improve life opportunities and health for everybody in Cheshire East	Updates to most meetings	Number of items for Scrutiny to keep an eye on: - The process of moving people onto Personal Budgets - People increasingly purchasing services off the private sector – making savings and focusing on re-ablement. - The streamlining of processes	ASC
Safeguarding issues	Training event held for all members, review safeguarding periodically	Mid point	R Domleo	To improve life opportunities and health for	Training event arranged for all membe	To note that there has been an upsurge in safeguarding issues in	ASC

				everybody in Cheshire East	rs and held on 19 March 2011	independent providers – possibly to do with the fact that their margins are decreasing. Note: a recent Ombudsman report on care of the elderly in hospital.	
Dementia Strategy	a - Periodic reviews of specific aspects; b - consideration of the range of dementia service providers to identity gaps and scrutinise development plans (Task Group has been set up)	Committee	R Domleo	To improve life opportunities and health for everybody in Cheshire East; To give the people of Cheshire East more choice and control around services and resources			ASC
Support for Carers	To look at current	Committee	R Domleo	To improve		Progress report	ASC

	provision of support and training for carers and identify whether any scrutiny work is required.		A Knowles	life opportunities and health for everybody in Cheshire East.		to come to Scrutiny	
Age Concern proposals and impact on CEC and how this relates to the National Dementia Strategy (as above)	The Committee, at the meeting of 1 July, received a presentation from Age Concern on their proposals including the closure of day centres and agreed to set up a Task/Finish Group to scrutinise this and related matters in detail.	Committee	R Domleo	To improve life opportunities and health for everybody in Cheshire East	Red	Complete. Review new arrangements?	ASC
Commissioning Strategy/Whole System Commissioning	Outline of the strategy and reassessment of building based care requirements. Mid Point to be kept updated as	Mid Point (071010)	R Domleo	To improve life opportunities and health for everybody in Cheshire East; To		Due to undergo pilot with GP Consortia – brief on this?	ASC

	necessary.			give the people of Cheshire East more choice and control around services and resources			
Admiral Nurses	Role of Admiral Nurses – presentation					Complete	ASC
New Dementia unit at Hollins View	Looking at business case for this unit					If business case is found – bring to Scrutiny for consideration	ASC
Self Funders	Issue raised previously re: the potential budgetary pressures that could arise due to self funders running out of money early during the period of time they require care. To reduce this, CE engaging with SOLLA (Society of Later					Possible briefing for Members	ASC

	Life Advisors), an umbrella group of financial advisors who work to extend the period of which people can self fund.						
Development of a protocol regarding notifying service users/carers etc about changes in their social care arrangements	Issue requested by Members in March 2011	Members				For consideration	ASC
Disabled Facilities Grant and Home Improvement Grant	A review of Home Improvement Agency (HIA) services was carried out in 2010 with a view to streamlining the service into 1 service across Cheshire East, to improve delivery of Disabled Facilities Grants. A procurement process has been undertaken and						ASC

	once tenders have been evaluated a report will be submitted to Cabinet. This is part of the adult social care redesign, and the HIA is the main delivery agent for the Disabled Facilities Grants.						
Think Local Act Personal						Future item?	ASC
Charging policy	A report was submitted to the committee on 10 March 2010 on proposed changes to the council's charging policy and members asked for a report back on.						ASC

27 May 2011/djf

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **The Cheshire and Wirral Councils' Joint Scrutiny Committee**
held on Monday, 4th April, 2011 in Room 1, Wirral Borough Council, Brighton Street, Wallasey, Wirral, CH44 8ED

PRESENT

Councillor D Flude (Chairman)
Councillor P Lott (Vice-Chairman)

Councillors A Dawson, W Livesley, D Roberts, J Salter, B G Silvester, R Thompson and G Watt

IN ATTENDANCE

Councillor W Clements	Wirral Borough Council Substituting for Councillor C Povall
Mr P Hough	Co-opted Member

OFFICERS IN ATTENDANCE

Cheshire and Wirral Partnership NHS Foundation Trust

Sheena Cumiskey	Chief Executive
Avril Devaney	Director Of Nursing, Therapies and Patient Partnership
Ursula Martin	Associate Director of Quality, Compliance and Assurance
Dr A Ellis	Associate Medical Director

Cheshire West and Chester Council

David Jones	Scrutiny Team
Deborah Ridgley	Democratic Services Officer

Cheshire East Council

Carol Jones	Democratic Services

APOLOGIES

Councillors C Andrew, C Beard and S Jones	Cheshire East Council
Councillor C Povall	Wirral Borough Council

79 **DECLARATIONS OF INTEREST**

Councillors D Flude and P Lott each declared a personal interest in the proceedings on the basis that they were members of the Alzheimer's Society.

Councillor D Flude also declared a personal interest in the proceedings on the basis that she was a member of Cheshire Independent Advocacy.

Councillor D Roberts declared a personal interest in the proceedings on the basis that her daughter was an employee of the Cheshire and Wirral Partnership NHS Foundation Trust.

80 **MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting held on 10 January 2011 be approved as a correct record.

81 **DEMENTIA PATHWAY**

Dr Andrew Ellis, Consultant Psychiatrist, made a presentation to Members outlining the Dementia Care Pathway whose aim was to focus on patient-related outcomes to ensure that patients could live well with dementia.

The presentation covered:

- The statistical information in respect of the number of people with dementia and the expected rise in dementia by 2030. It was noted that the number of people with dementia currently was 700,000 in the UK, costing an estimated £17b per annum. The number of sufferers was likely to rise to 1,400,000 by 2030, with a consequential increase in cost to £51b.

  Dementia in under 65 years of age was rare. 1 in 14 of dementia sufferers were, over 65 years of age, with 1 in 6 over 80 years of age.

- The cost of treating patients with dementia. In the previous year, a sum of £160m had been allocated under the National Dementia Strategy, but as the funding had not been "ring-fenced" it had been used in other areas of patient care.

- The use of anti-psychotic drugs in treatment of dementia.

- Detection/Assessment: Early detection was important in improving the outcome for sufferers. A television advert, piloted in the North-West, encouraged close relatives or carers to seek GP diagnosis where relatives were exhibiting memory loss.

- Challenges presented by NICE HTA, and issues surrounding drug costs and service capacity.

- Dementia pathways:

  - detection
  - initial assessment
  - initial management
  - specialist referral
  - specialist assessment

- specialist management
- discharge

- The Committee was informed that in Wirral, more people with dementia were admitted to hospital than in other areas (1,000 per annum). In the absence of other prevailing health conditions, this was not appropriate.

- CWP initiatives, including –

  - new in-patient wards
  - Anti-psychotics in dementia – project with PCT awareness pilot in four care homes and four GP practices
  - Memory Assessment Scheme: nurse-led working with partner organisations focusing on early diagnosis and support
  - Local initiatives:
    (West)
    Advanced nurse practitioner
    Intensive home treatment team
    Accreditation Cedar Ward
    Memory clinic accreditation
    Service redesign
    (East)
    Advanced nurse practitioner
    Care Services Efficiency Delivery (CSED) Project
    Acute care consultant
  - Introduction of acute care model

- Future Challenges

  - Increasing demand for services
  - Move to patient-related outcomes
  - Impact on partnership organisations such as Social Services and Acute Hospital Trusts

Dr Ellis was thanked for his presentation and Members were able to ask questions –

- Was research into dementia being undertaken?

Members were informed that there had been no major breakthroughs for approximately 10 years. Dementia was a progressive deterioration in the brain and could take up to 20 years to manifest itself. The current focus was on the quality of care and support which could be provided to ensure, as far as possible, that dementia sufferers could remain independent.

- In response to a question about dementia statistics, Members were informed that there were no specific areas where there were significantly high or low incidences of dementia.

- Training of GPs.

Training on psychiatric disorders formed only 6 weeks training for GPs. Members commented that this appeared to be inadequate in view of the new role of GPs who would be able to commission health services under the Health and Social Care Bill.

It was suggested that at a future meeting, the Committee examine the staffing structure in respect of dementia services.

RESOLVED: That the presentation be noted.

82 **QUALITY ACCOUNT**

Cheshire and Wirral Partnership NHS Trust (CWP) had produced its first Quality Accounts in 2009/2010.

The Quality Accounts for the period 2010/2011 were tabled at the meeting by Ursula Martin, Associate Director of Quality, Compliance and Assurance for CWP. A covering briefing note was also tabled, suggesting a timeline for Scrutiny Committee Members to comment .

Members expressed disappointment that the report had not been made available with the agenda. In response, the Joint Committee was informed that the final guidance for preparation of the accounts had not been given until 31 March 2011.

The Regulations required CWP to allow its Commissioners (Primary Care Trusts) 30 days to review the Quality Accounts and provide a commentary for inclusion in the final accounts. CWP confirmed that it was affording this time to all third parties required to comment. Comments representing the views of the Joint Committee were required by 1 May 2011.

Brief comments were made as follows:

- Concern was expressed in respect of the deadline date for the commentary and its close proximity to the forthcoming elections.
- Insufficient performance data included.
- Means of measuring performance not identified for priorities identified for the forthcoming year.
- No explanation of the reasons for non-compliance with NICE guidance.
- Lack of bench-marking information and comparisons with last year's performance

In response, the Officer from CWP stated that the timeframes were nationally specified by the Department of Health. There was some discussion regarding the quality priorities and outcomes identified for 2011/2012. Dr Ellis commented that patient-related outcomes, in mental health for example, were relatively new and there were no comparisons available yet.

The Chairman suggested that Members submit all comments to Democratic Services (Cheshire East Council) as soon as practicable. She would arrange to meet with Councillor Lott (Cheshire West and Chester Council) and Councillor Bridson (Wirral Borough Council) to review comments received. Where appropriate, amendments would made; all comments would be included as an unedited Annex to the Quality Accounts.

The Chairman's suggestion was supported by Members and it was agreed that Officer input was essential to the process.

RESOLVED:

(a) That Members submit comments on the Quality Accounts 2010/2011 to Democratic Services, Cheshire East Council; and

(b) That Councillors Flude, Bridson and Lott meet to review the comments submitted, the meeting to be supported by appropriate CWP Officers; and

(c) That the report be re-submitted to the Joint Committee at the first available meeting after 30 June 2011.

83 **CHIEF EXECUTIVE'S UPDATE**

Owing to administrative difficulties, the report of the Chief Executive was not available at the meeting.

The Chief Executive provided an oral update and undertook to e-mail copies of her report to Members of the Joint Committee.

As part of the update, the Chief Executive responded to queries which had been raised on the minutes of the previous meeting.

84 **"NO HEALTH WITHOUT MENTAL HEALTH"**

The Chief Executive drew Members' attention to the recent publication of the Government's mental health outcomes strategy for people of all ages "No Health Without Mental Health". It recognised that mental health was central to quality of life. The strategy had been developed with a wide range of partner organisations to agree a set of six shared objectives –

1 More people will have good mental health
2 More people with mental health problems will recover
3 More people with mental health problems will have good physical health
4 More people will have a positive experience of care and support
5 Fewer people will suffer avoidable harm
6 Fewer people will experience stigma and discrimination

A sum of £400m was to be invested over the next four years in psychological services. The Chief Executive suggested that the Joint Committee might wish to consider this document at one of its meetings.

RESOLVED: That "No Health Without Mental Health" be included on a future agenda of the Joint Committee.

85 **CLOSING REMARKS**

The Joint Committee expressed its thanks to Councillor Dorothy Flude for her chairmanship of the Committee over the previous year.

Councillor Flude responded, and wished her colleagues good luck in the forthcoming elections.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor D Flude (Chairman)