

Joint Health Overview and Scrutiny Sub-Committee (JHOSC)

27 April 2007



Healthcare Commission Annual Health Check: 2006/07 Declaration

Report of the Head of Overview and Scrutiny

Purpose

1. To seek comments from the Joint Health Overview and Scrutiny Committee on the performance of NHS Trusts serving County Durham as part of the Health Check process.

Information

3. Health check represents a major opportunity for Health Overview and Scrutiny Committees (OSCs) to have an influence on local health services.
4. Comments from JHOSC will be reproduced verbatim in the declaration and used by the Healthcare Commission to cross-check the veracity of the declaration.
5. NHS Trusts are measured against twenty-four core standards in seven domains of :-

- Safety
- Clinical & Cost Effectiveness
- Governance
- Patient Focus
- Accessible & Responsive Care
- Care Environment & Amenities
- Public Health

(These collectively are seen as the basics of care - see APPENDIX 1)

6. Self-assessments by Trusts are submitted to Health OSCs and judged against whether:-
 - Standards have been met without significant lapses
 - Standards for which assurances received make it clear there may have been significant lapses
 - Standards by which a lack of assurances leave the Board unclear as to whether there have been significant lapses

7. It is for Trust Boards to decide if a lapse is significant and not NHS managers. In coming to a decision, Boards consider the extent of risk to patients, staff and the public and the duration and impact of any lapse.
8. Whilst many core standards relate to detailed process, the Department of Health believes OSCs, together with Patient & Public Involvement Forums, can add to the total evidence base from their community-focussed work.
9. Feedback on 2005/06 (the first year of the new system) indicates a big response to this opportunity. Of 1,985 comments sent to the HCC, 807 were from OSCs. Comments, once weighted, were classified as: 49 'high' quality intelligence, 1,245 'medium' & 814 'low'.
10. To assist Councillors, the Health Care Commission (HCC) suggest OSCs focus on the following areas.:
 - **C13 - 16: Information and respect for patients and the complaints system**
 - **C17: Involvement of patients & the public in planning, delivery and improving services. [This attracting most comment across all contributors in 2005/06]**
 - **C22 - 24: Public health**

The Process

11. The NHS family in County Durham has presented an overview of its Annual Health Checks/Declarations to the Joint Health Overview and Scrutiny Committee (JHOSC) on 2nd April 2007.
12. The NHS has now circulated its self-declarations for comment (see attached).

NOTE:

CD PCT: The majority of standards were met without significant lapse. Four standards were declared as insufficient assurance and three of these relate to a previous declaration submitted by a predecessor PCT. Action plans along with timescales have been developed for each of these standards.

Those standards identified as fully met during the self-assessment did not necessarily mean that there were no gaps in control or assurances, only that these were not considered significant risk to indicate that a standard was not met.

CDDANHS Trust: The Trust Board has reasonable assurance that it is meeting all core standards except for C4a. Non-compliance has been decided due to the increase in MRSA bacteraemia cases during 2006/7. In making this assessment consideration was given to the extent of the risk to patients, the public and staff and the duration of any lapse. In cases

where the Trust Board believes there has been a minor lapse. then action plans are in place.

NEAS: Declares compliance in all 24 Core Standards.

TEWVNHS Trust: Declares compliance in all 24 Core Standards.

Members are asked to note however, that they are reporting a in year lapse between October 2006 - February 2007 for Core Standard *C5a as there was insufficient assurance that they were compliant, during this period.

(*C5a requires that NHS organisations..." conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and developing treatment and care....")

13. Areas of non-compliance should be identified in a future work programme for the JHOSC so that the committee is able to monitor progress and consider the action taken to address the particular issue.
14. The HCC has again not applied a rigid template, but it is suggested Members focus on activity with which they have been directly involved. Advice would also be that all comment, whatever core standard it applied to, must be evidenced so the Committee can satisfy itself that its verbatim comments accurately reflect experience.
15. To assist Members, information on what the JHOSC has looked at over the past twelve months is attached (APPENDIX 2).

Recommendation

17. That members note areas of compliance and non-compliance for each NHS Trust and comment accordingly. These comments will be shared verbatim with the respective NHS Trusts in our area to assist them respond to the Health Care Commission with their respective declarations.
18. That areas of non-compliance be included in a future Joint Health Overview and Scrutiny Committee work programme so that the JHOSC can monitor progress.

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