the centre for
public scrutiny

better scrutiny for better government

Ten questions to ask if you are...
...scrutinising the effectiveness of your local hospital

The Centre for Public Scrutiny

The Centre for Public Scrutiny promotes the value of scrutiny in modern and effective government, not only to hold executives to account but also to create a constructive dialogue between the public and its elected representatives to improve the quality of public services. The Centre has received funding from the Department of Health to run a three year support programme for health overview and scrutiny committees of social services authorities as they develop their power to promote the well-being of local communities through effective scrutiny of healthcare planning and delivery and wider public health issues.

Acknowledgements

This guide was written for the Centre for Public Scrutiny by Fiona Campbell, Consultant in Public Policy and Accountability We are grateful to the following people for their help in developing the guide: Liam Hughes – National Adviser, Improvement and Development Agency and Alyson Morley – Policy Officer, Democratic Health Network, Local Government Information Unit.

introduction

This guide is one of a series designed to help health Overview and Scrutiny Committees (OSCs) carry out their scrutiny work around various health, healthcare and social care topics.

Through its Health Scrutiny Support Programme, the Centre for Public Scrutiny is aware that many OSCs wish to establish to their own satisfaction, on behalf of local residents, that their local hospital is performing as effectively as possible. However, it is not by any means easy to navigate the enormous amount of information that is potentially available to OSCs or to know how to "add value", through a scrutiny review, to the myriad inspections, "healthchecks" and monitoring systems of NHS performance that already exist. This guide is intended to help members of OSCs ask the kind of questions that will help them bring a new perspective to the issues.

In this guide, we have deliberately avoided discussing the current round of proposed reconfigurations of NHS services in England. After the implementation of current proposals, local authority OSCs will continue to have a long-term interest in Health Overview and Scrutiny Committees and this document is based on that assumption. However, OSCs may also find it helpful to refer to our companion guide, "10 Questions to ask if you're scrutinising NHS reconfigurations".

OSCs need to assess the effectiveness of NHS institutions within the context of the local health economy. For example, issues about rates of discharge from hospital will partly depend on what community-based facilities are available to provide care for patients on discharge. Admission numbers for various conditions may depend on what provision is available in non-hospital settings to treat those conditions. Some of the questions below, therefore, cover issues of partnership working.

Many health Overview and Scrutiny Committees choose to focus on one or more aspects of a local hospital's performance, as the list of scrutiny reviews at the end of this guide indicates. This is often because concerns have been raised by councillors themselves or by the local population or media about particular aspects of a hospital's activities. This means that, depending on the breadth of remit of any specific scrutiny review, some of the questions below may be more relevant than others.

Much of the work of OSCs is in the background research they and their staff undertake before holding public meetings or formal "hearings" to question experts, professionals and members of the public as part of a scrutiny review. The first few questions below may not, therefore, necessarily be directed at invited witnesses at formal meeting. They are questions that OSCs may wish to ask themselves in preparing for a review, before developing lines of questioning for others in their public sessions. This does not mean that the questions cannot then be put to others to bring out, in public, some of the issues that OSCs wish to raise. It is usually considered good practice, from the point of view of openness and transparency, for OSCs to question witnesses in public about issues about which the OSC members may already have gathered a considerable amount of information. This is because the process of scrutiny is important in itself and gives local residents and interested parties the opportunity to hear "from the horse's mouth" about the services under consideration. It should be as clear as possible, to anyone reading a scrutiny report, what is the source of the conclusions and recommendations – one important way of making this clear is to ask questions and receive answers in public.

1. What is the purpose of your review and how can it add value?

There are some questions that health OSCs will need to ask themselves to help them develop an appropriate focus for their review. Your review may be designed to answer the general question, "how effective is our local hospital". But within that overall objective, there are many approaches you could take; and you will want to take an approach that is likely to add value to already-existing inspections, reviews and monitoring reports. The NHS Appointments Commission has broken down the roles of NHS Trust Boards into the list on the left of the table below[1]. A set of possible objectives for health OSCs that mirrors these Board roles is suggested on the right of the table.

Board role	Suggested scrutiny objective
Set an appropriately challenging, but achievable strategic direction	Ensure that the Board, hospital managers and staff have a common understanding of the hospital's strategic direction
Identify the strategic issues that require discussion or decision, and distinguish these issues from operational detail	Ensure that the Board, through the Chief Executive, understands the policy context within which it is working and that governance arrangements provide the Board with appropriate information to distinguish strategic issues from operational detail
Provide constructive challenge	Provide constructive challenge (in the language of scrutiny, "act as a critical friend")
Make sure that tax payers are receiving value for money	Make sure that local residents are receiving value for money
Identify trends in performance	Understand the hospital's trends in performance and monitor how it is performing against local priorities (eg in the Council's community strategy and Local Area Agreements)
Enable comparisons with the performance of similar organisations	Understand how the hospital's performance compares with that of similar organisations
Understand the needs, views and experiences of users and non-users from all backgrounds and communities	Ensure that the hospital understands and systematically assesses the needs, and seeks and responds to the views and experiences of users and non-users from all backgrounds and communities
Make sure that users are receiving a high-quality service	Make sure that users are receiving a high-quality service and that there are no barriers to access to non-users of hospital services
Anticipate the potential impact of key policy, technological and socioeconomic developments	Ensure that the hospital anticipates the potential impact of key policy, technological and socioeconomic developments, including the future demographics of the area
Assure themselves that the organisation is complying with standards and other regulatory requirements	Assure yourselves that the hospital is complying with national standards (eg the National Service Frameworks), particularly those of high priority for patients

[1] NHS Appointments Commission, *The Intelligent Board*, http://www.appointments.org.uk/docs/intelligent_board_report.pdf

OSCs may wish broadly to cover all of these scrutiny objectives in one review or you may wish to concentrate on a selection of them or to develop your own objectives. Some health OSCs have also chosen to investigate in depth a particular aspect of local hospital services (examples of some review topics are given at the end of this document). Whatever the remit of your review, the important point is that all those concerned should understand what it is. The questions below are intended to elicit answers that will help meet at least some of the objectives above.

2. What information do you need to prepare for the review?

Before beginning public sessions or visits as part of your review, OSCs will want to inform themselves with some background, contextual material. It will be important to glean as much information as possible at this stage from written material, to avoid having to ask NHS senior management questions on basic subjects. Background reading could include:

- the health profile of the local authority area and the annual report of the director of public health
- the Local Development Plan of the Primary Care Trust which commissions services from the hospital trust
- any aspects of the Local Area Agreement that involve a contribution from the hospital trust
- the annual report of the relevant hospital trust
- the most recent patients' surveys carried out by the hospital trust
- the "annual healthcheck" carried out by the Healthcare Commission for each NHS Trust, to which health OSCs can contribute. Based on the annual healthcheck, the Healthcare Commission give an annual performance rating to each Trust, reporting on quality of services and use of resources. As part of the healthcheck, the Healthcare Commission asks each NHS body to assess itself against a set of (currently) 24 "standards" which are categorised into seven domains. These are:

  i. safety
  ii. clinical and cost effectiveness
  iii. governance
  iv. patient focus
  v. accessible and responsive care
  vi. care environment and amenities
  vii. public health

Depending on your particular interest and the focus of your scrutiny review(s) you may wish to look in some depth at one or all of these domains and the standards within it.

- the benchmark report for the local hospital trust carried out as part of the Healthcare Commission's annual inpatients survey – this report can be used to understand how well the trust is performing compared with the national results of patients views
- any National Service Framework guidance relating to a particular condition or group of hospital patients that you are looking at
- any annual or other recent written reports prepared by the hospital's Patient Advice and Liaison Service and the local Patients' Forum or Local Involvement Network (LINk)
- any summary of complaints and compliments that has been compiled by the hospital.

3. What kind of hospital is it?

Your local hospital may be one of several different kinds (a glossary of different hospitals is given at the end of this document). Many long-standing councillors will be familiar with the tradition of District General Hospitals which cater for all the acute health needs, including accident and emergency, of the local population. The term "cottage hospital" was traditionally used for small hospitals where GPs could admit and look after their own patients. This term has now been largely superseded by "community hospital" which covers not only the GP-admitting former cottage hospitals but also new types of minor injuries units (eg clinics run by nurses) or institutions offering a limited range of treatments and procedures. Some former District General Hospitals and large university teaching hospitals have become NHS Foundation Trusts with their own governance arrangements. Some hospitals provide specialist services beyond their own local catchment areas and some act as regional centres for certain kinds of treatment.

The point of asking this question is not to put a label on your hospital, but to find out how it sees itself, the services it offers, and which population(s) it sees itself as serving. This can be rather different to how it is perceived by the local population and by members of the health OSC, particularly where NHS services have recently been "reconfigured" in the area. You may want to establish the hospital's own perception of itself at a public session, rather than in background material. How the hospital

sees its role can be established by asking the following questions.

- Which geographical area does the hospital cover?
- What kind of services does it provide?
- What services does it not provide (eg accident and emergency, maternity)?
- Is it a national or regional specialist for certain types of treatments or procedures?
- Have the services it offers changed recently or is there an intention for them to change in the future?
- Is it a teaching hospital (ie of medical students)?
- How many beds or bed days are made available to private patients?
- What are its governance arrangements?

4. Whom should you consult?

You are likely to get a different picture of your local hospital, depending on which people you talk to about it. To get a fully rounded picture, therefore, you will wish to speak to individuals representing a variety of perspectives. Possible witnesses are:

- the chief executive
- clinical directors including the director of nursing and any other professional services you may be interested in
- the professional bodies and trade unions to get a different perspective on staffing issues from that of the management
- the hospital's Patient Advice and Liaison Service (PALS) to find out about the kind of issues that patients and their relatives have been raising with them
- the local Patients' Forum, Local Involvement Network (LINk) or other organisations representing the interests of patients
- for NHS Foundation Trusts, the Governors (including members of the public who have been elected as Governors by the Trust's membership)
- the chief executive or director of acute commissioning for the local Primary Care Trust to ask about the PCT's assessment of the hospital, its future commissioning strategy and how that might impact on the hospital
- the Chair of the PCT's Professional Executive Committee or other GP representative to find out about GPs' experience of referring patients to the hospital and any likely changes arising from practice-based commissioning
- for teaching hospitals, representatives of the university medical school to find out about medical education and research associated with the hospital
- your council's own Directors of Adult Social Services and Children's Services to understand how well the hospital works in partnership with social services and other partners.

5. How much does the hospital know about the needs of the population it serves?

Having this sort of knowledge is one of the high-level objectives recommended to trust Boards by the Appointments Commission. Health OSCs will want to assure themselves not only that the Board understands its population's health needs, but also that this understanding goes throughout the organisation at the right level of detail, and is updated regularly. This could be established by asking the following.

- How does the hospital collect data about patients' use of its services, how is this broken down (eg into geographical and/or socio-economic groups) and how often is it collected and analysed?
- How is data on equalities issues (eg access to hospital services by ethnic minorities, older people, younger people and other groups) collected and analysed?

- How is data about patients presented to the Board and what opportunities do staff have to review both statistical data about access and use and the views of patients?
- How much does the hospital know about the reasons patients are choosing, under the "Patient Choice" initiative, to attend this hospital rather than others?
- How is data shared with others to plan and improve services (eg is information on patterns of outpatient and inpatient visits shared with local authorities and transport companies to assist in improving public transport to the hospital)?
- How does the hospital predict and plan for future patient flows?

6. What is the healthcare environment?

Patients are expected to receive not only treatment but also care while they are in hospital. An important aspect of good care is the all-round environment in which treatment is delivered. An impression of the healthcare environment could be established by asking about the following.

- How clean, tidy and welcoming is the hospital? The Department of Health has set up a Clean Hospitals programme to improve standards of cleanliness across the NHS. Under this programme, Patient Environment Action Teams (PEAT) were established in 2000, to make independent assessments in NHS hospitals. Under the programme, every inpatient healthcare facility in England with more than ten beds is assessed annually and given a rating of excellent, good, acceptable, poor or unacceptable.
- What is the food like? Hospital food is an essential part of patient care. Good food can encourage patients to eat well, aiding their recovery from surgery or illness. The Better Hospital Food programme aims to ensure provision of good quality food to patients. PEAT scores of excellent, good, acceptable, poor or unacceptable are also provided for hospital food.
- What are the ward housekeeping arrangements? Ward housekeepers are appointed to ensure that wards are clean and welcoming and patients' food is tasty and enjoyable. They are there to attend to patients' non-clinical needs and to free up more time for nursing staff.
- What is the hospital doing to combat and control hospital-acquired infections (ie "superbugs" like MRSA and clostridium difficile)? What are its rates of hospital-acquired infections and are they decreasing or increasing? How do they compare to rates at other similar hospitals?
- What is the hospital doing to ensure the privacy and dignity of patients? Are there any mixed-sex wards or bays (contrary to NHS policy)? The Essence of Care programme for health and social care staff has a module on privacy and dignity. What is the hospital doing to implement this?
- Does the hospital provide a healing environment? Research has shown that the general ambience of hospitals can have a powerful effect on patients and staff. There is now guidance on the use of colour, light, texture and sound to create a healing environment.

7. How does the hospital engage and involve patients?

Some of the background material suggested and answers to the questions above should give health OSCs an impression of what it is like to be a patient at their local hospital. Of course, the most direct way of finding out

about patients' experience is to ask them, for example through the Patients' Forum or Local Involvement Network. But it is also important to know how the hospital itself seeks out and responds to the views of patients. This can be established by asking the following.

- How does the hospital collect the views of patients about their hospital visits and stays; and how does it compare this with previous years?
- How does the hospital directly consult and involve patients in its decision making and planning of services now and for the future?
- Does the hospital have suitable and accessible information about, and clear access to procedures to register formal complaints and feedback on the quality of services? (Healthcare Commission core standard C14)
- What does the hospital do to ensure that it listens to the experience and views of particular groups eg ethnic minority patients, older people, children and young people?
- What evidence does it have that patients' views and relatives' experiences have influenced the development of services, including evidence that the complaints-handling procedures are used to learn lessons for the future and that patients and their relatives are told when new procedures or practices are introduced as a result of issues they have raised?

If the hospital is a Foundation Trust, it will have different governance arrangements from other hospitals: this will include a "membership" drawn from a constituency defined by the Trust. The membership elects the "public governors" to the Board of Governors from among its own number. The Trust's Board of Directors (a separate body from the Board of Governors) will also have lay non-executive directors. Foundation Trusts' governance structures are supposed to offer new ways of enabling patients and the public to be involved in decision making about quality and services. The level and nature of involvement can be established by asking the following.

- How is the constituency for the Trust defined and what is its size in terms of numbers?
- How many of the possible members in the constituency have taken up the option of membership?
- How many candidates and how many places were there in the most recent elections for the Board of Governors?
- How many members voted in those elections?
- How often does the Board of Governors meet and what is its role?
- What evidence is there that it has influenced the Trust's decision making?
- What arrangements are there for members of the Trust to be involved in its activities and decision making?
- Does the Board of Directors meet in public?

8. What is the perspective of staff?

Hospitals employ many different kinds of staff, ranging from senior managers and clinicians, to other health professionals, ancillary and catering staff. Each staff group will have its own perspective on the quality of services and the working environment. Of course, health OSCs cannot hope to question representatives of every staff group. Nor would it be appropriate to do so. However, it may be possible to sound out the views of frontline staff in an informal setting, for example on a visit to the hospital (for which the OSC would need permission). OSCs may also wish to invite representatives of staff professional bodies and trade unions to provide evidence and answer questions. Staff views of hospital services and how staff are treated could be established by asking the following.

- How well does the hospital meet the Healthcare Commission's standards relating to staff, including having arrangements in place to ensure that staff know how to raise concerns, and are supported in so doing, in accordance with *The Public Disclosure Act 1998: Whistle blowing in the NHS*?
- What is staff morale like?
- What are its strengths and weaknesses?
- What are you and your colleagues most proud of in your service?
- What aspects of your service could be improved?
- How has the European Working Time Directed impacted on doctors and what kind of knock-on effects have there been on other staff groups?
- Would you be happy to receive treatment in the hospital and would you be happy for your younger or older relatives to receive treatment there?
- If the hospital is part of an NHS Foundation Trust, do the staff feel that the new governance arrangements have enabled staff to have a greater influence on decision making in the trust?

9. How well does the hospital work with community partners?

Effective collaboration between the different parts of the system are essential for the overall patient experience and smooth running of the local health and social care economy. There are many ways in which a hospital could and should be working with partners both within the health sector and outside it. This is why it is suggested above that OSCs might wish to hear the views of, for example, local GPs, the PCT and/or Directors of Social Services about how well the hospital works with its partners. The hospital's own view of its partnership responsibilities and opportunities could be established by asking the following.

- How does the hospital work in partnership with the PCT, for example in predicting future patient flows and developing new services in the community?
- Does the hospital participate in any "local flexibilities" commissioned by the PCT, eg tariff sharing (ie "unbundling" packages of care) to support improved access to services (eg by funding elements of acute care outside a hospital setting)? Hospitals are in a strong position to facilitate such flexibility because they will receive a national tariff (ie a standard fee) from their local commissioners (PCTs and GPs) for each piece of elective care they carry out. If some of this care can be carried out in the community (eg in a "step-down" or intermediate care facility), it is possible for hospitals to agree that some of the fee should "follow the patient" to pay for care in the community. This means that tariffs could be shared, not only with other NHS providers of services, but also with social services, where they provide intermediate or other forms of care that reduce hospital stays. Some hospitals have been reluctant to negotiate a tariff sharing arrangement of this kind with commissioners. The incentive is particularly strong for Foundation Trusts not to relinquish any potential income, because they operate as stand-alone businesses.
- How does the hospital work with local GPs, for example in projects to reduce waiting times, monitoring access to services for different groups, promoting and informing patient choice and streamlining referrals and follow-up to hospital stays?
- How does the hospital work with social services, for example in preventive work to keep people out of hospital, preparing people for hospital stays and discharge, reducing delayed

discharges and readmissions, Local Implementation Teams for relevant National Service Frameworks, meeting the needs of patients with complex needs such as learning disabilities?

- How does the hospital work with the Ambulance Trust and others to ensure appropriate travel to and from hospital for its patients? (Transport is one of the most frequent subjects of health OSCs' scrutiny reviews, as it is such a big concern for patients.)
- What progress has been made in transferring services closer to home and to enabling people with long-term/chronic conditions to live and receive treatment in the community (see also question 10)?
- How does the hospital work with any other relevant partners, eg with the Local Education Authority and Director of Children's Services if it treats children, or voluntary sector organisations such as the Red Cross?
- How is the hospital contributing to local community priorities, for example the Local Area Agreement?

10. Does the hospital provide value for money?

Value for money is about both quality of services and effective use of resources. There are many possible approaches to assessing this question. Background material and answers to the questions above should assist in gaining an overall view on how well the hospital is providing value for money. In addition, OSCs could flesh out their impression by asking the following.

- How does the hospital rate itself against the standards in the Healthcare Commission's domain of clinical and cost effectiveness?
- How is the hospital assessing itself in relation to "fitness for purpose" to become a Foundation Trust? The Department of Health has made it clear that it wishes all NHS Trusts to become Foundation Trusts. In order to do so, they need to be assessed as fit for purpose by the Foundation Trust Regulator, Monitor. The start of the application process for foundation trust status is a self-assessment carried out by the hospital, sometimes with the assistance of external consultants. Hospitals may be reluctant to share their fitness for purpose assessments with OSCs for reasons of "commercial confidentiality", but OSCs can certainly ask for a report from the hospital on where it sees itself on the path towards applying for foundation trust status and what preparation it is making. The transition from a traditional NHS hospital to an autonomously-functioning Foundation Trust business requires a significant transition in business management. This may mean that hospitals are considering changes to their estates or to the types of health services they provide and the way in which they work with commissioners and other health providers. They may, for example, be considering closing sites or ceasing to offer certain medical specialisms or moving from general to specialist provision. Such changes will be of considerable interest to OSCs. On being awarded foundation trust status, hospitals trusts must be in a position to manage their cash flow, otherwise they risk being taken over by other more successful trusts. The risk for communities is that, in moving towards becoming viable, stand-alone businesses, hospital trusts have an incentive to retain as much NHS spending as possible within the trust, with the consequence that there is less for non-hospital community provision (see also section 9 on partnership working).
- Does the hospital consistently balance its books without requiring subsidies from other parts of the NHS?

- How well is the hospital performing against Department of Health performance indicators? Are there any targets which it consistently fails to meet or any against which it consistently "overperforms"?
- How do the hospital's waiting times and survival rates compare to other comparable hospitals with similar populations?
- Do the hospital's annual spending plans include new investment linked to the changing needs of the population, new technology and new advance in medical science?
- Do the hospital's spending plans include any possible disinvestment, for example in outdated technologies, practices or buildings that are no longer fit for purpose?
- Can the hospital demonstrate that any contracts it awards, for example for cleaning services, are evaluated so that quality is considered alongside price?

OSCs could look more closely at how responsive to patients and to new ideas and how dynamic the hospital is by asking to what extent it has embedded the "10 high impact changes" identified by the NHS Modernisation Agency. These are changes that are known to make significant, measurable improvements in the way healthcare organisations deliver care. The NHS has estimated that their introduction across all parts of the healthcare system could release hundreds of thousands of "bed days", dramatically reduce waiting times and cancelled operations and free up thousands of hours of health professionals' time, significantly improving patients' experiences. The changes are not intended to be seen as one-off initiatives, but as part of a concerted long-term effort to transform NHS services. Any hospital that has not systematically considered and planned at the highest level to implement these changes is unlikely to be working as effectively as possible or providing value for money. The NHS has provided detailed advice on the evidence for and implementation of the high impact changes (referred to in the Links below). To give OSCs an idea of their content, they are briefly summarised in the table below.

The 10 High Impact Changes for Service Improvement and Delivery

1. Treat day surgery (rather than inpatient surgery) as the norm for elective surgery (eg for cataracts and varicose veins).

2. Improve patient flow across the whole NHS system by improving access to key diagnostic tests (eg radiological examinations and endoscopy).

3. Manage variation in patient discharge thereby reducing length of stay (eg by better management of ward rounds, ward processes, inpatient tests and results, pharmacy dispensing etc, to enable patients to be discharged earlier – "patients are admitted 7 days a week (emergencies), but typically only discharged 5 days a week", thereby blocking beds).

4. Manage variation in the patient admission process: due to the way elective surgical scheduling has traditionally been planned, elective admissions are often the major cause of variation across the system.

5. Avoid unnecessary follow-ups for patients and provide necessary follow-ups in the right care setting: 75% of all outpatient "Did Not Attends" (DNAs) are for follow-up appointments, a significant proportion of which are clinically unnecessary (NB: this is also relevant to the issue of partnership working, eg between hospitals and GPs, discussed in question 9).

6. Increase the reliability of performing therapeutic interventions through a Care Bundle Approach – an approach which systematically appraises treatments as a group with feedback to clinical teams.

7. Apply a systematic approach to care for people with long-term conditions (eg diabetes, asthma, arthritis, heart disease and depression) to enable people to stay out of hospital (NB: this is also relevant to the issue of partnership working eg with GPs, other community healthcare workers and social services, discussed in question 9)

8. Improve patient access by reducing the number of queues: the mathematics of queueing tells us that the greater the number of queues, the greater the propensity for delays (compare the average wait for each person in the Post Office when in a single long queue, as contrasted with individuals queueing separately for each window).

9. Optimise patient flow through service bottlenecks using process templates: using "time and motion" studies to work out the time and resources required by a patient during their process along the care pathway – this can be used to identify and reduce bottlenecks

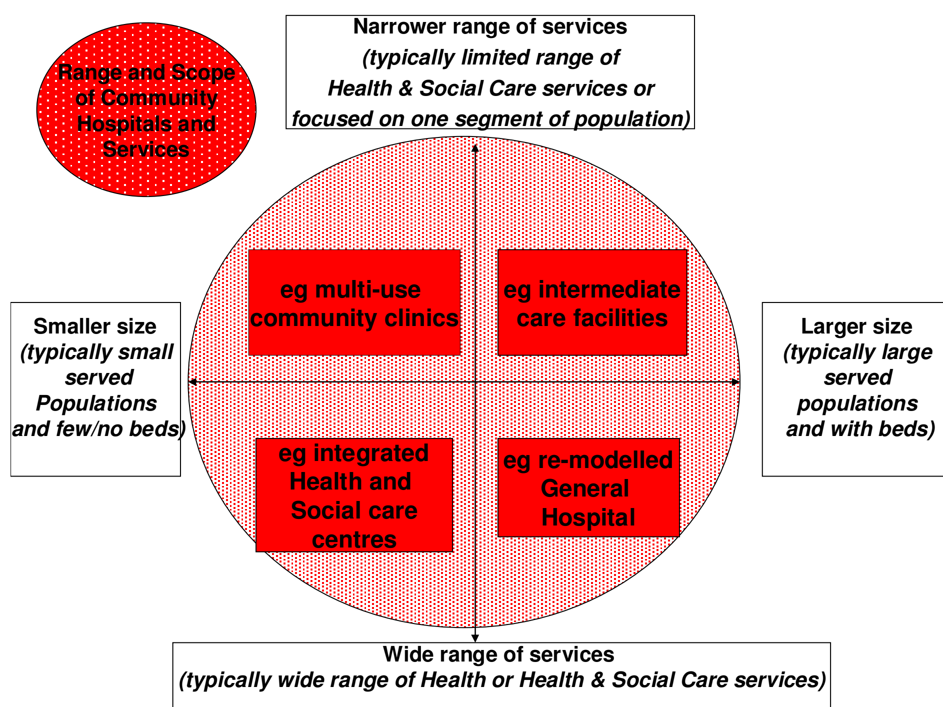
10. Redesign and extend roles in line with efficient patient pathways to attract and retain an effective workforce (eg training reception staff to take blood, enabling nurses to perform tasks previously done by doctors).

glossary

Acute trusts – this is the term used for the NHS trusts that manage all hospitals. Some acute trusts manage more than one hospital in their area. Some acute trusts are regional or national centres for more specialised care. Others are attached to universities and help to train health professionals (see "teaching hospitals" below). Acute trusts can also provide services in the community, for example through health centres, clinics or in people's homes.

Community hospital – former cottage hospitals are now sometimes called community hospitals. In addition, many other types of smallish hospitals now go under this heading. They are not easy to categorise because they can vary so much in size and scope. There are more than 300 existing community hospitals that vary in size from large buildings such as Queen Mary's Roehampton, with over a hundred beds, to Erith and District Hospital, which provides x-ray facilities,
outpatients and physiotherapy services, but has no beds. The mix of services varies considerably from one facility to another. The Department of Health illustrates the range of community hospitals and services in the diagram below.

At one quadrant, with larger size and broader scope of services, is a former general hospital: it offers a wide range of diagnostic, outpatient and day care services but no longer has an A&E department or provides complex surgery. There are then many possibilities extending to the fourth quadrant with relatively small "step down" in-patient facilities run by GPs to clinics in the community offering a distinct but narrow set of services for the neighbourhood.



Source: Department of Health, *Our health, our care, our community: investing in the future of community hospitals and services*

Cottage hospitals – originally small hospitals to which GPs admitted and treated their own patients. Some have now been closed and some extended to provide additional outpatient and other facilities. They are now known officially by the Department of Health as "community hospitals" (see above) although some retain the term "cottage hospital" in their names.

District general hospital – the traditional large local hospital providing a wide range of acute surgery and medicine for all ages. Many of these are being "re-modelled" (and sometimes re-labelled as community hospitals) to provide a narrower range of services, perhaps acting as a specialist centre for certain services in a region. Some are closing their accident and emergency services – an issue which has been the subject of considerable local authority scrutiny.

Mental health trusts - provide health and social care services for people with mental health problems. This might include counselling and other psychological therapies, medication and surgical procedures, community and family support, or general health screening.

NHS Foundation Trusts – often referred to as "foundation hospitals". NHS Foundation Trusts are established in law as legally independent organisations called Public Benefit Corporations. They remain part of the NHS although they have greater financial freedom than ordinary NHS hospitals. For example, they can retain any surpluses they generate or borrow money to support their investments. They are inspected by the Commission for Healthcare Audit and Inspection to the same standards as other NHS Trusts but their governance and financial arrangements are overseen by Monitor, the body set up to assess applicants for foundation trust status and to regulate those with this status.

Foundation Trusts have different governance arrangements from ordinary hospital trusts. In addition to a Board similar to that of other trusts, they have a board of governors, among whom are "public governors" elected by the trust's "membership" (ie anyone from a defined constituency who chooses to register as a member). The national policy is that all NHS Trusts will achieve Foundation Trust status.

Teaching hospitals – they can be ordinary NHS trust hospitals or have foundation trust status. They are linked to a university and are used for the training of medical students. Senior clinical staff of the hospital will also have teaching posts at the relevant university medical school. Academic and scientific research is more likely to go on at teaching hospitals than at non-teaching hospitals.

Treatment centres – known, when first introduced, as "Diagnostic and Treatment Centres" or "Independent Sector Treatment Centres". They provide pre-booked, short-stay surgery and diagnostic procedures for a routine and narrow range of treatments in areas that have traditionally had long waiting times, such as ophthalmology and orthopaedics. Many are run by private-sector organizations, including overseas companies and, as such, have generated controversy, including among health OSCs.

scrutiny reviews of local hospitals and hospital issues

The full text of the reports from each of the sample listed below can be found in the Centre for Public Scrutiny's reviews library on its website: www.cfps.org.uk.

Essex: food and nutrition in hospitals
Essex Health Overview and Scrutiny Committee (HOSC) carried out a short review of food and nutrition in hospitals following concerns raised by Members and patient representatives.

Middlesbrough: emergency admissions into James Cook University Hospital
This review was aimed at investigating the reasons for the increase in emergency admissions, and, whilst not straying into clinical fields, investigating any means which could be employed to reduce the rising rate. In addition, the OSC wished to assure members that those accessing emergency medicine are doing so appropriately and the service is not dealing with those whose needs could be handled in a non-emergency setting.

North East Lincolnshire: 'did not attend rates' at outpatient clinics
This review examined the difficulties experienced and costs incurred through failure to attend appointments at local hospital out-patients.

Hounslow and Richmond: hospital acquired infection at West Middlesex University Hospital Trust
When the local press reported on the extent of cases of Methicillin Resistant Staphylococcus Aureus (MRSA) at West Middlesex University Hospital, Hounslow and Richmond Health Scrutiny Committees joined forces to examine the situation.

Birmingham: University Hospital Birmingham Trust's application for foundation status
The purpose of the review was to examine the policy from a local perspective and to examine what risks and benefits were presented by UHBT's application.

Newcastle upon Tyne: access to and attendance at outpatients appointments
This report contains over 30 recommendations for helping patients meet appointments, directed at the Hospitals Trust, the Primary Care Trust, GPs, the Ambulance Service, and the Passenger Transport Authority.

Bexley: hospital discharges
An examination of the effectiveness of information sharing and the involvement of the patient and carers at the various stages of their hospital admission and discharge, to ensure a prompt and effective discharge.

Worcestershire: cancelled operations
This review examined why the Worcestershire Acute Hospitals NHS Trust did not achieve the target for cancelled operations; what it was doing to rectify this; and the impact cancellations have on other parts of the service.

links

You can find out your local NHS Trust hospital's rating from the Healthcare Commission for 2006-07 from:
http://annualhealthcheckratings.healthcarecommission.org.uk/annualhealthcheckratings.cfm

The Healthcare Commission's 24 standards against which NHS bodies are asked to categorise themselves are set out for 2006-2007 at:
http://www.healthcarecommission.org.uk/_db/_documents/Criteria_assessing_core_standards 2006_2007.pdf

Extensive information about the evidence for the "10 high impact changes" and how NHS bodies can implement them is available from:
http://www.wise.nhs.uk/cmsWISE/HIC/HIC+Intro.htm

Further information about Patient Environment Action Team scores for each hospital can be found at http://www.npsa.nhs.uk/health/resources/peat

Further information about ratings for hospital food can be found at
http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Healthcareenvironment/DH_4116450

DH guidance on creating a healing environment can be found at
http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Healthcareenvironment/Browsable/DH_4116478

Further information about guidance to NHS Trusts about ward productivity can be found on the NHS Institute for Innovation and Improvement website at
http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html

The NHS Institute for Innovation and Improvement website also explains how 'lean thinking' can be used to improve productivity, reduce waste and lower NHS costs at
http://www.institute.nhs.uk/quality_and_value/lean_thinking/lean_thinking.html