

1 Patient Experience				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 1.	Local equality arrangements are in place and are reflected in all aspects of commissioning.	<p>Corporate</p> <p>1. Is there an up-to-date Welsh Language Scheme agreed at Board level?</p> <p>2. Is there an up-to date Race Equality scheme agreed at Board level?</p> <p>3. Is there an up-to date Equality and Diversity scheme agreed at Board level?</p> <p>Operational</p> <p>4. How is progress and compliance with the above schemes monitored?</p> <p>5. What mechanisms and tools do you use to review and undertake equality and diversity impact assessments of new and existing services?</p> <p>6. How do you plan and design services that meet the needs of specific groups, including young people, older people and people with disabilities?</p> <p>7. How do you ensure primary care contractors are complying with equality and diversity legislation and guidance?</p> <p>Impact on Patient Care/Experience</p> <p>8. What developments have taken place during the last 12 months that address the needs of minority groups within your local community?</p>	<p>Yes - The LHB's Scheme was approved by the LHB Board and the Welsh Language Board in 2004. There have been 2 subsequent annual reports on progress for 2004/5 and 2005/6. Annual meetings are held with the Welsh Language Board to agree ongoing areas of action.</p> <p>Yes. The Local Health Board approved a Race Equality Scheme and Action Plan in July 2005. The LHB Board has recently approved the first annual report on progress, which has been submitted to the Commission for Racial Equality.</p> <p>Yes. The Local Health Board approved an Equality and Diversity Action Plan in 2005 in response to a Service and Financial Framework target set by the Welsh Assembly Government. Action plans with evidence of progress & timescales</p> <p>Implementation of each of the schemes is monitored on a quarterly basis and exception reports made to the LHB Management Team. Annual Reports on each scheme are submitted to the LHB Board. There have been discussions but no exception reports.</p> <p>The LHB utilises the impact assessment tool for existing and new policies and services. The tool has been developed by the NHS Centre for Equality and Human Rights. Officers of the LHB have undertaken specific training provided by the NHS Centre on the use of the tool.</p> <p>The LHB in wider partnership with Blaenau Gwent County Borough Council, Gwent Association of Voluntary Organisations (GAVO) and other partners have developed partnership planning structures as part of the development and implementation of the Healthier Futures Strategy (Health, Social Care and Well Being Strategy). The LHB has also developed very close links with the Blaenau Gwent Youth Forum and has co-opted a member of the Forum onto the LHB Board. The LHB also participates in an Equalities Partnership Group for Blaenau Gwent, which has a particular focus on Equality and Diversity issues. Equalities coordinator in post but has been away since starting therefore no progress has been made as yet. Compliance of primary care contractors with equality arrangements is monitored through QoF visits but it is recognised that more needs to be done to link with complaints and other feedback.</p> <p>The LHB in partnership with the NHS Leadership and Innovation Agency has appointed an Equalities Co-ordinator. A key role of the post is to raise awareness and compliance with primary care contractors and officer of the LHB in relation to Equality and Diversity legislation and guidance.</p> <p>The LHB through the Blaenau Gwent Equalities Partnership Group has undertaken a Needs of Minorities questionnaire, which has informed Local Partnership Working and approaches to service development. Tried to make contact with minority groups but responses have been poor. Examining new ways of reaching these groups. (Havent benchmarked with Newport - outreach nurses)</p>	<p>Equality arrangements are in place and are embedded. Compliance of independent contractors with equality arrangements is monitored through the Quality Outcomes Framework (QoF) process, however the LHB recognises that the QoF tool is not sufficiently developed. The LHB relies on encouragement and awareness training to increase compliance with equality arrangements by independent contractors. The establishment of an Equalities Co-ordinator will help to facilitate this. Joint commissioning and partnership arrangements take into account equality issues, however the LHB has experienced difficulties in identifying the needs of minority groups within the local community and recognises the need to consider the experience of other LHBs.</p>

LHB 2.	Access to primary and secondary care services are monitored and evaluated.	<p>Corporate</p> <p>1. How does the Board monitor and evaluate access to primary and secondary care (including out of hours services) and how is this information used to evaluate your primary care strategy?</p> <p>Operational</p> <p>2. Does the LHB have a SLA for emergency access to NHS Dentistry?</p> <p>3. How has the availability of access to local dentistry improved over the past year? Please give examples.</p> <p>4. How do you ensure children in need of advocacy services have access to them?</p> <p>5. What are your current initiatives / developments designed to improve access for patients?</p> <p>6. How do you monitor the accessibility and suitability of the care and services you provide to the population you serve?</p> <p>7. How do you work with other organisations and agencies, including local and public transport providers and local authorities to ensure all patients and members of the public have physical access to the services you commission and/or provide?</p> <p>Impact on Patient Care/Experience</p> <p>8. How have you responded to themes emerging from patient satisfaction questionnaires relating to access? Please give examples.</p>	<p>Through QOF review visits. The LHB uses CHC members to evaluate the length of time patients have to wait for the next available appointment. Access deficiencies are due to lack of capacity within practices. The LHB is addressing this issue through its Recruitment and Retention plans and the Estates Strategy. Out of Hours, the LHB receives monthly reports on access times and level of response. Prior to the ongoing review of Out of Hours services, the Board received quarterly performance reports. They rely on both the QoF visits & other formal & informal mechanisms to evaluate access. They primarily use encouragement & education with the independent contractors. There is some reporting of this to the Board and a recognition that a balance needs to be struck between encouragement and rigorous performance management.</p> <p>Secondary Care Waiting Times are monitored on a monthly basis utilising local and national data sources. The position for A&E attendance, in patients, day cases, out patients for 06/07, and diagnostics and therapies are monitored and reported to the Board. There has been an evaluation of the OOH service which has led to further changes.</p> <p>The LHB has a contract with Gwent Healthcare NHS Trust to provide unscheduled dental care which is an advice service mid week and clinic sessions on Saturdays, Sundays and Bank Holidays.</p> <p>The LHB has agreed contracts with all 10 dental practices in the borough. 4 of which include significant increases in capacity and £600,000 of additional investment.</p> <p>Specific advocacy services are purchased through the Local Authority. Procedures are also in place to ensure effective support for any children and young people making a complaint against the LHB. National Youth Advocacy Service (NYAS) - focus mainly on looked after children on child protection register. Education dept (LA) working on building on the contract with NYAS to develop a 1 stop advocacy service. (Children sometimes directed to independent advocacy services in the area - non commissioned)</p> <p>The LHB is working with local GP Practices to introduce the Access DES. Work has been undertaken to meet the requirements of the DDA act with practitioners. Review of pharmacists has been undertaken. Still problems with dental practices. Working in partnerships with CHC.</p> <p>The LHB has conducted surveys on GP Premises to ascertain accessibility for disabled patients and has also purchased automatic doors for health centres and induction loop systems for those patients who are hearing impaired. LHB has provided funding for loop systems and automatic doors for GP practices.</p> <p>The LHB has invested in services for local people at Blaenau Hospital. Work is ongoing with the Clinical Futures and Primary Care Estates Strategy which incorporates accessibility for local population. A key theme of the Health, Social Care and Well Being Strategy is access to services and this is an issue that has been considered via the Blaenau Gwent Partnership Board and supporting structures. Transport needs have been identified there is the potential for use of the voluntary car service but this is not part of their commissioning at the moment.</p> <p>The LHB would discuss results of any patient satisfaction questionnaires with each individual practice and would provide advice on any key issues identified. Although the GMS contract requires practitioners to seek patient experience it is not clear how the Board are accessing or using this information. Access to GPs has been raised as an issue. There has been participation in the primary care collaborative but this does not appear to have led to changes and has not been considered to have been successful.</p>	<p>Systems and process are in place to monitor and evaluate access to primary and secondary care services. Operationally it is clear the LHB has initiated a number of activities to improve access such as the installation of automatic doors at health centres and the purchase of specific childrens advocacy services. Transport has been highlighted as a key theme within the Health, Social Care & Well Being Strategy and is an issue, which the LHB will need to address with local partners. The primary care collaborative operating within the region has had limited success and the LHB now needs to explore ways of developing appropriate clinical leadership, particularly in terms of access issues.</p> <p>The LHB recognise that in respect of its Primary Care contractors a balance between encouragement and rigorous performance management needs to be struck. It is therefore recommended that the LHB develop an education programme for primary care that focuses on elements of performance arrangements, clinical leadership and access issues.</p>
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2 Public and Patient Involvement					
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion	
LHB 3.	The views of patients / public and staff are sought and used to make changes and improvements.	Corporate			
		1. Is there an up-to-date Public and Patient Involvement Strategy agreed at Board level?	Yes. The LHB Board approved a Patient and Public Involvement Strategy and associated Action Plan in 2004. The LHB PPI Committee approves the annual action plan on behalf of the Board. The LHB utilised the Signposts Two Self Assessment Tool as part of the development of the Strategy. PPI Strategy approved.	The LHB have the necessary strategic arrangements in place to take forward the PPI agenda with patients, public and staff. There is a clear board commitment to the principles of PPI and good evidence of strong links with partners and the local community. The LHB has shown a willingness and ability to seek the views of patients and the public in relation to changing patterns of service using a basket of tools (a range of consultation approaches) to secure this involvement. We acknowledge the efforts that are obviously being made and we would encourage LHB to share their experiences of consultation, with others. The LHB also has a well-developed Staff Partnership Forum mechanism that facilitates the effective engagement and participation of staff.	
		Operational			
		2. What examples are there of consultations with local population and patient surveys undertaken over the past two years?	The LHB has undertaken a range of consultation and engagement activity over the last two years. This has included comprehensive local consultation on the proposed Welsh Language Scheme, Race Equality Scheme, Health, Social Care and Well being Strategy and the Primary Care Estates Strategy. The LHB has led partnership approaches and participated in Gwent-wide and regional activity on consultations such as Clinical Futures, Out of Hours Reconfiguration and the South East Wales Regional Plan. As part of these activity patient and public surveys have been undertaken to inform future planning. Clear evidence of consultation exercise not only around major change eg closure of Ebbw Vale but also with specific groups eg children. There is also evidence of a change as a result of feedback (eg childrens newsletter & interactive voting system for young people). Have developed a basket of tools (range of consultation approaches) - realised that one size does not fit all. Good skills in linking into local communities.		
		3. What examples are there of consultation / staff surveys undertaken over the past 2 years?	The LHB has a well developed Staff Partnership Forum mechanism and a programme of LHB Staff Development Events and Directorate/Team Meetings. The LHB has participated in the Welsh NHS Staff Survey and has converted the LHB results into an Action Plan. The LHB has an Internal Communication Strategy, which guide the engagement of LHB Office staff and LHB Directly Managed GP Practice staff. The also follows the principle of staff participation and negotiation in the development of policies, organisational approaches and general areas of activity.		
		4. Which planning groups / committees have patient / public representatives as standing members?	The LHB has a dedicated Patient and Public Involvement Committee, which comprises LHB Non Officer Members, Officers of the LHB and partner organisation representatives. The Committee is chaired by the LHB's PPI Champion (the LHB Community Non Officer Member). PPI activity is led by the Director of Corporate Development and Partnerships and representatives of the Directorate work with colleagues to mainstream PPI activity in every aspect of the organisation. Representatives sit on the Clinical Governance Committee, Clinical Governance Working Group and Primary Care Strategy Committee. Specific communication and engagement groups are also established on a task and finish basis to support specific activity e.g. new Dental Contract, GMS Contract. PPI Group has non officer member as PPI champion. They use a variety of methods to ensure patientys & the public views are sought (including representation on groups)		
Impact on Patient Care/Experience					
5. What changes have been made during the past 12 months as a direct result of specific feedback / consultation with patients and the public? Please give examples.	Primary Care Estates Strategy - some of the feedback in terms of travel times and location of services helped inform the final Strategy proposals i.e. the hub and spoke model. The LHB has also worked with patient groups at GP practice level - and patients of practices actively participate in the appointment processes for new GPs. Children and young people have directly influenced the development of a Young Persons Health Issues magazine - highlighted through the consultation on the Health, Social Care and Well Being Strategy. Examples of current consultations and links into the media eg new patterns of primary care services (hub * spoke). Good links with local media.				
6. What changes / improvements have been made as a direct result of specific feedback from staff during the past 12 months? Please give examples.	The LHB's Staff Partnership Forum and Staff Development days have identified key areas for action and change to the office environment and ways of working, which have been implemented. The LHB has a suggestion box system and a staff group actively plan the agenda for the LHB's programme of staff development days.				

3 Use of Information				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 4.	There is a clear strategic direction and co-ordinated approach to Information Management and Technology, which considers all contractor professions.	Corporate		
		1. Is there an up-to-date local IM&T Strategy and Readiness Plan agreed at Board level?	The LHB in conjunction with the NHS Business Services Centre is developing a comprehensive IM and T Strategy through the regional Service Development Group, which is chaired by the Blaenau Gwent Finance Director. The LHB has a Primary Care IM and T facilitator and actively participates in Informing Healthcare Readiness activity in primary care.	The LHB in partnership with the NHS Business Service Centre (BSC) is developing an Information Management and Technology (IM&T) strategy and is working to a local plan for sustainability in the interim. A Primary Care IM&T facilitator has been appointed who participates in Informing Healthcare activity with independent contractors. A range of IM&T developments have been introduced, including the Clinical Workstation Project. Further, audit activity has facilitated the provision of information on information governance / flows for independent contractors. It is recommended that the LHB ensures that the needs of all contractor professions are assessed and addressed as part of the IM&T strategy development process.
		Operational		
2. What IM&T actions been progressed over the past two years, which have relevance to contractor professions? Please give examples.	The LHB has a dedicated IM and T Facilitator as part of the Primary Care Resource Team. The LHB has actively participated in the Informing Healthcare readiness activity in primary care. Engaging with the Clinical Workstation programme. Developed information sharing protocols as part of the Out of Hours Service. Information provided to contractor professions on information governance and information flows have been identified through audit. The clinical workstation project is being rolled out with a target delivery date of end 2006.			
		Impact on Patient Care/Experience		
		3. What specific IM&T developments have taken place during the last 12 months (such as electronic prescribing systems)?	The LHB has a rolling programme of IM and T development and equipment replacement across primary care, especially with General Practitioners in the first instance. The LHB has a strategy in line with the National Strategy based around the sustainability of existing systems pending the national programme.	
LHB 5.	Information / learning is shared with public / patients, stakeholders / partners and clinical and non-clinical staff.	Corporate		
		1. Is there an up-to-date Communications Strategy agreed at Board level?	Yes. The LHB has a suite of communication strategies, which are regularly reviewed and updated and have associated Action Plans. These strategies include and External Communications Strategy, Internal Communications Strategy, Media Strategy and PPI Strategy.	The LHB has in place a suite of communication strategies and mechanisms for sharing information with the public, patients and its partners. The sharing of information between organisations within the Gwent region is covered by the South East Wales Information Sharing Protocol. In addition information-sharing protocols have been developed for the Out of Hours (OOH) service. The LHB needs to consider whether the systems and processes it has in place are sufficient particularly with respect to providing guidance to front line staff within particular service areas, including those involved with the implementation of Integrated Care Pathways and Unified Assessment.
		2. What information protocols are in place?	The LHB is a signatory to the South East Wales Information Sharing Protocol. As indicated above, the LHB is part of an information sharing protocol for the Out of Hours Service. There is the SE Wales info sharing protocol but protocols have not been developed for particular service areas.	
		3. How are outcomes of clinical audit activity reported to the Board?	Clinical audit processes are managed via the LHB's Clinical Governance Framework. Reports are made through the Clinical Governance Working Group to the Clinical Governance Committee on behalf of the LHB Board.	
		Operational		
		4. What are the mechanisms in place to disseminate clinical outcomes information across the primary and secondary care interface and within the LHB?	The LHB's Clinical Governance Framework has a well developed communication arrangement in place. Key to this approach is the programme of Continuing Professional Development sessions organised by the LHB, which engages primary care clinical staff and links to secondary care. The LHB has a Clinical Governance Development Plan, which guides this work. IT issues form part of wider CPD training - open to managed & contractor staff. ECDL similarly available.	
		5. What changes / modifications have been made to communication strategy, policy and procedures as a result of outcomes from monitoring and feedback of your communication activity?	Each Strategy has an associated Action Plan. The plans are reviewed annually and changes made based on feedback from consultation and engagement events, staff participation activity and via the LHB's Media Monitoring mechanism, which is reported quarterly to the PPI Committee. Evidenced.	
		6. What examples are there of joint working / initiatives with stakeholders relating to information sharing and learning?	The LHB is a signatory to the South East Wales Information Sharing Protocol. As indicated above, the LHB is part of an information sharing protocol for the Out of Hours Service. Also, the LHB on a Blaenau Gwent basis has developed a joint protocol for communication and consultation with the Blaenau Gwent County Borough Council, Gwent Healthcare NHS Trust, GAVO and the Gwent Community Health Council. The overall South East Wales information sharing protocol is used. There are no underpinning information sharing protocols for particular service areas.	
Impact on Patient Care/Experience				
		7. What channels are used for communicating patient information, i.e. Mail drops, local media, newsletters, leaflets and posters? Please give examples.	A range of methods are used to communicate patient orientated information - including all a Blaenau Gwent Directory of Services, a number of patient focused leaflets including a Complaints Leaflet, local media campaigns. The LHB has a dedicated page in the County Borough Council's quarterly magazine, which goes to every household in Blaenau Gwent. Posters and leaflets are used for specific campaigns e.g. new Dental Contract. Electronic methods are used e.g. websites and enquiries e-mails. The LHB also has space on the Community Television service, which ahs screens on local post offices and supermarkets. Have leaflets / website etc - crosses over to the PPI / Patient	
		8. How do you ensure your Service directory is kept up to date?	The Blaenau Gwent Guide to Services is regularly update via the Communications Team and the PPI Committee. Paper based and electronic versions made available. Evidenced.	

LHB 6.	Information is subject to quality assurance and confidentiality is considered.	Corporate		The LHB recognises the need to ensure the confidentiality and security of information and has put in place a range of measures to achieve this. There are appropriate governance arrangements in place, i.e. an appointed Caldicott Guardian and an Information Governance and Development Committee as well as various associated strategies, protocols and procedures, however the Board has not yet approved a Caldicott Improvement Plan. There is currently no Informed Consent policy for independent contractors within the Blaenau Gwent region, though this has been identified as an issue by the LHB. Whilst the LHB recognises the need to ensure that information governance mechanisms operate consistently across all areas there are some difficulties in relation to primary care and the appointment of clinical governance leads for all primary care practices will be a key step in taking this forward.
		1. Is there an up-to-date Records Management Policy agreed at Board level?	Yes. The LHB has a Records Management Strategy and associated protocols and procedures, which have been agreed by the LHB Board.	
		2. Is there an up-to-date Informed Consent Policy agreed at Board level?	The Gwent Healthcare NHS Trust has an Informed Consent Policy for the services it provides for Blaenau Gwent residents. Work is ongoing to develop a similar policy for primary care services in Blaenau Gwent. Under development.	
		3. Is there an up-to-date Confidentiality Agreement?	There is no specific confidentiality agreement. For the LHB. However, the LHB has continued to develop its approach to information governance and all staff have contractual obligations regarding confidentiality, expressed in the job descriptions and contracts.	
		4. Who is your named Caldicott Guardian?	The LHB's Medical Director is the designated Caldicott Guardian. In the absence of the Medical Director the Modernisation and Nursing Director undertakes this role.	
		5. Is there an up-to-date Caldicott Improvement Plan that has been agreed at Board level?	No - A current Improvement Plan has not been approved by the Board. Work is underway to develop the plan for approval. Caldicott Improvement Plan is in development.	
		6. What committee has lead responsibility for overseeing the implementation and operation of your information governance framework?	The LHB has an Information Governance and Development Committee, which reports to the LHB's Management Team.	It is therefore recommended that the LHB review its information governance arrangements and ensure that the issues that have been highlighted are addressed.
		Operational		
		7. How do you monitor information security in contractor organisations? Please give examples.	The LHB monitors information security at GP practices via the contractual and statutory requirements of the new GMS Contract and the Qualities and Outcomes Framework. The LHB recognises that there are some difficulties in managing information security in primary care. Where information is provided that is not in line with security standards this is taken up with the individual contractor (plus professional standards). An incident log is being developed for information related incidents which will be linked to the wider incident reporting system. There are concerns regarding physical security of patient information in some premises. The LHB intends to build requirements for information security into its commissioning for enhanced services.	
		8. What progress has there been against Caldicott Improvement Plans? Please give examples.	Progress limited at this time.	
		9. How do you monitor and check the consistency of the information used by staff?	The LHB has a Information Governance and Development Group and also participated in Regional arrangements facilitated by the BSC. The LHB undertakes regular information flows audits and other information governance audits to assess and monitor organisational and operational approaches.	
10. Who are your Caldicott leads in primary care?	No designated Caldicott leads identified in general practice at this time. This is variable. The plan is to have CG leads for all practices to cover caldicott issues as well as other (eg child protection). Not yet appointed in all practices.			
Impact on Patient Care/Experience				
11. How do you monitor and assess the suitability, relevance and value of the information you provide to patients and the public?	The LHB utilises patient surveys. The LHB participates in a Gwent-wide Patient Support Scheme. As part of this audit activity is undertaken across Gwent regarding patient support resources. Covered in PPI / Pt Exp.			

4 Process for Quality Improvement				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 7.	Risk Management is in place throughout the LHB and its contractor services.	<p>Corporate</p> <p>1. Is there an up-to-date Risk Management Strategy agreed at Board level?</p> <p>2. How do you ensure risk management information supports the decision making of Executive / Management Teams?</p> <p>Operational</p> <p>3. Does the LHB have a Risk Register in place that includes contractor professions?</p> <p>4. What is your risk management reporting system and does it encompass all contractor organisations?</p> <p>5. How is your risk management framework integrated with those of other organisations?</p> <p>6. What was your overall external WRMS Score for 05-06?</p> <p>Impact on Patient Care/Experience</p> <p>7. Describe a recent example (from within the last 12 months) of improvement resulting from your use of risk management data and information.</p>	<p>Yes. The LHB has a Risk Management Policy and Strategy and Risk Assessment and Treatment Process, which is reviewed annually by the LHB's Risk Management Committee and reported to the Board. Described the links between RM & CG committees</p> <p>Quarterly reports are submitted to the LHB Board. The Chief Executive chairs the Risk Management Committee. LHB approach to risk management is led by the Director of Corporate Development and Partnerships. Members of the LHB Management Team are also members of the Risk Management Committee. Every Board paper submitted to the Board has an associated risk assessment. LHB top ten risks are reported to the Board. Top 10 risks reported & quality assured by LHB Board.</p> <p>Yes. The LHB has a comprehensive risk register, which includes organisational, financial and clinical risks. The Risk Register is reported regularly to the Risk Management Committee. All identified risks have an associated action plan. The LHB has developed a risk database to manage and manipulate the LHB's Risk Register. Risk register compiled from a variety of sources eg board papers / staff input / balanced scorecard / little input from contractor professions. Recognise need to expand the SaFF risks. Separate systems for recording complaints incidents and risk register - need to consider integration of these.</p> <p>The LHB reports all identified risks to the Risk Management Committee with required action plans. The Risk Management Committee monitors the progress of all risks through the Risk Assessment and Treatment process. Quarterly and an annual report are made to the Board. Effective cross reporting links are with the Audit Committee and Clinical Governance Committee.</p> <p>The LHB participates in the All Wales LHB Risk Managers Network facilitated by the Welsh Risk Pool. This group is key in sharing best practice and risk management development ideas. The LHB Risk Management Committee has designated membership for the Risk Manager of the Gwent Healthcare NHS Trust. The LHB's Risk Register also identifies risks generated in partnership eg, risks that cross the boundaries of health and social care.</p> <p>The Welsh Risk Pool overall aggregated score has been indicated as 76%, but this is yet to be finally confirmed. There are plans to increase the low WRP score for primary care by providing more evidence. The LHB need to go further and clarify if there are risks in contractor professions which are currently not being identified.</p> <p>A key risk for the LHB was identified in relation to the implementation of the new Dental Contract in relation to the potential of local GDPs not signing up to the new contractual arrangements, which would have resulted in reduced access to NHS dentistry for Blaenau Gwent patients. Through assessing and understanding the risk associated with this area, an action plan was established to further develop working relationships with GDPs, especially during this period. A key vehicle for this work was Continuing Professional Development events and to discuss the potential development of further financial support packages for dentists. Following through this action via actively managing the risk resulted in all current GDPs in Blaenau Gwent signing up to the new contract and the identification of additional NHS capacity.</p> <p>A further example would be the LHB's active management of the implementation of the new Oxygen Contract. Again, the key risks associated with the changing contract were assessed and understood. A local management action plan was established to manage the transition. Blaenau Gwent has successfully implemented the new Oxygen Services Contract and has worked directly with patients resulting in the reduction of numbers of patients requiring oxygen. The Blaenau Gwent approach has been identified as an exemplar model in Wales.</p>	<p>The LHB Board has a good understanding of risk management and has appropriate systems in place to identify, assess and manage risks. The LHB has developed a risk database that includes risks related to areas of partnership working, i.e. risks that cross boundaries of health and social care, but at present there is very little input from independent contractor professions. The biggest challenge for the LHB is working with the independent contractors to ensure risk identification and management is taking place in these settings.</p> <p>We recommend the LHB further develops its risk management systems and processes to ensure that the risks identified by contractor professions are captured and properly monitored and managed.</p>

LHB 8.	<p>The Clinical Audit and Clinical Effectiveness programme:</p> <ul style="list-style-type: none"> * Encompasses the clinical governance framework, including NICE & NSFs. * Provides evidence of implementation and evaluation of NICE guidance and evidence -based practice * Crosses organisational boundaries * Allows sharing of audit findings 	<p>Corporate</p> <p>1. Is there an up-to-date Clinical Audit Strategy agreed at Board level?</p> <p>2. Is there an up-to-date Clinical Effectiveness Strategy agreed at Board level?</p> <p>3. What processes do you have in place to manage and reconcile potentially competing demands and requirements arising from different national standards, guidance and policies?</p> <p>Operational</p> <p>4. What national / local audits been undertaken during the past 12 months?</p> <p>5. What procedures do you have in place to disseminate / implement national clinical standards guidance and policies (i.e. NICE & NSFs).</p> <p>6. Identify the groups or committees linked to the LHB which include clinical audit in their terms of reference.</p> <p>7. Identify the groups or committees linked to the LHB which include clinical effectiveness in their terms of reference.</p> <p>8. What examples of integrated care pathways are there and how have they been implemented?</p> <p>9. Who takes the lead for ensuring implementation and compliance with national standards, guidance and policies?</p> <p>Impact on Patient Care/Experience</p> <p>10. What have been your key achievements in improving patient care and outcomes during the past 12 months?</p> <p>11. How do you promote the active involvement of all patients and the public in enhancing the effectiveness and quality of the care and services you provide?</p>	<p>Yes. This is part of the Blaenau Gwent Clinical Governance Strategy.</p> <p>Yes. This is part of the Blaenau Gwent Clinical Governance Strategy. There are good examples of clinical audit and clinical effectiveness activity being undertaken but there is no overall Clinical audit strategy or clinical effectiveness strategy and plans.. There is an expectation that the new clinical governance manager will develop these.</p> <p>This is discussed and agreed at the Blaenau Gwent Clinical Governance Co-ordinating Group</p> <p>Emergency Medical Admissions and NSF compliance. Examples of outcomes and action given.</p> <p>The LHB has a procedure which guides dissemination of new guidance and policies, which is managed via the Clinical Governance processes of the organisation. These procedures also support the dissemination and development of responses within the organisation and across organisational boundaries with partners.</p> <p>Clinical Governance Committee and the Clinical Governance Co-ordinating Group.</p> <p>Clinical Governance Committee and the Clinical Governance Co-ordinating Group.</p> <p>Last Days of Life, Oxygen Therapy, Diabetes and COPD Management. Work on development of ICPs has progressed eg O2 therapy / podiatry redesign. However with ICPs that span primary & secondary care more work is needed to ensure consistent engagement of primary care practitioners. Full implementation has not yet been possible due to deficiencies identified through the implementation process in current services. The LHB is currently working to correct these deficiencies in order to progress implementation further. Most ICP development seem to be driven by the Trust at the moment and there needs to be more clinical leadership from primary care.</p> <p>Medical Director and Modernisation and Nursing Director are joint leads for Clinical Governance. LHB has processes for implementing NICE but these need to be more closely integrated with the Trust and the other Gwent LHBs.</p> <p>Key achievements during the last 12 months have focused on the following: Respiratory Care and the establishment of a range of local clinics and the link to the local response to the Oxygen Contract. Diabetes care and the focus on patient education. Delivering the Long Term Conditions strategy in Blaenau Gwent. The work on the O2 contract was an example of good practice particularly as patient views had been sought on the impact of the changes in their care.</p> <p>The LHB as evidenced earlier has a comprehensive action plan in relation to patient and public involvement, which supports this area of activity. Specifically, however, the LHB is directly involved in an effective Expert Patients programme in Blaenau Gwent. The LHB also participates in a Gwent wide Patient Support Scheme. The LHB also asked patients about their perception of the minor injuries service which was used to influence their decision to decommission.</p>	<p>The LHB has a strategic approach to Clinical Effectiveness and Clinical Audit, however there is no separate Clinical Audit or Clinical Effectiveness Programme. There are good examples of clinical audit and clinical effectiveness activity being undertaken which has led to changes in practice and has involved patient and users. However these are not co-ordinated strategically. Integrated Care Pathway development has progressed but where these span primary and secondary care, stronger clinical leadership is needed.</p> <p>It is recommended that the LHB develops separate Clinical Audit and Clinical Effectiveness Programmes and reviews its processes for the implementation of NICE guidance.</p>
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LHB 9.	Incidents (including serious untoward incidents) are reported, monitored and required changes implemented.	<p>Corporate</p> <p>1. Is there an up-to-date Incident Reporting Policy, which encompasses all contractor organisations, agreed at Board level?</p> <p>2. At which Committees / Groups are incidents considered?</p> <p>Operational</p> <p>3. What are the mechanisms for dissemination and sharing of lessons learned from incidents and near misses?</p> <p>Impact on Patient Care/Experience</p> <p>4. Describe a recent example (from within the last 12 months) of improvement resulting from your use of incident data and information.</p>	<p>Yes. The LHB has an approved Incident and Hazard Reporting Policy. There is a policy and system in place for reporting .</p> <p>Clinical Governance Committee and if appropriate the Risk Management Committee. Via sub committees</p> <p>The LHB has signed up to the National Patient Safety Agency Learning and Reporting system. The LHB also highlights and raises awareness of these approaches via the LHB's CPD Programme in primary care. Untoward incidents either directly to the NPSA or to the LHB (who also work closely with the NPSA). Number of incidents are currently low and whilst there is a clear standard for reporting for contractors it is not clear how this standard is being monitored.</p> <p>Oxygen Therapy. 340 patients were given a full medical review. Of the 340 assessed, only 130 now remain on oxygen therapy. This approach has resulted in a significant reduction in oxygen use. There has been a substantial cost saving achieved with a potential future reduction of required readmissions. POVA incident given as a further example - work in nursing homes to address issues has taken place. And the 'Cold Chain' incident has resulted in plans for root cause analysis with the NPSA (3 similar incidents across Wales identified).</p>	<p>The LHB has systems and processes in place to monitor and report incidents. It has also signed up to the National Patient Safety Agency (NPSA) Learning and Reporting system. However it is not clear as to whether the LHBs incident system consistently captures all incidents that occur across primary care. The LHB is endeavouring to engage independent contractors by developing new Clinical Governance leads in practices and through its Continuing Professional Development (CPD) programme. It is important that the LHB are assured about progress on this issue.</p> <p>It is therefore recommended that the LHB reviews the current arrangements to ensure adequate monitoring of mechanisms for primary care are put in place.</p>
LHB 10.	Sufficient information is provided to patients and the public on the complaints procedure for primary and secondary care services and demonstrates these are monitored.	<p>Corporate</p> <p>1. Are there up-to-date complaints management policy and procedures in line with all-Wales NHS complaints procedure agreed at Board level?</p> <p>2. At which Committees / Groups are complaints considered?</p> <p>Operational</p> <p>3. How does the complaints management process encompass contractor services?</p> <p>4. What are the mechanisms for dissemination of complaints trends analysis?</p> <p>5. What actions have been taken from the Quality and Outcomes Framework surveys that relate to complaints management? Please give examples.</p> <p>6. Is there a process to record / capture written and verbal enquiries from within the LHB and contractor organisations?</p> <p>Impact on Patient Care/Experience</p> <p>7. Have complaints leaflets / posters been put on display at the point of service delivery (all GP practices, pharmacies, dentists, opticians, etc)?</p> <p>8. What are the numbers / response times for written and verbal enquiries recorded within the LHB and contractor organisations?</p> <p>9. What changes have been made as a result of complaints management over past 2 years? Please give examples.</p>	<p>Yes. The LHB has a Complaints Policy and processes, including a complaints database to track the progress of complaints. The policy is regularly reviewed in association with the LHB's Complaints Champion, who is a Non Officer Member of the Board. The Lead for Complaints is the Director of Corporate Development and Partnerships, who is also a member of the Clinical Governance Committee and PPI Committee to make effective reporting links.</p> <p>As above. Complaints are reviewed in conjunction with the LHB's Complaints Champion and complaints issues are highlighted at the Clinical Governance Committee, required. Any messages for patient information are raised at the PPI Committee.</p> <p>The LHB Complaints Policy and processes are directly linked to primary care through the process of Local Resolution. The LHB also has a facilitative role when complaints regarding independent contractors are received and a more direct role if complaints are received about any of the LHB's Directly Managed Practices. The LHB monitors the progress of complaints. Board receives reports on response times & trends.</p> <p>The LHB makes quarterly reports and an annual report to the Board. Trends are discussed with the LHB's Complaints Champion. Information is also highlighted with Clinical Governance Leads for the LHB.</p> <p>The QOF guidance provides 2 model patient surveys, only one of which has a question relating to complaints issues. However, the LHB's approach to QOF reviews includes in the review team, a representative from the Gwent Community Health Council. The CHC representative discusses all aspects of the practice, including complaints, as part of their independent review. Any issues highlighted from these reviews would be raised with the practice and the Local Health Board, as appropriate.</p> <p>The LHB has a Complaints database, which monitors complaints as they progress and all complaints received are registered as part of the database. Verbal complaints are recorded on database. There is no mechanism for capturing complaints received and managed within Contractor organisations which is recognised as a concern by the LHB.</p> <p>The LHB has developed and regularly updated a complaints leaflet, which is issued to all complainants and residents with concerns who contact the LHB. Copies have also been distributed in primary care premises. LHB has developed & recently update complaints leaflets & posters. It was unclear whether the LHB is sure that these are currently available and displayed in all practices</p> <p>The LHB aims to acknowledge receipt of complaints within two working days and to respond to the complaint in the first instance within twenty working days. Response times are collected but not reported formally.</p> <p>The LHB has received complaints from patients who are substance misusers and are registered with GP practices. Some of the complaints focused on the unwillingness to treat these individuals for their general health needs due to their identified status as a substance misuser. These incidences prompted the Primary Care directorate to link with GP practices to re-emphasise the requirement for the continued treatment of these patients over and above their issues with substance misuse. GPs have been stopped from deregistering patients.</p>	<p>The LHB has systems and processes in place to capture, monitor and address information in relation to complaints made against the LHB. At the time of our review despite efforts made by the LHB information about complaints made directly to the independent contractor professions was not available. This is an area of concern for the LHB.</p>

5 Staff Focus				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 11.	<p>The LHB demonstrates:</p> <ul style="list-style-type: none"> * Training & Development (incl. Induction & Mandatory) for LHB and contractor staff on clinical governance issues. * Development of Non-Officer members in support of their roles. * Reporting Staff Based Indicator Outcomes. * Development of mechanisms for monitoring / implementing CRB / Professional registration checks. 	<p>Corporate</p> <p>1. Is there an up-to-date Training and Development Strategy agreed at Board level?</p>	<p>The LHB Board has approved an Organisational Development and Training Framework. The LHB Board has also agreed strategic aims and corporate objectives, which have been translated into directorate and individual objectives. The LHB has undertaken a comprehensive staff training needs analysis to inform this work and identify further organisational and individual development needs. Framework and mechanisms are good - appraisal system is in place and the training plan links to training needs analysis and appraisal process. Appraisal training is offered to independent contractor staff and nursing home staff which is an example of good practice. Take up is monitored.</p>	<p>The LHB has a strategic framework for Training and Development and systems in place to deliver training and support development locally. It has successfully identified training, development and workforce planning needs and has established good links with academic bodies. There is a strong programme of appraisal linked to training and professional development, which encompasses Non-Officer Board members, directly managed staff, independent contractor staff and local nursing home staff.</p> <p>Key performance indicators are in place and reported upon regularly. The LHB has processes in place to ensure Criminal Records Bureau (CRB) and professional registration checks are undertaken as necessary and have provided advice to independent contractors of the need to ensure enhanced CRB and professional registration checks are undertaken.</p>
		<p>2. Is there an up-to-date Appraisal Policy and Process agreed at Board level?</p>	<p>Yes. The LHB has a performance appraisal policy and procedures. All staff should receive a performance appraisal interview, where individual objectives are agreed and development needs identified.</p>	
		<p>Operational</p> <p>3. What staff based indicators are reported to the Board and how often are they reported?</p>	<p>The LHB has in place a system of key performance indicators in relation to staff which is managed in association with the Business Services Centre. The KPI's are reported on a regular basis to the LHB's Management Team. BSC provide quarterly indicator reports which have improved following negotiations around the SLA. Service from the BSC is improving but there are still issues around consistency of advice and value for money around the HR functions. There is no designated link person in the BSC.</p>	
		<p>4. What is the process for monitoring attendance of LHB/Primary Care staff on mandatory/general training programmes?</p>	<p>The LHB requires all staff to undertake a full induction programme. Completion of the programme is monitored by the LHB. The LHB identifies key statutory training eg, Health and Safety issues. Staff complete these electronically and the LHB monitors completion. LHB run training programmes have identified attendance registers, which staff attending are required to complete. Staff attending outside courses are encouraged to obtain CPD or attendance certificates, which are placed on personal files. Mandatory training provided and monitored for LHB and directly managed staff. Training also offered to independent contractor staff and nursing homes and feedback is provided. Non-attendance is flagged and addressed through direct communication to the individual.</p>	
		<p>5. Is there a process for the LHB to ensure CRB / registration checks are monitored / implemented for LHB and directly managed primary care staff?</p>	<p>The LHB has identified the Director of Corporate Development and Partnerships as the lead contact for CRB checks. The NHS Business Service Centre undertakes the processing of applications on behalf of the LHB. All new appointments through the recruitment process are required to identify if the role requires a standard or enhanced CRB check. Processes for LHB and directly managed staff are in place and being monitored. Assurance re: practitioners but outstanding issues regarding compliance with practice employed staff.</p>	
		<p>6. What percentage of LHB / Primary Care staff that have received a CRB / Registration check during the past two years.</p>	<p>The LHB, as outlined above, has undertaken CRB checks for all new employees for roles identified as requiring a check. The LHB has advised Independent Contractors that all Primary Care professionals should receive enhanced CRB checks and the processing of these checks would be undertaken via the BSC.</p>	
		<p>7. What percentage of staff have had an appraisal and opportunity for CPD in the past 12 months?</p>	<p>All medical and nursing staff of the LHB's directly managed practices and independent contractor practices have the opportunity to attend the rolling programme of CPD sessions organised by the LHB. Attendance at these sessions is high with over 60 attendees per session. The NHS Staff Survey results for the LHB indicated that improved levels of those staff having received an annual appraisal would require improvement. The LHB's Action Plan seeks an increase in the percentage of staff that respond to the survey who indicate that they received at least an annual review should be 100%. Staff survey 2005 reported that approx 2/3 of staff had received appraisal. This is being addressed as part of the OD and training framework.</p>	
		<p>8. How are staffing and human resource issues which are impacting upon the delivery of safer, effective, patient focussed care, escalated to the lead committee with responsibility for clinical governance?</p>	<p>The LHB has a Workforce Group, which is a sub-group of the LHB's Modernisation Board. The Workforce Group considers all issues in relation to workforce development in provision of local services and patient care. Issues from this group, as required, are reported to the Clinical Governance Committee. Equally, the LHB has a Primary Care Committee, which considers as part of its remit, issues in relation to staffing and human resources and these are reported, as required, to the Clinical Governance Committee. Considerable work has been done regarding the GP workforce and there is a strategy & action plan. The LHB acknowledges that similar work needs to be done for the dental workforce. Significant work has been done in nursing with franchise established with Uni Glam to deliver degree & diploma courses locally. Increasingly training is being offered within practice settings. They are linking academic and clinical skills development together as part of their strategy. The LHB is also developing the support worker role through NVQ.</p>	

8. Is there a process for evaluating training programmes?

Yes. The LHB at all its training and development events undertakes a survey of participants to develop and evaluation report. This has included a comprehensive survey of staff in relation to the LHBs programme of staff development sessions. The format for CPD sessions have been changed following feedback and are now more interactive and clinically based.

6 Leadership, Strategy and Planning				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 12.	All aspects of clinical governance are integrated equally into the decision-making processes.	<p>Corporate</p> <p>1. Is there a Clinical Governance Strategy agreed at Board Level?</p> <p>2. Is there an up-to-date Balanced scorecard?</p> <p>3. Is there an up-to-date Corporate / Operational Plan agreed at Board level?</p> <p>Operational</p> <p>5. Is there an up-to-date Clinical Governance Development Plan agreed at Board level?</p> <p>Impact on Patient Care/Experience</p> <p>6. Give examples of where clinical governance issues have influenced decisions made by the Board on service delivery / patient care over the past 2 years.</p>	<p>Yes. The LHB has a well developed Clinical Governance Framework and Development Programme, which is reviewed and updated annually. There is strategy, framework and plan in place.</p> <p>Yes, the LHB has a well developed Balanced Scorecard, which is updated regularly and reported on quarterly to the LHB Board and to the Regional Office.</p> <p>The LHB has previously used a Corporate Work Programme to guide its development. This has been converted into the Balanced Scorecard approach with an associated Organisational Development Framework and business framework.</p> <p>Yes. The LHB has a well developed Clinical Governance Framework and Development Programme, which is reviewed and updated annually. The CG plan is reviewed quarterly by the steering group & CG committee - minutes go to the Board.</p> <p>The LHB has responded to concerns regarding clinical governance issues in relation to the Minor Injuries Units at Blaina and District Hospital and the former Ebbw Vale Hospital. Work was undertaken to rationalise minor injuries services across Blaenau Gwent and to centralise these services at Tredegar Hospital as part of the Interim Plan for the development of the Blaenau Gwent Local General Hospital, from which the future minor injuries service will be delivered. Examples provided of where clinical governance issues have been used to influence decision making and service changes (eg - minor injuries units and A&E Neville Hall. Mechanisms are in place to share findings and outcomes of the reviews and any actions taken on an all Gwent basis.</p>	The LHB has good strategic processes in place to inform decision-making and to monitor progress against organisational objectives. There is a clear sense within the organisation of what the LHB is aiming towards and there are good mechanisms for ensuring that the component parts of clinical governance interlink and are used to influence decision making. However the LHB should consider how it can share the benefits of its approach outside the boundaries of the LHB.

LHB 13.	Sound clinical and corporate governance arrangements are in place and are integrated in the Boards decision making processes.	<p>Corporate</p> <p>1. Are there clear lines of accountability and reporting arrangements?</p> <p>2. Are all Board members clear as to their roles, responsibilities and delegated powers?</p> <p>3. List groups / committees where Clinical Governance is part of the Terms of Reference.</p> <p>Operational</p> <p>4. How do your schemes of delegation ensure that principles and processes for good corporate and clinical governance are in place at all levels of your organisation?</p> <p>5. Who are the Executive and Non-Executive members with specific responsibility for:</p> <p>* Child Protection</p> <p>* Children's Issues</p> <p>* Clinical Governance</p> <p>* Public and Patient Involvement</p> <p>Impact on Patient Care/Experience</p> <p>6. What reporting structures do you have in place to monitor the effectiveness of quality assurance improvement activities at all levels of your organisation?</p>	<p>Yes. The LHB has a clear understanding and approach to governance issues. The LHB is in the process of further developing a governance and assurance framework to demonstrate the clear governance arrangements between the LHB Board and its committees, especially the Audit Committee, Clinical Governance Committee and Risk Management Committee. The committee structure is clear and integration is achieved through the chairs of the respective committees having cross membership. Board members are kept aware of clinical governance issues through regular board briefings and development days and are subject to annual appraisal.</p> <p>Yes. Each Board member is issued with a Corporate Governance Manual providing key governance documentation for the organisation. Board members are required to sign for this document.</p> <p>Clinical Governance Committee, and Clinical Governance Working Group.</p> <p>The LHB has an agreed Scheme of Delegation that provides approved by the LHB Board and monitored by the Audit Committee. Advice and guidance is provided by the LHB's External and Internal Auditors. Clear levels of approval and limits of authority to approve are identified within the Scheme of Delegation - including areas of authority and action.</p> <p>The clinical governance manager post which is currently being advertised reports to the Nurse Director and although there is joint responsibility for Clinical Governance between the MD & ND, the responsibility for individual items is identified at an early stage. It will be important to ensure that all the elements of clinical governance remain integrated.</p> <p>Modernisation and Nursing Director and the LHB Board Children's Champion (Carer Non Officer Member)</p> <p>Modernisation and Nursing Director and the LHB Board Children's Champion (Carer Non Officer Member)</p> <p>Modernisation and Nursing Director and Medical Director hold joint responsibility. The LHB Chair is the lead Non Officer for Clinical Governance and chairs the Clinical Governance Committee.</p> <p>Director of Corporate Development and Partnerships and the LHB PPI Champion (Community Non Officer Member)</p> <p>The LHB has a clear Clinical Governance Framework and Clinical Governance Development Plan. Implementation and monitoring of the framework and plan is undertaken via a well developed Management and Reporting structure. This structure includes the Clinical Governance Committee, Clinical Governance Co-ordinating Group and a range of Sub Group/Task and Finish Groups. The LHB is also in the process of further developing its Assurance Framework, however, a clear reporting mechanisms have been identified between the LHB Board, Audit Committee, Clinical Governance Committee and Risk Management Committee. There is well developed cross membership of key committees with the Chair of the Audit Committee having membership of the Clinical Governance and Risk Management Committees. Lead officers also have cross membership of a number of the committees.</p> <p>They are clear about the quality standards they expect but recognise that the mechanisms they use to achieve that will be different for directly managed services & staff, contractor services and those services commissioned from the trust. There is also a recognition that QoF alone will not give sufficient measures of quality. The LHB aims to use both formal and informal mechanisms for measuring quality including informal networks and feedback from staff. This is particularly relevant given the close knit nature of the community</p>	<p>The LHB has good clinical and corporate governance arrangements in place. The roles and responsibilities of committees are clear and there is evidence of linkages being made across the different components of clinical governance. Leads have been identified within the Executive and Non-Officer Board members for Child Protection, Children's Issues, Clinical Governance and Public and Patient Involvement. Board members are well briefed and understand their responsibilities in relation to all clinical governance issues. This will be further enhanced when the LHB complete its governance and assurance framework that it is currently developing.</p> <p>The Board recognises the need to set quality standards and that different mechanisms will be required for monitoring these across different settings. The LHB understands that QoF is not sufficient to measure quality in primary care and recognises the need to have a broader framework for assuring the quality of service provided by contractor professions.</p>
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7 Public Health				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 14.	The health of the local population is continually improved and its needs met through: * Screening Services * Communicable Disease * Immunisation and Vaccination * Emergency Planning	<p>Corporate</p> <p>1. Is there an up-to-date SLA with NPHS?</p> <p>2. Is there a Major Incident Plan in place?</p> <p>Operational</p> <p>3. What is the staff support / input from NPHS including the Public Health Lead for the LHB?</p> <p>4. Is the LHB routinely represented at the NPHS Stakeholder Forum?</p> <p>5. What are the integrated governance arrangements between NPHS and the LHB?</p> <p>6. List the LHBs latest performance results against all SaFF targets for: * Screening Services * Communicable Diseases * Immunisation and Vaccination</p> <p>7. How do you monitor improvements in the health of your local population?</p> <p>8. Please provide examples of your key achievements in improving the health of your population during the past 12 months.</p> <p>9. How have you evaluated, tested and appraised the robustness and effectiveness of your emergency plans?</p> <p>Impact on Patient Care/Experience</p> <p>10. Have you had any public health / major incidents that your LHB have had to manage during the past 2 years? Please give examples.</p>	<p>Yes. However, the SLA is between the Welsh Assembly Government and the NPHS. The LHB has particular Memorandum of Agreements for specific areas e.g. Child protection. One of the concerns of the LHB is that they do not have a direct relationship with the NPHS in the development of the national SLA as this is held between the Assembly and the NPHS.</p> <p>Yes. The LHB has a Major Incident Plan, which is reviewed annually.</p> <p>The Public Health Director has a base at the LHB office and is a member of the LHB Board and Management Team and participates in the strategic and operational activity of the LHB. The Local Public Health Team plays a key role in the local primary prevention and health promotion agenda. The LPHT plays key roles in the development and delivery of the health, Social Care and Well being Strategy. LPHT members also advise corporate activity such the LHB's achievement of the Corporate Health Standard.</p> <p>Yes. The Chief Executive or nominated deputy attends these sessions.</p> <p>The LHB financially supports the LPHT through its Managements Costs for the day to day running of the team and its facilities. Therefore, the LPHT complies with LHB corporate governance arrangements. The Public Health Director links into the LHB through membership of the Board and Management Team and the LHB corporate framework.</p> <p>The LHB has achieved the following percentages for vaccination and immunisation: flu vaccine coverage for 65's and overs = 62.3%. Flu vaccine coverage level for "at risk" groups = 30% (amongst the highest in Wales). Childhood immunisation coverage level of MMR at age 2 = 88%. Childhood immunisation coverage level of MMR at age 5 = 82%. These are the only vaccination and immunisation areas which apply to the LHB. There are no screening or communicable disease targets which apply to the LHB. Information is available but not routinely reported regarding screening and commincable disease for the local population.</p> <p>The Local Public Health Team working in partnership with Primary Care staff, the Local Authority Leisure Department and Education staff have sought to ensure a range of support for promoting healthy eating, physical activity and smoking cessation. Much of this work is currently project funded through Inequalities for Health or Lottery funding. The activities largely involve training other professionals to provide education to various local groups and individuals. Two of these projects provide support for weight management for overweight individuals - One for adults and one for children. In addition, staff are preparing a Mental Health Promotion Strategy for the county borough providing advice and guidance on workplace health issues, co-ordinating health promotion input to a scheme for helping long term unemployed individuals back into the labour market and to support the development of the new Local General Hospital in maximising health gain from the development.</p> <p>These key developments form integral parts of the Health, Social Care and Well Being Strategy and are monitored through the Local Partnership Structure and Performance Reporting system for the Strategy. The foundation of the strategy was the development of a comprehensive needs assessment and this is currently in the process of being reviewed and updated. As part of this process, monitoring arrangements will be further developed to assess and understand improvements in the health of the local population over time. Additionally, disease registers have been established in all general practices. This has enabled any patient with or at risk of developing a long term condition to have an annual review and referral to a range of primary and secondary prevention services.</p> <p>Please see above.</p> <p>The Blaenau Gwent LHB Major Incident and Emergency Plan is reviewed annually and tested in partnership through a regional mechanism supported by two LHB Emergency Planning Co-ordinators located at Rhondda Cynon Taf LHB on behalf of the 9 LHBs in South East Wales.</p> <p>No Public Health or Major Incidents have been identified in Blaenau Gwent over the last 2 years.</p>	<p>An All Wales Service Level Agreement (SLA) is in place to assist the delivery of public health services, however the LHB is concerned that they do not have a direct relationship with the NPHS in the development of the national SLA and thus local issues may not be reflected nationally. It is important that the NPHS supports the LHB ensuring information is reported in a way that enables the LHB to make decisions about what further action may need to be taken to further improve the health of the population, its strategy for primary care services and broader commissioning.</p> <p>The LHB's emergency preparedness is regularly reviewed and tested in partnership through a regional mechanism supported by two LHB Emergency Planning Co-ordinators located at Rhondda Cynon Taf LHB on behalf of the 9 LHBs in South East Wales.</p> <p>It is therefore recommended that the LHB engage with the NPHS to resolve any issues in relation to shortfall in public health information.</p>

8 Commissioning				
Reference Number	Theme	Key Questions	Self-Assessment Response / Comment	HIW Summary Conclusion
LHB 15.	The LHB demonstrates the needs of the population are met through commissioning / de-commissioning in: * Primary Care * Secondary Care * Continuing Care * Non-Clinical * Voluntary Services	Corporate		
		1. Is there an up-to-date HSC&WB Strategy agreed at Board level?	Yes. The Blaenau Gwent Health, Social Care and Well Being Strategy - Healthier Future has been agreed by the Blaenau Gwent Partnership Board. A Quarterly performance monitoring tool has been established to report on the Strategy's detailed Action Plan. Further prioritisation work has been on Year Two Action has been undertaken in partnership with the WLGA.	The LHB has good strategic processes in place, for ensuring that the needs of its local population and hence the commissioning / non-commissioning needs of the LHB are identified. The LHB has made good progress in commissioning services for its local population and has recognised the need for broader partnerships in relation to the commissioning of secondary care and specialist commissioning.
		2. Is there a HSC&WB Needs Impact Assessment agreed at Board level?	Yes. The Blaenau Gwent comprehensive Needs Assessment - Living in Blaenau Gwent was published in 2004. It was the foundation of the Healthier Future Strategy. Work progressing for a full review and updating of the Needs Assessment documentation. The review of the needs assessment will have better information and a more focussed approach than the original.	
		3. Is there an up-to-date Annual Service and Commissioning Plan that included clinical and non-clinical commissioning, agreed at Board level?	Yes. The LHB has an Annual Service and Commissioning Plan approved by the Board. The LHB have now moved to a pan-gwent approach for secondary care commissioning and are also participating in the establishment of a regional commissioning support unit whose initial priorities will be CAMHS and cancer services.	
		4. Does the LHB have up-to-date commissioning arrangements with Health Commission Wales? Please give examples.	Yes. The LHB has a range of links with Health Commission Wales. Firstly, through joint LHB Chief Executive membership of the HCW Board - with reports back via the Chief Executive's Meeting. The LHB also has a representative, usually the Chief Executive at the HCW Stakeholder Forum. Also, the LHB has direct commissioning links via the SaFF process e.g. Blaenau Gwent LHB's lead for the negotiation of the Velindre NHS Trust SLA. The LHB feels that HCW does not always engage adequately prior to the development of its commissioning strategies, particularly where these impact directly on LHBs.	
		Operational		
		5. Who are the Executive and Non-Executive leads for commissioning?	The LHB Executive lead for Commissioning is the Modernisation and Nursing Director. The LHB has a range of service area Champions e.g. Children's Champion. However, the LHB also has Non Officer Membership on the Partnership Modernisation Board for Blaenau Gwent.	
6. Do you have care pathways that cross-organisational boundaries? If so, please give examples.	Yes. The LHB has care pathways that cross boundaries in the following areas - stroke, COPD, Last Days of Life and Diabetes.			
Impact on Patient Care/Experience				
7. What new services within the health community have been commissioned during the past 2 years and what services have you de-commissioned during the same timeframe?	The LHB has focused over the last year on a comprehensive service modernisation programme. This has been driven forward by the Health, Social Care and Well Being Strategy and especially the area's Wanless Local Action Plan. This plan has subsequently been converted into the Blaenau Gwent Modernisation Plan. Key to the modernisation of services in Blaenau Gwent is the future development of the Local General Hospital for the County Borough, due to open in 2009. As part of the development planning for this new facility, an interim plan has been taken forward. This plan has included a full re-assessment of services provided across the County Borough and has resulted in new clinics and out-patient facilities being available directly in Blaenau Gwent, eg, the respiratory clinic at Blaina and District Hospital. These developments have been allied with a partnership focus on the sustained reduction of delayed transfers of care. Blaenau Gwent LHB over the last 2 years has reduced its DTOCs from a figure of over 50 to a consistent level of single figures. Examples of service developments as part of the LHB's Wanless Action Plan include the commissioning of a multi-professional reablement service which has had a significant impact on reducing overall length of stay. Other services include increases in Palliative Care Respite Services, pharmacy palliative care out of hours service and psychiatric liaison services. As a result of the LHB and Gwent Healthcare NHS Trust's modernisation agenda and the interim plan for the new hospital development, the former Ebbw Vale Hospital was closed earlier than planned. The closure taking place in December 2005. Strong evidence of services having been decommissioned or changed in secondary care. Changes in primary care depend on balancing the requirements of professional regulation against quality management standards. There is evidence that active steps are being taken. Evidence of active negotiation with the voluntary sector regarding commissioning requirements. Opportunities to look at the voluntary sector for supporting service change eg. transport requirements need to be recognised.			