

Subject:	The Healthcare Commission 'Annual Health Check' of NHS Trusts (2008-2009)		
Date of Meeting:	21 January 2009		
Report of:	The Director of Strategy and Governance		
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Wards Affected:	All		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Healthcare Commission is responsible for assessing the performance and financial management of NHS Trusts across England.
- 1.2 Part of the assessment process involves the Healthcare Commission eliciting comments from key local stakeholders: Health Overview & Scrutiny Committees (HOSCs), Strategic Health Authorities (SHAs) and Local Involvement Networks (LINKs).
- 1.3 HOSC members will need to determine what (if any) comment they wish to make in relation to the performance of any local NHS Trust(s) in 2008-2009. HOSC is not required to contribute to this process, but submissions are encouraged by the Healthcare Commission and by NHS Trusts themselves.

2. RECOMMENDATIONS:

- 2.1 That members:
 - (1) agree that general comments on local NHS Trusts be compiled by Committee support officers (for approval by the Chairman and Deputy Chairman of the Committee prior to their submission to the HealthCare Commission);
 - (2) determine whether to undertake any in-depth piece of work (such as an ad hoc panel) which would enable the Committee to

make an evidenced submission to the Healthcare Commission on some aspect of local NHS Trust performance in 2008-2009

3. BACKGROUND INFORMATION

- 3.1 The Healthcare Commission's 'annual health check' is the primary mechanism for assessing the performance of NHS Trusts across England.
- 3.2 The annual health check is conducted via an extensive self-assessment exercise which all NHS Trusts are required to complete. Trusts must assess their compliance with a number of standards which seek to measure clinical, administrative, managerial and financial performance.
- 3.3 In addition to this self-evaluation exercise, the HealthCare Commission visits selected Trusts to conduct its own audits. Trusts may be selected at random for such visits, or visits may be in response to perceived 'risk': problems identified with aspects of a Trust's performance (e.g. where there is historical under-performance).
- 3.4 These assessments are published in full by the HealthCare Commission. The Commission also makes a general assessment of NHS Trusts' performance and financial management and publishes annual 'scores' for each Trust (Trusts are ranked from 'excellent' to 'weak' on both finances and performance).
- 3.5 The Healthcare Commission also takes into account 'third party submissions': evidence from key stakeholders including the relevant Strategic Health Authority (SHA), local HOSCs and local LINKs. These submissions are of particular relevance if they contradict a Trust's self-assessment (i.e. a Trust has declared compliance against a standard, but local stakeholders submit evidence to the contrary).
- 3.6 Third party submissions typically consist of two types of information: (a) general comments about the Trust in question and its relations with the stakeholder organisation – e.g. whether the Trust has responded positively to requests for information etc. over the past year; and, (b) detailed, evidenced comments about specific aspects of the Trust's performance.
- 3.7 NHS Trusts are assessed on their ability to build good relations with stakeholders, so it is important that HOSC comments (either favourably or adversely) on its relations with city NHS organisations. In 2007-2008, HOSC made this kind of general comment for all local NHS Trusts. Comments were drafted by officers, but approved by the Chairman and Deputy Chairman of HOSC before being submitted to the Healthcare Commission. A similar procedure has been suggested for 2008-2009.

- 3.8 It is important to note that third party submissions which concentrate on specific aspects of a Trust's performance must be closely evidenced in order to be effective. Thus, a HOSC which had conducted detailed work on infection control in the Local Health Economy might be in a position to include such material in its submissions; a HOSC which had not done this work could still convey its general concerns, but could not realistically anticipate action in response.
- 3.9 Therefore, aside from making fairly general comments on each local NHS Trust, HOSC may effectively be restricted to making more substantial comments only on issues which the Committee has investigated in some depth. Since HOSC has not undertaken an in-depth review of any specific local NHS services in the past year (e.g. via an ad hoc panel or Select Committee), there may be limited opportunities to make this kind of comment.
- 3.10 However, if HOSC members wished to explore any particular aspects of the performance of local NHS Trusts with a view to making detailed third party submissions as part of the 2008-2009 annual health check, they could determine to set up a sub-group (or ad hoc panel) to undertake this work and report back prior to the submission deadline (April 2009).

4. CONSULTATION

- 4.1 No formal consultation was undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

- 5.1 There are no financial implications for the council.

Legal Implications:

- 5.2 none identified

Equalities Implications:

- 5.3 None directly, although equalities-related standards feature in the HealthCare Commission annual health check.

Sustainability Implications:

- 5.4 None directly, although sustainability-related standards feature in the HealthCare Commission annual health check.

Crime & Disorder Implications:

5.5 None.

Risk and Opportunity Management Implications:

5.6 None identified.

Corporate / Citywide Implications:

5.7 None identified.

SUPPORTING DOCUMENTATION

None