



meeting **HEALTH SELECT COMMITTEE**

date **27 September 2005** agenda item number

Healthcare Commission – annual check

1. Purpose

To invite Members to consider the impact that the introduction of the annual health check for NHS Trusts could have on the work of the Committee.

2 Background

The Healthcare Commission was established on 1 April 2004 to promote and drive improvement in the quality of healthcare and public health. It aims to do this by becoming an authoritative and trusted source of information, and by ensuring that this information is used to drive improvement. It provides an independent assessment of the standards of services provided by the NHS or independent healthcare providers.

The annual health check has been created by the Healthcare Commission as an entirely new approach to assessing and reporting on the performance of NHS Trusts. From this year the annual health check will replace the star ratings assessment system.

The health check will measure trusts' performance against 24 core standards which are divided into seven key areas: safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health. Trusts assess their performance against a number of statements, determine whether they are in compliance, whether they have not met the standard or whether they can provide insufficient assurance either way and publish their findings in a declaration. Where they have not met the standard, action plans must be put in place. The Healthcare Commission will then cross check the declaration and carry out selective inspections, both random and targeted at those who have identified areas of risk.

3 Issues

For this year only Trusts have been asked to prepare draft declarations which are to be submitted by 31 October. Following this initial draft, declarations will be expected on an annual basis from April 2006.

Of particular significance to the Committee, the Commission has announced its intention to require NHS Trusts to seek comments from relevant third party organisations:

- Patient & Public Involvement Forums
- Health Overview & Scrutiny Committees
- Strategic Health Authorities

Trusts will then be expected to include the comments received in their submission to the Commission.

Overview and Scrutiny Committees are not being asked to comment on the whole declaration, although they can do if they so choose. The Committee also has the option of not making a comment at all. However all Trusts with a responsibility to the Committee are required to invite comments from the Committee as part of their overall process. Should the Committee decline to comment, the Healthcare Commission have requested that reasons are given as to why this was decided. However, the Commission stressed that neither the Trusts nor the Committee would be criticised if Members declined to comment.

The Committee is more specifically being asked to use the evidence they have gathered during the course of their existing work to comment on specific areas of trust activity, particularly where that work relates to the core standards.

The 24 Core Standards have been drawn up by the Healthcare Commission and reflect their key concerns relating to the provision of healthcare. They cover issues such as infection control, consultation, child protection and health inequalities.

Some of the Core Standards are more relevant to the work of the Committee than others. A full list of the core standards is attached as appendix A to this report. It is suggested that the following standards may be of particular interest to Members and it may be on these that comments on NHS Trusts' declarations could be based:

Core Standard 4

Healthcare organisations keep staff and visitors safe by having systems to ensure that:

- a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin Resistant Staphylococcus Aureus (MRSA)

Core Standard 5

Healthcare organisations ensure that:

- a) they conform to national institute for clinical excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care

Core Standard 6

Healthcare organisations co operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met

Core Standard 7

Healthcare Organisations:

- d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources

Core Standard 16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care

Core Standard 17

The views of patient and their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

Core Standard 18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

Core Standard 19

Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services

Core Standard 22

Healthcare organisations 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 appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships

- c) ensuring that the local Director of Public Health's Annual Report informs their policies and practices

Core Standard 23

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

Healthcare organisations have to assess their performance against each of the core standards. For each standard they have to declare whether they are in compliance, whether they have not met the standard or whether they can provide insufficient assurance that they have met the standard. Where they declare that they have not met the standard healthcare organisations must provide details of any action they are taking to ensure compliance.

This Committee can expect to be invited to comment by the following :

- Ashfield and Mansfield PCTs
- Gedling PCT
- Broxtowe and Hucknall PCT
- Rushcliffe PCT
- Bassetlaw PCT
- Newark and Sherwood PCT
- Sherwood Forest Hospital Trust
- Doncaster and Bassetlaw Hospital Foundation Trust

And through the Joint Health Committee, to provide comment on :

- East Midlands Ambulance Service NHS Trust
- Nottingham City Hospital NHS Trust
- Nottinghamshire Healthcare NHS Trust
- Queen's Medical Centre Nottingham University Hospital NHS Trust.

Should the Committee choose to comment on draft declarations they may be called upon for further information, particularly if the Trust the comment relates to is identified for an inspection. The Healthcare Commission may request further information regarding the comments made by the Committee and may contact the Committee for clarification.

As mentioned above, for this year only, the NHS Trusts have to produce a draft declaration for submission on 31 October. Prior to submission this Committee will be invited to comment. Following the cross checking of the draft declarations NHS Trusts will produce a final declaration in April 2006 which will form the basis of the Trusts' performance assessment for 2005/06.

An example of a draft declaration form has been attached for Members' information as Appendix B.

Rushcliffe PCT have already provided their declaration and are seeking comment by 30 September 2005. The declaration has been included as Appendix C as an example for Members of the detail and size of a single PCT report.

4 Options

The Committee could either:

- comment on the draft declarations of some or all of the relevant NHS Trusts prior to their submission in October; or
- receive further information on some or all of the draft declarations without commenting at this stage, with a view to providing more substantive comments in April; or
- choose not to comment in October or April

Another option the Committee could consider is enlisting the assistance of the relevant district council and perhaps receiving their comments before compiling a County Council response in October and/or April.

5 Recommendation

That the Committee choose one of the options listed above, and discuss the involvement of district councils in this process

Councillor James T Napier
Chair, Health Committee

Background papers :

- "The Annual Health Check: Guidance on the Assessment of Core Standards"
The Healthcare Commission
<http://www.healthcarecommission.org.uk/assetRoot/04/01/84/98/04018498.pdf>
- "Assessment for Improvement: The Annual Health Check. Criteria for Assessing the Core Standards" The Healthcare Commission
<http://www.healthcarecommission.org.uk/assetRoot/04/01/74/27/04017427.pdf>

CORE STANDARDS
<p>Core Standard 1</p> <p>Healthcare organisations protect patients through systems that:</p> <ul style="list-style-type: none"> a) Identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents. b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales
<p>Core Standard 2</p> <p>Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations</p>
<p>Core Standard 3</p> <p>Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance</p>
<p>Core Standard 4</p> <p>Healthcare organisations keep staff and visitors safe by having systems to ensure that:</p> <ul style="list-style-type: none"> b) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin – Resistant Staphylococcus Aureus (MRSA) c) all risks associated with the acquisition and use of medical devices are minimised d) All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed e) medicines are handled safely and securely f) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment
<p>Core Standard 5</p> <p>healthcare organisations ensure that:</p> <ul style="list-style-type: none"> b) they conform to national institute for clinical excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care c) clinical care and treatment are carried out under supervision and leadership d) clinicians continually update skills and techniques relevant to their clinical work e) clinicians participate in regular clinical audit and reviews of clinical services
<p>Core Standard 6</p> <p>Healthcare organisations co operate with each other and social care organisations to ensure</p>

that patients' individual needs are properly managed and met

Core Standard 7

Healthcare organisations:

- e) apply the principles of sound clinical and corporate governance
- f) undertake systemic risk assessment and risk management
- g) actively support all employees to promote openness, honesty, probity, accountability and the economic, efficient and effective use of resources
- h) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources
- i) challenge discrimination, promote equality and respect human rights
- j) meet the existing the performance requirements

Core Standard 8

Healthcare organisations support their staff through:

- a) having access to processes which permit the to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on delivery of services
- b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under representation of minority groups

Core Standard 9

Healthcare organisations have a systemic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required

Core Standard 10

Health care organisations:

- a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies
- b) require that all employed professionals abide by relevant published codes of professional practice

Core Standard 11

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:

- a) are properly recruited, trained and qualified for the work they undertake
- b) participate in mandatory training programmes
- c) participate in further professional and occupational development commensurate with their work throughout their working lives

<p>Core Standard 12</p> <p>Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied</p>
<p>Core Standard 13</p> <p>Healthcare organisations have systems in place to ensure that:</p> <ul style="list-style-type: none"> a) staff treat patients, their relatives and carers with dignity and respect b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information c) staff treat patient information confidentially, except where authorised by legislation to the contrary
<p>Core Standard 14</p> <p>Healthcare organisations have systems to ensure that patients, their relatives and carers:</p> <ul style="list-style-type: none"> a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services b) are not discriminated against when complaints are made c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery
<p>Core Standard 15</p> <p>Where food is provided, healthcare organisations have systems in place to ensure that:</p> <ul style="list-style-type: none"> a) patients are provided with a choice and that it is prepared safely and provides a balanced diet b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day
<p>Core Standard 16</p> <p>Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care</p>
<p>Core Standard 17</p> <p>The views of patient and their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services</p>
<p>Core Standard 18</p> <p>Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>
<p>Core Standard 19</p> <p>Healthcare organisations ensure that patients with emergency health needs are able to</p>

access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services

Core Standard 20

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:

- a) a safe and secure environment which protects patients, staff, visitors and their property , and the physical assets of the organisation
- b) supportive of patient privacy and confidentiality

Core Standard 21

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises

Core Standard 22

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

- d) cooperating with each other and with local authorities and other organisations
- e) making appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships
- f) ensuring that the local Director of Public Health's Annual Report informs their policies and practices

Core Standard 23

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

Core Standard 24

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

Example declaration form

Core standards assessment Trust self declaration



General statement of compliance

SHA commentary

Public and patient involvement commentary

Overview and scrutiny committee commentary

Safety domain

C1 (a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on national and local experience and information derived from the analysis of incidents.

- Compliance
- Not met
- Insufficient assurance

C1 (b) Healthcare organisations protect patients through systems that ensure that patients safety notices, alerts and other communications concerning patients safety which require action are acted upon within required timescales.

- Compliance
- Not met
- Insufficient assurance

C2 Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

- Compliance
- Not met
- Insufficient assurance

C3 Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) intervention procedures guidance.

- Compliance
- Not met
- Insufficient assurance

C4 (a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

- Compliance
- Not met
- Insufficient assurance

Start date of non-compliance
End date of non-compliance (Planned or actual)
Description of the issue
Actions planned or taken
Action plan lead name
Source of the action plan

01/04/2004
29/11/2005
New staff appointed but due to shortages no training has occurred
Training planned for 8 new starters
Jo Smith
Trust Business Plan

Clinical and cost effectiveness domain

C5 (a) Healthcare organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

- Compliance
- Not met
- Insufficient assurance

C5 (b) Clinical care and treatment are carried out under supervision and leadership.

- Compliance
- Not met
- Insufficient assurance

C5 (c) Clinicians continuously update skills and techniques relevant to their clinical work.

- Compliance
- Not met
- Insufficient assurance

C5 (d) Clinicians participate in regular clinical audit and reviews of clinical services.

- Compliance
- Not met
- Insufficient assurance

C6 Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

- Compliance
- Not met
- Insufficient assurance

Start date of non-compliance
End date of non-compliance (Planned or actual)
Description of the issue
Actions planned or taken
Action plan lead name
Source of the action plan

01/08/2004
29/12/2005
Staff shortages mean that clinical supervision is often stretched
Recruitment in train and new staff appointed
Jane Jones
Trust Business Plan

Core standards assessment
Statement on internal control – internal audit opinion



Refer to page 16 for details and timing of the information required here

Core standards assessment
Statement on internal control – external audit opinion

Refer to page 16 for details and timing of the information required here

Print

Submit

Approved by

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