

ITEM No

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

13 MARCH 2007

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

THE ANNUAL HEALTH CHECK

1 SUMMARY

As agreed at this Committee's February meeting, 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. Members agreed that any commentary should be based upon work undertaken during the period covered by the Health Check (1 April 2006 to 31 March 2007).

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 commentary on the declarations of the following Trusts:
 - Nottingham University Hospitals Trust;
 - Nottinghamshire Healthcare Trust.
- 2.1 It is recommended that this Committee forward a commentary on the following Trust 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 no work on this Trust has been concluded during the last year. It is suggested that officers draft a statement to this effect to forward to EMAS for inclusion with their declaration.

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 second 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 they have 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 and other Committees. 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.
- 3.4 For the first time this year certain trusts are being asked to comment on developmental standards which are more challenging than the core standards. For this year, this is being regarded as a shadow process and although results will be publicised, they will not count towards the Trust's overall rating. Should Members wish to make any comment against the developmental standards a list of these and the Trusts they are applicable to can be found in Appendix B to this report.
- 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 C to this report.

4 SUPPORTING INFORMATION

Appendix A	Core standards and work completed this year
Appendix B	Developmental Standards and the Trusts these are applicable to.
Appendix C	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

Report to and minutes of the meeting of this Committee held on 13 February 2007.

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1 March 2007

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>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>		
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>Nottingham University Hospitals Trust The Price Waterhouse Cooper report on the bed closure programme in Greater Nottingham commented on NUHT's closure of a care of older</p>	<p>Joint City and County Committee</p>

		<p>people ward and the impacts this could have on other services. Their recommendations suggested more discussion with other organisations prior to the wards being closed would have been helpful.</p> <p>Nottinghamshire County Teaching PCT The Committee's response to the consultation on Modernising Older People's Services strongly encouraged the PCTs and Adult Social Care and Health Departments to further develop the partnership approach by ensuring all other Trusts involved in the patient pathway were fully involved. By the end of the financial year all parties had agreed a way forward and were co-operating on the implementation of the plans.</p> <p>Nottinghamshire Healthcare Trust Proposals on the Social Inclusion and Wellbeing Services from the County Council's Adult Social Care and Health Department acknowledged that officers had been involved in the development of proposals.</p> <p>The joint working between the trust and the City's Children's Services Department on the development of the Multi-Agency Locality Teams was found to be a good model during a review of Child and Adolescent Mental Health Services in the city. This model is now being rolled out.</p> <p>When examining mental health provision at Millbrook hospital the County's Select Committee</p>	<p>Joint City and County Committee</p> <p>Joint City and County Committee</p> <p>City Health Scrutiny Panel</p> <p>County NHS Change</p>
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		commented that the Trust should be encouraged to work with the County Council's Adult Social Care and Health Department to progress the proposals for, and to consider the strategic provision of, acute inpatient beds across Nottinghamshire.	(Millbrook) Select Committee
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	<p>Health care organisations support their staff through</p> <p>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</p>		

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

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	Health care organisations have systems in place to ensure that 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 patient confidential information; and c) staff treat patient information confidentially, except where authorised by legislation to the contrary.		
C14	Health care organisations have systems in place to ensure that patients, their relatives and carers 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; and c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.		

C15	Where food is provided, health care organisations have systems in place to ensure that: a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and 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.		
C16	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.		
FIFTH DOMAIN – ACCESSIBLE AND RESPONSIVE CARE			
C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.	<p>Nottingham University Hospital's Trust The Committee was informed that patients and their parents and carers were involved throughout the planning stage of the Trust's proposals on the development of services for children and young people. The consultation events were well received by patients and carers who felt they had genuinely been listened to.</p> <p>Nottinghamshire County Teaching PCT The Committee was informed that patients and carers had been involved in the development of</p>	<p>Joint City and County Committee</p> <p>Joint City and County Committee</p>

		<p>plans for Modernising Older People’s Services. However, Members chose to recommend that issues of access to the reconfigured hospital sites be given further consideration including provision for carers whose role the Committee saw as vital to the successful rehabilitation and after care of people once they leave hospital as Members considered that they had not been reassured on this aspect of care.</p> <p>Nottinghamshire Healthcare Trust There appeared to be limited engagement of service users in the development of the Trust’s proposals for a Social Inclusion and Wellbeing Service. However by the close of the consultation period the Trust had proved that the views and feelings of users and carers had been acknowledged and their plans had been amended in response to those views.</p> <p>The Trust attempted to consult with patients, staff and the voluntary sector on a change to services at Millbrook Hospital but there is evidence to suggest this was not always successful. The County Select Committee felt that the Trust should look to ways to expand the range of methods of consultation for any future proposals and also encourage earlier involvement of the Patient and Public Involvement Forum (Links). The select committee agreed the short funding window limits the ability of NHS Trusts</p>	<p>Joint City and County Committee</p> <p>County NHS Change (Millbrook) Select Committee</p>
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		to involve and consult patients and the public in <ul style="list-style-type: none"> • Planning services • Developing and considering proposals for change in the way services are provided and • Decisions to be made that affect how these services operate. 	
C18	Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Nottinghamshire Healthcare Trust The development of Multi-Agency Locality Teams in partnership with the Local Authority has improved the accessibility of Child and Adolescent Mental health services through the delivery of services close to where people live. This has helped to identify previously unmet need and increased the likelihood that young people will attend regularly.	City Health Scrutiny Panel
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 <ol style="list-style-type: none"> a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and 	Nottinghamshire Healthcare Trust The development of a Psychiatric Intensive Care Unit at Millbrook Hospital provides better provision in reducing the number of patients being sent out of County for treatment and provides a more flexible response to individual needs. The provision of a	County NHS Change (Millbrook) Select Committee

	b) supportive of patient privacy and confidentiality.	S136 is a major improvement on the current practice of detaining people in police cells when they are unwell.	
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.		

DEVELOPMENTAL STANDARDS		
Developmental Standard		Type of Trusts being assessed
D1	Health care organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another.	Acute Trusts (Nottingham University Hospital Trust)
D2a	Patients receive effective treatment and care that conforms to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery;	Acute Trusts and Mental Health Trusts (Nottingham university Hospitals Trust and Nottinghamshire Healthcare Trust)
D13 a&b	Health care organisations a) identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role; b) implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health;	Primary Care Trusts (Nottingham City PCT and Nottinghamshire County Teaching PCT)

NHS Trust	Scrutiny Body Co-ordinating the Response	Action Required by this Committee
Bassetlaw PCT	Appropriate County Select Committee	None
East Midlands Ambulance Service	No work completed on this Trust therefore it is recommended not to comment	Agree that officers should write a statement to this effect to submit to the Trust.
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 work completed by the County NHS Change (Millbrook) Select Committee and the City Health Scrutiny Panel.

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