Middlesbrough Council



AGENDA ITEM: 5

## SOUTH TEES HEALTH SCRUTINY JOINT COMMITTEE

## 19 JANUARY 2011

# CARE QUALITY COMMISSION – SEEKING THE VIEWS OF THE JOINT SCRUTINY COMMITTEE

### PURPOSE OF THE REPORT

1. To introduce representation from the Care Quality Commission (CQC), in attendance to seek the views of the Joint Scrutiny Committee, relating to a planned review of the essential safety and quality standards pertaining to the South Tees Hospitals NHS Foundation Trust.

#### RECOMMENDATIONS

- 2. That the Joint Scrutiny Committee notes the content of the CQC briefing.
- 3. That the Joint Scrutiny Committee provides any pertinent views it has relating to the South Tees Hospitals NHS Foundation Trust, to the CQC.

#### **CONSIDERATION OF REPORT**

- 4. Members of the Joint Scrutiny Committee will be familiar with the work of the CQC, which has regulatory and inspection responsibilities relating to health and social care.
- 5. The CQC has recently made contact with the Joint Scrutiny Committee's secretariat, wishing to seek the views of the South Tees Health Scrutiny Joint Committee regarding the South Tees Hospitals NHS Foundation Trust.
- 6. The CQC is about to conduct a planned review of the essential standards of quality and safety pertaining to the South Tees Hospitals NHS Foundation Trust. There are 16 key standards, which are outlined below.

Regulation* 9	Outcome 4	<b>Title and summary of outcome</b> <b>Care and welfare of people who use services</b> People experience effective, safe and appropriate care, treatment and support that meets their needs and
10	16	protects their rights. Assessing and monitoring the quality of service provision People benefit from safe, quality care because effective decisions are made and because of the management of
11	7	risks to people's health, welfare and safety. <b>Safeguarding people who use services from abuse</b> People are safeguarded from abuse, or the risk of
12	8	abuse, and their human rights are respected and upheld. <b>Cleanliness and infection control</b> People experience care in a clean environment, and are
13	9	protected from acquiring infections. <b>Management of medicines</b> People have their medicines when they need them, and in a safe way. People are given information about their
14	5	medicines. <b>Meeting nutritional needs</b> People are encouraged and supported to have sufficient food and drink that is nutritional and balanced, and a
15	10	choice of food and drink to meet their different needs. <b>Safety and suitability of premises</b> People receive care in, work in or visit safe surroundings that promote their wellbeing.
16	11	Safety, availability and suitability of equipment Where equipment is used, it is safe, available, comfortable and suitable for people's needs.
17	1	<b>Respecting and involving people who use services</b> People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in
18	2	the way in which the service is delivered. <b>Consent to care and treatment</b> People give consent to their care and treatment, and understand and know how to change decisions about this set that have been agreed previously.
19	17	things that have been agreed previously. <b>Complaints</b> People and those acting on their behalf have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint
20	21	against for making a complaint. <b>Records</b> People's personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety

		and wellbeing.
21	12	Requirements relating to workers
		People are kept safe, and their health and welfare needs
		are met, by staff who are fit for the job and have the right
		qualifications, skills and experience.
22	13	Staffing
		People are kept safe, and their health and welfare needs
		are met, because there are sufficient numbers of the
		right staff.
23	14	Supporting workers
		People are kept safe, and their health and welfare needs
		are met, because staff are competent to carry out their
		work and are properly trained, supervised and
		appraised.
24	6	Co-operating with other providers
		People receive safe and co-ordinated care when they
		move between providers or receive care from more than
		one provider.

- 7. Ahead of conducting that review, the CQC is keen to speak to the Joint Scrutiny Committee to see if Members have any particular areas of interest pertaining to the Trust or its activity. Specifically, the CQC is interested to hear Members' views on where the CQC could focus its attention during the inspection. This could include any feedback received by Members about the performance of the Trust, which they would like to pass on, which will influence the work of the CQC relating to the Trust.
- 8. Any views put forward by the Joint Scrutiny Committee will assist the CQC in considering the performance of the Trust and the quality of services it provides.
- 9. The CQC would be particularly interested in the views of Elected members of the performance of the trust on areas covered by the standards outlined above. These views could have been formed through work in Health Scrutiny and/or work as ward councillors dealing with constituents. The CQC is particularly keen to seek the views of Members involved with Health Scrutiny as to the perceived performance of local services and seek their views in advance of carrying out a routine inspection, as there may be areas that warrant particular attention.
- 10. It is anticipated that CQC representatives will briefly address the Joint Scrutiny Committee, providing more detail about their work. Following that, the views of the Joint Scrutiny Committee are sought on the performance of the Trust, particularly on the standards above, based on the experience of members from being involved with health scrutiny, by dealing with ward casework and by being local residents.

- 11. It may be that Members have particular experience with the Trust in a particular area of activity that could be shared with the CQC, which could in turn assist the CQC in planning the inspection.
- 12. It is suggested that following the debate today, the Joint Scrutiny Committee remains briefed about the inspection and its outcome.

#### **BACKGROUND PAPERS**

13. No background papers were used in the production of this report.

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