Date: 16th February 2009

From: Bert Siong, Scrutiny Officer

To: Chair and Members of the Scrutiny Board

Subject: Health Commission Health Check 2008-09

1.   This briefing note is intended to inform Scrutiny Board Members about the Healthcare Commission annual health checks of all local NHS bodies for 2008-09, and about how the Board can make comments.

2.   The note summarises the Commission's guide on how third parties, including health scrutiny committees, can submit comments about the performance of their local NHS Trusts.

3.   With the aim of helping to improve services, the Commission checks on local healthcare Trusts and provides information to patients and the public about their local health services on:

- Safety and cleanliness;
- Dignity and respect;
- Standards of care;
- Keeping people healthy;
- Waiting to be seen; and
- Good management.

4.   The *Standards for Better Health* sets out 24 core standards (see Appendix 1), describing a minimum level of service expected. Trusts are asked to self-assess against those standards and submit a declaration to the Commission by 1st May 2009. As part of this process, they are responsible for inviting third parties to comment on their performance. They are required to include any comments they receive, word for word in their declarations. There is no penalty for 'no comments'.

5.   Members of the Scrutiny Board should consider any comments they may wish to make, perhaps based on evidence heard by the Scrutiny Board or from their own constituency work. Comments can be on any of the core standards.

6.   In 2008/09, NHS Luton (formerly Luton tPCT) will provide separate assessments on its provider and commissioning functions. Comments should therefore reflect these two separate functions.

7.   The following are tips to help ensure comments make a difference:
- Think about the most important points you want to get across;
- Think about examples of good practice as well as problems and areas for improvement;
- Familiarise yourself with the 24 core standards and aim to match the points you want to make specifically to one or more of them;
- Try to find facts and examples to back up any comments made, e.g. quote minutes of meetings or the results of a local survey.

8.   Third party comments will be one of the many sources of information the Commission will use to cross check the Trust's declaration. This helps to ensure assessments are as fair and accurate as possible. Follow-up inspections with approximately 20% of trusts are also undertaken, at random and on those most at risk of not meeting the standards.

9.   To enable the Trusts to meet their declaration deadline (1st May 2009), the Scrutiny Board need to consider what comments to make on 3rd March, and delegate the Scrutiny Officer, in liaison with the Chair, to prepare and forward the comments to the relevant Trusts.

APPENDIX 1 - Inspection guides and the Department of Health's core standards

Inspection Guide	Department of Health core standard*
C1a	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 local and national experience and information derived from the analysis of incidents
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations
C3	Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance
C4a	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 Methicillin-Resistant Staphylococcus Aureus (MRSA)
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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
C5a	Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met
C7a&c	Healthcare organisations apply the principles of sound clinical and corporate governance. Healthcare organisations undertake systematic risk assessment and risk management

C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources
C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights
C8a	Healthcare organisations support their staff through 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
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups
C9	Healthcare 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
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives
C12	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
C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet

C15b	Where food is provided, healthcare organisations have systems in place to ensure that 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	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
C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably
C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality
C21	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
C22a&c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations. Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections
C24	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

* National Standards, Local Action - Department of Health 2004