

**TRUST BOARD MEETING – Thursday 21<sup>st</sup> August 08**  
**Domain 7 Standards (C22a and c, C22b, C23, C24)**

Title of the Paper:	Standards for Better Health Review - Domain 7 Declaration Year 08/09 Quarter 2	
Agenda item:	136/08	
Author:	Graham Ramsay Medical Director/Director of Patient Safety	
Trust Objective:	Objective 5 – Improving Our Performance	
<b>Key issues</b> Standard C23 – The Trust declared non-compliance with this standard in 07/08. The end date of this non-compliance was stated as being 31 <sup>st</sup> March 08. The Trust has now amended this date with the agreement of the HCC to say that the Trust will be compliant with this standard from 31 <sup>st</sup> August 2008.  Standard C24 - Actions are required to ensure that this standard is compliant for 08/09.  Domain report reviewed at Clinical Quality & Governance Committee 07.08.08		
<b>Purpose</b> This report focuses on each of the Standards within Domain 7 providing an update on the Trusts progress towards compliance.		
<b>Risk Implications for the Trust:</b>		<b>Mitigating Actions:</b>
The Standards for Better Health Core Standards contribute towards the Trusts overall quality of services rating for the Annual Health Check.		Action plans are in place for those standards that are not compliant
<b>Recommended Levels of Assurance</b> <b>Level of Assurance recommended to the Trust Board from the report:</b>  <b>Recommend Status:</b> Sufficient assurance  Standard C22a and c – Demonstrably improve public health and co-operate in local partnership arrangements with regard to public health.  Standard C23 – Systematic and managed health promotion programmes are in place (sufficient evidence from August 2008)  <b>Recommend Status:</b> Action to achieve compliance in 08/09 is necessary Standard C24 – Plans and preparation is in place and where possible practised response to emergency situations		
<b>Recommendation to the Trust Board:</b>  The Trust Board members are asked to:  • Note the contents of this report		

## **Standards for Better Health Review – Domain 7 Declaration Year 08/09 Q2**

### **Standard C22 a and c**

**Healthcare organizations promote, protect and demonstrably improve the health of the community served and narrow health inequalities by:**

- a) cooperating with each other and with local authorities and other organisations.**
- b) making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.**

The Trust in conjunction with the West Hertfordshire PCT has re-established the Clinical Effectiveness Committee. This committee acts as a sub committee of the West Hertfordshire Clinical Conclave Group which is attended by Colin Johnston (Associate Medical Director of Clinical Governance). The Clinical Effectiveness Committee is attended by the Clinical Governance Lead for WHHT, the Clinical Governance Practice Based Commissioning Leads (Dacom, Stahcom, Watcom), PCT Compliance Manager/Governance Lead, Medicines Management and Public Health representative.

The Clinical Effectiveness Committee in acting as a sub committee of the Conclave Group will represent primary and secondary care to ensure development via specialist working groups of patient care pathways, guidelines and policies that deliver best practice, continuous quality improvements and service redesign.

The Trust is now an active participant in the numerous local planning groups and have made presentations to these groups on its Public Health Strategy. It will use its membership of these groups to contribute to ensuring that the Trust participates effectively to the wider health and social care agendas where it is appropriate.

**Recommended Status:** Compliant

**Standard: C23**

**Healthcare organizations have systematic and managed disease prevention and public health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.**

The Trust reported to the board on 24<sup>th</sup> April 2008 the approach being taken to ensure that public health and the national agenda of reducing health inequalities are being taken forward.

The Trust has an approved Public Health Strategy, which will enable the Trust to proactively plan how it will continue to promote the health of its patients, staff and the wider community. The Strategy also outlines how the Trust will work in partnership with other key stakeholders who have responsibility for Public Health and ensure a collaborative approach.

The Trust has a Public Health Forum, which meets on a bi-monthly basis (4 meetings have now taken place this year) to ensure that the Public Health Strategy is implemented. The membership of this group includes PCT representation.

The Public Health Form has so far been focused on smoking cessation, obesity management and Fit for Business.

**Smoking Cessation**

Leaflets and other literature has been circulated with presentations at Clinical Governance half days and other teaching sessions. A referral form and process has been developed with 21 referrals made to the Smoking Cessation Group in the first quarter of 2008, and the number of referrals has now reached over 50. Information on the smoking cessation process for both patients and staff was featured in the June edition of 'On The Pulse'. The Trust has a trained smoking counselor.

**Obesity Management**

The Trust has held two Obesity Meetings to discuss the way forward on obese patient identification and referral processes.

**Fit for Business**

The Trust was successful in its application to take part in the national recognition scheme for workplace health. The Trust is currently looking for workplace champions to help the Trust embark on this project. The Trust is also providing support to improve the health of staff through various events such as the Staff Well-Being Day held on 9<sup>th</sup> July and the 'Fruity Friday' event held on the 16<sup>th</sup> May.

**Recommended Status:** The Trust has declared non-compliance with this standard in 07/08. The end date of this non-compliance was stated as being 31<sup>st</sup> March 08. The Trust is now amending this date with the HCC to say that the Trust will be compliant with this standard from 31<sup>st</sup> August 2008.

**Standard: C24**

**Healthcare organizations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services**

The recent Emergency Planning Group held on 24<sup>th</sup> June 08 identified the areas of the Major Incident Plan that needed updating.

The Trust has a Major Incident Plan (MIP), which is undergoing a six monthly review. In the near future the MIP will need to undergo major changes to incorporate the 'Delivering a Health Future' development, which includes the new Acute Admissions Unit. The six monthly-amended plan will be presented at the Emergency Planning Group on 25<sup>th</sup> September 2008 for approval and the draft major changes to the plan will be presented at the same group for further discussion.

The Chemical, Biological, Radiological or Nuclear Incident Policy has been revised and will be signed off shortly at the August 2008 Emergency Planning Group.

The Trust participates in the National Capabilities Survey (NCS), which assesses the current capabilities of resilience of the Trust. The Trust is due to take part in an assessment programme in the Autumn, the assessment will provide a status report on the Trusts present capabilities.

**Recommended Status:** The following actions are required to be completed

The Trust will take part in EMERGO Training October/November 2008. EMERGO is a Health Protection Agency approved company to run emergency preparedness training. The training in Oct/Nov will be a tabletop exercise. Feedback on the Trusts plan/ability to respond to a major emergency will be given.

Starlight exercise in September 2008 will be used to test the communications cascade process.

The Trust needs to set up a Business Continuity Plan especially around Pandemic Flu. The national requirement for completion is December 2008. Following discussions and work with the PCT the Trust is likely to complete this by March 2009.

The Trust needs to ensure that representatives attend the Pandemic Flu regional exercise on 28<sup>th</sup> October in Newmarket.

The Trust has an agreed Pandemic Flu Policy and Action Plan which will ensure the following actions are completed:

- Re-institute Trust Pandemic Flu Steering Group.
- Confirm chair and Executive Lead for Pandemic Flu Planning.
- PCT led Pandemic Flu coordinating Group – Trust representation to be agreed.
- Review and revise Pandemic Flu Plan.
- Arrange test/exercise of Pandemic Flu Plan.

**Prof. Graham Ramsay**  
**Medical Director/Director of Patient Safety**

Thursday 21<sup>st</sup> August 2008