

ITEM No

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

11 MARCH 2007

REPORT OF THE HEAD OF OVERVIEW AND SCRUTINY – NOTTINGHAM CITY COUNCIL

THE ANNUAL HEALTH CHECK

1 SUMMARY

Following the same procedure as during the last Municipal Year, this report has been prepared to support Members in developing their commentary on Trusts' achievements against 24 core standards as part of the Annual Health Check process. Following guidance from the Healthcare Commission, any commentary should be based upon work undertaken by this Committee during the period covered by the Health Check (1 April 2007 to 31 March 2008).

This report outlines

- a) some of the issues the Committee could consider in developing their commentary;
- b) how the commentary will may be handled where the work of a Trust has been examined by more than one scrutiny body; and
- c) some examples of work carried out by the City and County Health Scrutiny bodies and the core standards they correspond with (Appendix A).

2 MATTERS FOR CONSIDERATION

- 2.1 It is recommended that the Committee consider the information contained within this report and its appendices and agree a draft commentary on the declarations of the following Trusts:
 - Nottingham University Hospitals Trust;
 - Nottinghamshire Healthcare Trust.
- 2.2 It is recommended that this Committee agree a draft commentary on the following Trust to forward to the relevant County Health Select Committee for incorporation into their broader commentary:
 - Nottinghamshire County Teaching PCT.
- 2.3 It is recommended that this Committee agrees not to comment on the performance of the East Midlands Ambulance Service (EMAS) as this Committee has carried out no work on this Trust during the last year. The County Council have carried out a major piece of work on EMAS'

operations and it is suggested that a commentary is provided by the relevant County Council Select Committee.

- 2.4 It is recommended that, where either a City or County Council Health Scrutiny body has carried out some work relating to a Trust to which this Committee is providing a commentary within the last year, that the Committee agreed to incorporate that commentary into their commentary.
- 2.5 Members' comments from today's meeting will be written up by officers and brought back to the Committee's meeting in April, together with any commentary from the City Health Scrutiny Panel and the relevant County Select Committee.

3 THE ANNUAL HEALTH CHECK

- 3.1 As Members are aware the annual health check is a process by which the Healthcare Commission assesses the performance of NHS Trusts. This is the third year this system has been in place following the replacement of the star ratings system.
- 3.2 As part of the annual health check process Trusts are required to invite Health Overview and Scrutiny Committees, Patient and Public Involvement Forums and Strategic Health Authorities to comment on their performance against 24 core standards. Any commentary submitted must be reproduced verbatim as part of the Trust's declaration. The core standards are listed in Appendix A.
- 3.3 The guidance from the Healthcare Commission indicates that the most useful commentaries from third parties are those that are based upon work completed in the last year, where evidence can be provided to support commentaries where necessary. To support Members in developing their commentaries, Appendix A lists the core standards and the corresponding work carried out this year by this Committee. All core standards have been listed in order that Members can decide whether there are any comments they wish to make in addition to those areas listed in the appendix.
- 3.5 Many of the NHS trusts in Nottinghamshire operate in partnership and their work often impacts upon areas outside their geographical boundary. Additionally the Nottinghamshire Healthcare Trust covers the entire County and therefore operates beyond the remit of this Committee. It is suggested that where a number of scrutiny bodies have completed work relating to one trust, that a single scrutiny body co-ordinates this response, incorporating the commentary of the others. A suggestion as to how this process could be managed is attached as Appendix B to this report.

4 SUPPORTING INFORMATION

Appendix A Core standards and work completed this year
Appendix B Suggestion regarding which scrutiny bodies could be responsible for co-ordinating commentaries.

5 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL INFORMATION

None

6 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

“The Annual Health Check: A Guide for Health Overview and Scrutiny Committees” published by the Centre for Public Scrutiny, November 2006

**Barbara Cast
Head of Overview and Scrutiny
Nottingham City Council**

Contact Officer: Nancy Barnard
Telephone number: 0115 915 9827
Email address: nancy.barnard@nottinghamcity.gov.uk

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Core Standard	Work Undertaken this Municipal Year	Scrutiny Body Responsible
FIRST DOMAIN – SAFETY		
<p>C1 Health care organisations protect patients through systems that:</p> <p>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; and</p> <p>b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.</p>		
<p>C2 Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.</p>		
<p>C3 Health care organisations protect patients by following NICE Interventional Procedures guidance.</p>		
<p>C4 Health care organisations keep patients, staff and visitors safe by having systems to ensure that</p> <p>a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA;</p>	<p>Nottingham University Hospital’s Trust</p> <p>The Committee congratulated the Trust on inviting the Department of Health Improvement Programme Review Team to advise them on tackling Healthcare Associated Infection. However, there was concern at some of the issues raised in the Team’s Report</p>	<p>Joint City and County Health Scrutiny Committee (December</p>

	<p>b) all risks associated with the acquisition and use of medical devices are minimised;</p> <p>c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;</p> <p>d) medicines are handled safely and securely; and</p> <p>e) 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>	<p>regarding the lack of corporate focus on reducing infection rates.</p> <p>To be completed following the discussions at the March meeting.</p>	<p>2007 and March 2008)</p>
SECOND DOMAIN – CLINICAL AND COST EFFECTIVENESS			
C5	<p>Health care organisations ensure that</p> <p>a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care;</p> <p>b) clinical care and treatment are carried out under supervision and leadership;</p> <p>c) clinicians continuously update skills and techniques relevant to their clinical work; and</p> <p>d) clinicians participate in regular clinical audit and reviews of clinical services.</p>		
C6	<p>Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.</p>	<p>Nottinghamshire Healthcare Trust</p> <p>The Trust is in the process of developing proposals to modernise day hospital services for older people with mental health problems. The Trust brought the</p>	<p>Joint City and County Health Scrutiny</p>

		proposals to the Committee at a very early stage in their development and the Committee recommended that they work closely with local authority social care services to ensure any impact on their services could be taken into account and managed. When the Trust returned to the Committee officers reported that a multi-agency steering group had been established to ensure that all agencies were involved in the development of proposals.	Committee (October 2007 and February 2008)
THIRD DOMAIN – GOVERNANCE			
C7	<p>C7 Health care organisations</p> <p>a) apply the principles of sound clinical and corporate governance;</p> <p>b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;</p> <p>c) undertake systematic risk assessment and risk management;</p> <p>d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;</p> <p>e) challenge discrimination, promote equality and respect human rights; and</p> <p>f) meet the existing performance requirements set out in the annex.</p>		

C8	Health care organisations support their staff through a) having access to processes which permit them 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 the delivery of services; and b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.		
C9	Health care organisations have a systematic 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.		
C10	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; and b) require that all employed professionals abide by relevant published codes of professional practice.		
C11	Health care organisations ensure that staff concerned with all aspects of the provision of health care		

	<p>a) are appropriately recruited, trained and qualified for the work they undertake;</p> <p>b) participate in mandatory training programmes; and</p> <p>c) participate in further professional and occupational development commensurate with their work throughout their working lives.</p>		
C12	Health care 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.		
FOURTH DOMAIN – PATIENT FOCUS			
C13	<p>Health care organisations have systems in place to ensure that</p> <p>a) staff treat patients, their relatives and carers with dignity and respect;</p> <p>b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and</p> <p>c) staff treat patient information confidentially, except where authorised by legislation to the contrary.</p>		
C14	<p>Health care organisations have systems in place to ensure that patients, their relatives and carers</p> <p>a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;</p>		

	<p>b) are not discriminated against when complaints are made; and</p> <p>c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.</p>		
C15	<p>Where food is provided, health care organisations have systems in place to ensure that:</p> <p>a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and</p> <p>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>		
C16	<p>Health care 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>		
FIFTH DOMAIN – ACCESSIBLE AND RESPONSIVE CARE			
C17	<p>The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.</p>	<p>Nottingham University Hospital's Trust A patient reference group has been established to advise the development of the NHS Treatment Centre.</p> <p>"In conclusion, Ms Cargill [<i>a representative of the</i></p>	<p>Joint City and County Committee (June 2007)</p>

		<p><i>Patient Reference Group</i>] stated that patients had been involved throughout the whole process of developing the Treatment Centre” Minutes of the meeting of the Joint City and County Health Scrutiny Committee, June 2007</p> <p>The Joint City and County Health Scrutiny Committee has been kept aware of the development of the Trust’s Five Year Strategic Business Plan which will be instrumental in the development of services during the period which it covers. The Committee receive quarterly updates and are invited to feed comments in to the process. Local Authorities and other NHS Trusts are represented on the External Reference Group which is involved in the development of the Plan.</p> <p>Nottinghamshire Healthcare Trust</p> <p>Following a major consultation exercise during the last Financial Year, the Trust is developing a Social Inclusion and Wellbeing Service to support mental health service users into paid and voluntary work and other activities. A steering group has been established to develop and implement the proposals which include service user and carer representation as well as representatives of key stakeholders including local authorities. The implementation plan</p>	<p>Joint City and County Health Scrutiny Committee (December 2007)</p> <p>Joint City and County Health Scrutiny Committee (September 2007 and January 2008)</p>
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		<p>for the service was developed in consultation with a network of service user and carer reference groups and forums.</p> <p>The Trust also included some service user and carer involvement in the early development of their plans to modernise day hospital services for older people with mental health problems. However, the Committee did recommend that further involvement be sought in the development of plans prior to formal consultation.</p>	<p>Joint City and County Health Scrutiny Committee (October 2007 and February 2008)</p>
C18	Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.		
C19	Health care 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.		
SIXTH DOMAIN – CARE ENVIRONMENT AND AMENITIES			
C20	Health care 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; and b) supportive of patient privacy and confidentiality.		
C21	Health care 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 nonclinical areas that meet the national specification for clean NHS premises.		
SEVENTH DOMAIN – PUBLIC HEALTH			
C22	Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) co-operating with each other and with local authorities and other organisations; b) ensuring that the local Director of Public Health’s Annual Report informs their policies and practices; and c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.		
C23	Health care organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking,		

	substance misuse and sexually transmitted infections.		
C24	Health care 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.		

NHS Trust	Scrutiny Body Co-ordinating the Response	Action Required by this Committee
East Midlands Ambulance Service	Appropriate County Select Committee*	None
Nottingham City PCT	City Health Scrutiny Panel	None
Nottingham University Hospitals Trust	Joint City and County Health Scrutiny Committee	Agree a commentary based upon the work completed this municipal year.
Nottinghamshire County Teaching PCT	Appropriate County Select Committee	Agree a commentary on those aspects of the PCT's work examined by the Committee this year. Forward commentary to the appropriate County Select Committee for inclusion in their broader commentary.
Nottinghamshire Healthcare Trust	Joint City and County Health Scrutiny Committee	Agree a commentary based upon the work completed this municipal year. Incorporate comments based upon any work completed the City Health Scrutiny Panel and County Select Committees (to be brought to the April meeting of this Committee).

* The appropriate County Select Committee is also responsible for a response to Bassetlaw PCT Sherwood Forest Hospitals Foundation Trust and will be invited to comment on Doncaster and Bassetlaw Hospitals Foundation Trust (jointly responsible with Doncaster MBC).