08/09 AHC Third party commentary examples – Overview and Scrutiny Committees

This document provides examples of two high data quality commentaries and one low data quality commentary provided by overview and scrutiny committees for the 2008/09 annual health check.

Overview and scrutiny committee/Low data quality

Example 1
Low data quality

Following the meeting of the Health Scrutiny and Performance Panel held on 28th April 2009, the following comments have been made with regards to xx Health Check.

The Panel support the xx trusts' declaration of full compliance, and believe that the public perception of the service supports this, as their clients seem to be complimentary and satisfied with the service. The "can do" culture is applauded.

The panel highlighted the potential of investigating the use of the remote control light system to improve response times in the future.

Example 1 was given a low data quality rating because:

- There is insufficient detail provided to support coding decisions by analysts against core standards.
- The source of the information provided is not revealed i.e. regarding public perception of the service and client satisfaction, so the statement is vague and difficult to weigh in terms of data quality.
- Some of the language used is not easily understandable within the context of assessment of trust performance against core standards i.e. the 'can-do' culture is applauded.

Overview and scrutiny committee/High data quality

Example 2

High data quality

xx Council Health Improvement Committee
Healthcare Commission - Annual Health Check 08/09
Commentary on Competences
District Care Trust

Core Standard C6

Health care organisations co-operate with each other and social care organisations to ensure patients' individual needs are properly managed and met. The Committee endorsed the commentary made by the Department for Adult

Services that the level of cooperation between health care organisations and the local authority has been very positive overall, and has usually been approached from the standpoint of ensuring that the person's individual needs are properly managed and met. The commitment to work together has been evident at both senior executive and front-line worker levels.

The Health Improvement Committee heard evidence in July, September and October 2008 and February 2009 on the Strategic Review of Adult Mental Health Services, which is being implemented by the tPCT, but involves the Care Trust as a provider.

The Social Care Improvement Committee presented written evidence of good cooperation between health and social care organisations this year. In July 2008 they received a report on the Strategic Review of Services for Older People with Mental Health Difficulties which was jointly commissioned by the local authority and xx teaching PCT and was undertaken in partnership with xx District Care Trust, the voluntary and community sector and the independent sector.

This work is currently being supported by the Committee's own scrutiny of service issues relating to dementia which is being undertaken with full co-operation from both social care and health care organisations, including the xx District Care Trust.

Following the strategic review of Learning Disability Services, a formally constituted Programme is taking forward all aspects of learning disability service development in the xx district. It has been agreed to complete a self assessment report in April 2009 which will gauge how much improvement has taken place since this was first undertaken last year.

The review of Adult Mental Health and the review of mental health services for Older People represent a significant package of change, with important implications for partnership working between Adult Services and the Care Trust, and in the future for the different ways in which patients' and service users' needs will be met.

The Council and the Care Trust are revising their Section 75 agreement. The Council and BDCT have engaged legal teams to negotiate and formulate a new partnership agreement. (Section 75 of the National Health Service Act 2006 replaces section 31 of the Health Act 1999, which concerned partnership working and 'Health Act Flexibilities'). This work also relates to Standard 7a) Healthcare organisations apply the principles of sound clinical and corporate governance.

Core Standard C7

Health care organisations (a) apply the principles of sound clinical and corporate governance, b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources, c) undertake systematic risk assessment and risk management.

The Committee had received presentations in October 2008 and February 2009 on the Trust's application for Foundation Trust status. The committee supported their application to become a Foundation Trust but requested that a member from

xx be included on the Trust's Council of Governors.

Core Standard C11b

Health care organisations ensure that staff concerned with all aspects of the provision of health care
b) participate in mandatory training programmes

The Trust has indicated that it is likely to be non-compliant with this standard as not enough existing staff had attended certain mandatory courses and there was insufficient follow-up of non-attendance. The Committee questioned them on the reasons for this and were assured that crucial training on child safety and health and safety was being adequately progressed and that steps were being taken to address the problem, for example by delivering training on the wards.

Core Standard C22

Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities, (part a. in particular - co-operating with each other and local authorities and other organisations).

The committee welcomes the engagement with all NHS organisations in the district in improving health and addressing health inequalities through partnership working.

During the period the LSP arrangements for the district have been re-shaped, and joint working between the NHS and the Council at a strategic level has been facilitated by the formation of the Health and Well-being Partnership. The Older People's Partnership and the Strategic Disability Partnership are important joint groups that support the development of more joined up services.

An example of co-operative work addressing health inequalities in the district was the Scrutiny of Alcohol as a Health Issue. The committee appreciates the co-operation of the Care Trust to this scrutiny. The committee made a series of recommendations to the Council and its partners, including:
??? that they work ???to ensure that clear information is provided to the public on the potential harmful effects of alcohol???
??? the creation of a web and telephone based xx Alcohol Information Service
??? that all doctors and dentists receive training in 'brief interventions'
??? that service commissioners ensure that appropriate and adequate provision is available.

Example 2 was given a high data quality rating because:

- It was well structured and written, in clear, unambiguous language.
- A strong evidence base was used in support of the commentary.
- The timescales mentioned align with the 08/09 AHC assessment year.

Example 3
High data quality

By:xx Overview and Scrutiny Committee for Public Health

The xx Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the xx Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of contact with the trust and work undertaken during the past year.

The following comments are now offered:-

First Domain Safety.

Standard 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 local and national experience and information derived from the analysis of incidents.

A priority for the OSC when meeting in public with the hospitals trust is to ensure a detailed overview of the management of healthcare acquired infection is provided at regular intervals. Members of the committee have been very impressed with the stringent plans and precautions that have been put in place by the trust to ensure patients' safety is uppermost across the organisation. The OSC has been provided with substantial supporting evidence indicating that the incidence of both MRSA and C Diff has reduced and that when outbreaks do occur there are robust plans in place to address the situation.

The OSC was also interested to hear that the hospitals trust has visited other trusts in both the UK and also Europe to understand best practice and to determine if learning from other organisations is transferable to the local situation.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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.

The OSC was encouraged by the transparency of information relating to hygiene standards and Healthcare Acquired Infection, presented by the trust and the acknowledgement that there are some areas needing improvement. One of these was highlighted in the hand hygiene survey that is undertaken with staff across the organisation. Generally the results were good, but the survey identified junior doctors as falling significantly short of the standard. There is a high turnover of doctors and this presents an ongoing issue for the trust who are determined to drive up the hand hygiene standards. The OSC will at its next meeting be keen to understand how this section of the workforce has been encouraged to improve hygiene standards

Standard C4d) Healthcare organisations keep patients staff and visitors safe by having systems to ensure that medicines are handled safely and securely

In a visit to the pharmacy at xx hospital members learned that an antibiotic flashcard had been developed for doctors to carry in their pocket. This is part of the hospital process to keep hospital acquired infection under control and has been a great success, with similar ones are being used in other hospitals. The flashcard is updated twice a year to cater for the use of new drugs. Audits are carried out to check that the flashcard is being used properly. Part of the success of managing when antibiotics should not be used, is the use of pharmacy teams, who physically remove all antibiotic medication on any ward so that doctors are forced to use the alternative medications.

Second Domain Clinical and Cost Effectiveness
Standard C 6 Healthcare organisations co-operate with each other and social care to ensure that patients' individual needs are properly managed and met

The issue of the management of Delayed Transfers of Care was raised with the OSC and a joint working group with the Adult Service OSC was established in 2008 to investigate the reasons behind the fact that partner organisations were falling behind in achieving their targets in this area.

At the time of writing this is an ongoing review, but members have seen positive moves by the PCT, acute trust, mental health and social care towards working more closely to reduce delays. The committee has been impressed with the level of management expertise that contributing to the partnership working groups at both strategic and operational levels to address the key issues. It is not clear however that patient's needs are as yet being met, as there are concerns around carer provision across the county and differing approaches in the management of delayed transfers between the xx and xx sites.

Third Domain - Governance

Standard C7(d) Healthcare organisations ensure financial management achieves economy, effectiveness, probity and accountability in the use of resources

In 2008 the xx hospitals trust presented the OSC with its proposals to become a Foundation Trust. Part of the criteria for achieving this status is to prove robust financial management systems are in place and that the organisation delivers a profit that can be re-invested in the business. The OSC has heard that the trust is able to demonstrate financial balance but understands the current challenges in the health economy that might have implications for the hospitals trust dependent on the financial situation of the PCT.

At a public meeting in 2008 the OSC were informed by the trust that the Midwifery Led Unit (MLU) based at the xx hospital continued to underperform and had not succeeded in encouraging sufficient women to attend the unit to give birth. The OSC has been told that the trust planned to actively promote the MLU to GPs and other groups in order to attract mothers who were not having their first baby. As it was agreed in the Shaping Health Services

consultation that the MLU would be self funding, the OSC has not to date been presented with evidence to indicate this is the case and will pursue this at its future meetings with the trust.

Fifth Domain - Accessible and responsive care

Standard C17 The views of patients, their carers and others are sought and taken into account in designing planning and delivering and improving healthcare services.

During 2008 the trust has spent a great deal of time and effort in engaging the public with their Foundation Trust proposals. This has been evidenced at public meetings, literature displayed in public places and via the website. The OSC was pleased to be included in this process and has formally responded to this consultation. The OSC understands that if Foundation Trust status is achieved that the membership and board of governors will provide a significant public representation but would like to hear evidence of this.

The OSC was also pleased that the trust has been proactive in engaging both the county and district councils in their plans for the future. The trust has attended full council meetings in order to do this and the OSC encourages this approach as a positive move.

Standard C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

Last year the OSC commented in the annual health check that access to acute hospital services continues to cause concern to patients and public. The Access to Health Strategic Partnership is chaired by a PCT board director and was established as a result of OSC concerns about the lack of partnership working to improve accessibility to services for the public. The group appears to have lost its momentum The OSC does not believe that any significant progress has been made in this area.
The OSC is not aware of any recent meetings and has not been informed about any outcomes from the work streams identified by the group.

As accessibility is an issue that the committee encounters repeatedly, it was encouraging to note that at a recent meeting of County Council Cabinet members and the PCT board, the issue was flagged up as a priority, with a view towards working more closely to assess how all partners can group existing resource to improve accessibility. The OSC would particularly like to understand how partners might make best use of excess vehicle capacity across organisations to achieve improved patient transport services.

The issues of car parking facilities at both xx and xx has been raised on many occasions with the trust at both public and private working meetings. The OSC has been informed that the trust does not intend to abolish car parking charges but has not been kept up to date or included with current thinking on future plans. The OSC is mindful of the groundswell of public opinion that

opposes the current system and believes the trust should work up and communicate a clear statement to the public about this issue.

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.

In public meetings, the PCT has informed the OSC of its close working with the acute trust focusing on both appropriate admissions, timely discharges and the necessity to reduce attendance at A&E. The committee understands that this is work in progress that is critical to achieving efficiencies in the health economy and the most appropriate care for patients. At its last meeting with the trust, unprecedented levels of trauma and emergency admissions were reported, reflecting the national trend. This has resulted in slight underperformance of the 4 hour A&E target. The committee is hopeful that the work alongside the PCT and GPs in reducing inappropriate referrals will in the longer term help to reduce the pressure on the system at times of high demand.

On a visit to the cardiac day unit at XX hospital members of the committee were impressed by the speed and efficiency of treatment. In the cardiac catheterisation lab members were shown the example of a patient admitted to A&E with severe chest pains who was admitted to the unit within 5- 10 minutes. A stent was successfully inserted after a further 5 minutes and the patient taken to the recovery unit and then discharged. Members were informed that previously this procedure could take up to 5 days and did not have such positive results.

In addition to these specific comments, I would like to add that I and my colleagues on the OSC have welcomed the inclusive approach the hospitals trust has continued to take towards the OSC, specifically with the invitation to the OSC Chairman to sit on the board and contribute to the meetings. I believe this is a valuable way building good working relationships and is a useful way to provide feedback on a variety of issues to members of the committee.

Example 3 was given a high data quality rating because:

- It is well structured.
- A strong evidence base is provided to support the OSC comments on trust performance against each of the core standards identified.
- The commentary is detailed, and very informative with all information of direct relevance to trust performance.
- The commentary is authoritative, and has a definite effect (positive or negative).
- Timescales are aligned with AHC year.

CareQuality Commission

Standards based assessment
Feedback for Windsor and Maidenhead OSC

Thank you for your commentary on your trust's core standards declaration. We invited third parties – local involvement networks, overview and scrutiny committees, foundation trusts' boards of governors, local safeguarding children's boards and learning disability partnership boards to comment and they responded well. We really appreciate the hard work that went into providing commentaries that produced so much useful intelligence. This report is in response to requests from the third parties for individual feedback.

How we used the commentaries

In 2009, we received 2881 comments from third parties.

Data quality

We make a general assessment of the evidence found in the whole commentary/declaration. Most commentaries will be given a medium score for data quality. The table below outlines the 'criteria' we use to award a higher or lower data quality score. The higher the data quality score applied to a commentary the more impact it will have, however commentaries given a low data quality score will also contribute to the overall risk assessment profile of a trust. **NB If the commentary merely states that the 3rd party has no comment to make on any of the standards, it will not be given a data quality score.**

A whole commentary is likely to be given a high, or low score if:	
High data quality	• It relates to the timescale of the Annual Health Check • Shows regular involvement of the forum (visits or inspections) • Contains detailed information such as dates and outcomes • Makes reference to evidence to substantiate comments that can be produced if requested
Low data quality	• Outside of the Annual Health Check timescale • Evidence is unavailable or incomplete • Contains incomplete measures of outcomes • Suggests that the information on the trust performance is not based on concrete facts

In 2009, across all the 3rd parties, 8% of commentaries were given a high data quality rating, 37% a medium rating, 37% a low rating and 18% fell into the 'no comment' category.

What we did with the intelligence we extracted

In 2009 8949 items of intelligence were extracted and used because they related to one or more of the standards. These might be a single sentence or several paragraphs. **NB Not all information from the commentaries will be used; if it cannot be** applied to a standard(s) or relates to a period of time outside the annual health check timescale, it will not be analysed as above. Each item was then defined as either positive or negative intelligence in relation to the trust's compliance with the Standard. In 2009 75% of the items of intelligence were positive about a trust's compliance with a standard.

Weighting the intelligence

Analysts then apply weighting scores to each item of intelligence according to the strength of relationship that the item has with a particular core standard, its coverage of the trust (whole/service) and how well it was supported with evidence. Again the default position is to award a medium weighting. The table below sets out the 'criteria' used to award a higher or lower weighting.

The higher the weighting score applied to an item of intelligence the more impact that item will have, however items of intelligence given a low weighting score will also contribute to the overall risk assessment profile of a trust.

An item of intelligence is likely to be given high or low score if:	
High weighting	• It makes specific reference to compliance or non compliance of the trust to a particular standard and has a clear evidence base for this opinion • The statement/intelligence covers the entire scope of the referenced standard • The statement is representative of the whole trust
Low weighting	• The statement confirms compliance or non compliance with the standard, but there is an absence of supporting evidence • It covers a small aspect of the standard • The statement is not representative of the whole trust • It merely quotes the standard

In 2009, across all the 3rd parties, 256 (3%) of the items were given a 'high' weighting, 5534 (62%) a 'low' weighting and 3159 (35%) a 'medium' weighting.

Nuggets are comments that would have a significant impact on likelihood of compliance/non-compliance with a standard. In 2009 there were 20 nuggets - 10 from local children's safeguarding boards, 3 from LINk commentaries and 7 from overview and scrutiny committee commentaries. NB There were some commentaries where we were unable to extract any comments – this could be because the commentary states that the 3rd party has no comment to make, or the commentary could not be applied to any of the standards.

Summary of the intelligence extracted from your commentary

Trust	RWX Berkshire Healthcare NHS Foundation Trust Provider			
Care Quality Commission area	South East			
Data quality rating	1			
Number of items of information extracted	1			
Number of items of information strength of relationship to core standard	**High:** 0	**Medium:** 0	**Low:** 1	**Nugget:** 0
Core standards commented on	C17			

Healthcare Commission's Annual Health Check 2008-2009 Berkshire Healthcare NHS Foundation Trust The Joint East Berkshire Health Overview and Scrutiny Committee have no specific comments to make in relation to the Berkshire Healthcare NHS Foundation Trust Annual Health Check Declaration to the Healthcare Commission for 2008/09. The Joint Committee are pleased and congratulate the Trust on their general cooperation and openness during the past year. The Trust have been regular attendees at meetings and have made positive and helpful contributions. Queries and requests for reports have been met promptly and openly discussed. With kind regards, Cllr. Simon Meadowcroft Chairman of the Joint East Berkshire Health Overview and Scrutiny Committee