



HILLINGDON
LONDON



External Services Scrutiny Committee

Councillors on the Committee

Mary O'Connor (Chairman)
Michael White (Vice-Chairman)
Phoday Jarjussey
Judy Kelly
Peter Kemp

Date: THURSDAY, 29 OCTOBER
2009

Time: 6.00 PM

Venue: COMMITTEE ROOM 5,
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

**Meeting
Details:** Members of the Public and
Press are welcome to attend
this meeting

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Terms of Reference

1. To undertake the powers of health scrutiny conferred by the Health and Social Care Act 2001, including:
 - (a) scrutiny of local NHS organisations by calling the relevant Chief Executive(s) to account for the work of their organisation(s) and undertaking a review into issues of concern;
 - (b) consider NHS service reconfigurations which the Committee agree to be substantial, establishing a joint committee if the proposals affect more than one Overview and Scrutiny Committee area; and to refer contested major service configurations to the Independent Reconfiguration Panel (in accordance with the Health and Social Care Act);
 - (c) respond to any relevant NHS consultations.
2. To scrutinise the work of non-Hillingdon Council agencies whose actions affect residents of the London Borough of Hillingdon.
3. To identify areas of concern to the community within their remit and instigate an appropriate review process.

Agenda

PART 1 - MEMBERS, PUBLIC AND PRESS

Title of report	Pages
1 Apologies for absence and to report the presence of any substitute Members	
2 Declarations of Interest in matters coming before this meeting	
3 Notes of the previous meeting - 23 September 2009	1 - 14
4 Exclusion of Press and Public	
To confirm that all items marked Part 1 will be considered in public and that any items marked Part 2 will be considered in private	
5 Provision of Health Services in the Borough	15 - 68
6 Work Programme 2009/2010	69 - 72

PART 2 - PRIVATE, MEMBERS ONLY

- 7 Any Business transferred from Part 1

Minutes

External Services Scrutiny Committee
23 September 2009
Meeting held in Committee Room 6 at the Civic
Centre, Uxbridge UB8 1UW



	<p>Committee Members Present: Councillors Mary O'Connor (Chairman), Michael White (Vice-Chairman), Phoday Jarjussey, Judy Kelly and Peter Kemp</p> <p>Officers Present: Inspector Darren Malpass: British Transport Police (BTP) Chief Inspector Maurice Hartnett: Metropolitan Police Service (MPS) Sergeant Caroline Young: Safer Transport Team (STT) Kevin Dulling: Transport for London (TfL)</p> <p>LBH Officers Present: Ian Edwards, Head of Partnerships, Business and Communities Ed Shaylor, Head of Community Safety Nikki Stubbs, Democratic Services Manager</p> <p>Others present: Councillor John Major</p> <p>Public present: 2</p>	
10.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</p> <p>Councillor John Major declared a personal interest in Item 6 – LINK & External Services Scrutiny Committee Protocol in that he was a member of the LINK, and remained in the room during the consideration thereof.</p>	
11.	<p>EXCLUSION OF PRESS AND PUBLIC</p> <p>RESOLVED – That all items of business were considered in public.</p>	
12.	<p>SAFER TRANSPORT (<i>Agenda Item 5</i>)</p> <p>Consideration was given to the report on safer transport.</p> <p>Chief Inspector Maurice Hartnett, from the Metropolitan Police Service, advised that Transport for London (TfL) had been the principle funder for the new Hub Team in Hayes town and the Safer Transport Team, which had resulted in extra services being provided for residents of the Borough.</p>	Action by

The Metropolitan Police Service (MPS) continued to be very active in the Borough and had produced one of the best performing Safer Transport Teams in London.

Chief Inspector Hartnett advised that the Safer Transport Team (STT) had devised a victim/offender/location problem solving methodology where the expected results were agreed and engagement with victims and offenders was reviewed. By way of furthering this engagement, Members noted that a new online youth survey had been launched on Monday 21 September 2009 which looked at issues surrounding young people. A tasking meeting, which involved all West London Boroughs, was held quarterly. At this meeting, officers were held to account for the work of the STTs, generating a healthy debate.

Sergeant Caroline Young from the Safer Transport Team advised Members that Hillingdon did not have a large anti-social behaviour problem on the local transport network. Most crime that did take place on public transport was fairly low level, e.g., rowdy children on their journeys to and from school.

The STT had been proactive in its work and had made contacts at the Youth Council. It had also been involved in the KICKZ and FIESTA programmes. The STT had, for some time, been visiting primary schools to talk to the pupils. This had now been extended to early years and secondary schools.

Members were reassured that the STT received data from TfL on a daily basis to enable officer to track where problems were occurring. Trends could then be highlighted and addressed. It was through this work that the U4 and 140 buses had been identified as problem routes and then targeted through joint working between the STT and British Transport Police (BTP). Further work was also undertaken through joint working, particularly with Harrow and Ealing.

It was thought that the PCSOs working in the STT had returned to a more traditional style of policing. The diversity this gave them meant that the turnover of officers in the STT was very low and job satisfaction was high. The STT work often resulted in a PCSO applying for a position as a regular Police Officer.

It was noted that serious youth violence was a Metropolitan Police priority, particularly during school journeys. Members were advised that Operation Safe Bus was currently underway and involved significant police presence on buses. Further measures were being put in place during the half term period and for Halloween.

Mr Kevin Dulling, from Transport for London, reiterated that Hillingdon was one of the safest Boroughs in London and TfL

was very happy with the efforts of the STT. He advised that 40 Hub Teams had been established across London at roughly the same time. Each of these teams would be subjected to an environmental audit - starting with those that had been experiencing high levels of crime. As the crime levels in Hillingdon were very low, this Borough would be one of the last to be audited.

Following the robbery attack on a woman at the subway in Carlyon Road last year, Mr Dulling had undertaken a crime prevention audit at the scene. From this, a report was produced with recommendations for safety improvements at the subway site. The following recommendations have since been agreed and would be implemented in due course:

- Cut back slopes to improve sightlines to subways – convex mirrors would be installed where this was not possible
- Installation of more frequent and improved lighting on the approach to subways (possibly with the use of high pressure sodium lighting which would make it uncomfortable to loiter underneath)
- The southern footway area was owned by TfL. One side of this area (the school side) had been properly fenced off whilst the other side was unkempt. This unkempt side would be cut back and replanted with thorny, fast growing plants to deter people from hiding in them
- Railings would be installed on the exits to the subways
- Installation of a stand alone CCTV system on the approaches to the subways
- Erection of a 1.4m wire mesh fence for 5m on either side of each subway entrance

Similar crime prevention audits had been undertaken by Mr Dulling with regard to the Minet Country Park and the Avondale Estate but his recommendations had not yet been agreed. Remedial action was also being considered at Beck Theatre to restore the use of areas for passengers and the wider community. It was noted that the Council's Community Safety team would be working with TfL to resolve this matter.

Mr Dulling had volunteered to undertake a survey and would be looking to apply for a grant from the Community Safety and Enforcement Directorate at TfL for financial assistance for PCSOs. He would keep Committee Members updated on progress regarding this matter.

Inspector Darren Malpas, from British Transport Police (BTP), advised that there were 11 stations in the area and he had been working with the SNT, STT and Residents to address any issues that had arisen and to build on the existing partnerships and relationships. The BTP spent time reassuring the public that the fear of crime was much higher than the actual levels of

Kevin Dulling

crime and that there were few instances of anti social behaviour in the Borough.

The BTP held monthly meetings with users of the public transport system. Issues that were identified at these meetings were added to the BTP action plan. Any action taken and issues resolved were reported back to these meetings.

Inspector Malpas advised that the BTP was pre-empting an increase in anti-social behaviour on the trains around certain times such as Halloween. This proactive approach enabled the BTP to deal with issues before they arose. It was noted that these actions, along with the work of the SNT, had helped reduce crime rates across the board and had contributed to the increase in the number of detections.

It was agreed that, although the crime levels in the Borough were low, this was resultant from significant work undertaken by the BTP, MPS, TfL and other organisations. It was thought that any reduction in the resources committed to this work would see an increase in the instances of crime.

The Head of Community Safety advised that the Council had set up and funded a Police Partnership Tasking Team which comprised 12 members. Signs of success had been reported regarding the Hub and Safer Transport Teams and a survey was underway to gauge feedback from residents in Hayes on this service. It had been noted that, since the Hub Team had started in Hayes, the perpetrators of anti-social behaviour had been displaced to Uxbridge Road.

Members were generally very satisfied with the improvements that had been made and the resultant low levels of crime on the transport network in the Borough. It was acknowledged that the majority of young people using the transport system did not cause trouble. As such, the STT role was more to ensure that passengers could travel safely rather than a hard enforcement role.

With regard to the removal of a young person's Oyster Card, Members were advised that only TfL Revenue Control Inspectors had the authority to remove cards. This could be done on a temporary basis (once the young person had reached their destination) or on a permanent basis whereby the young person would have the right of appeal. The permanent removal of a card could only be undertaken through a Judicial Disposal when the individual had been given (a police caution or charge). Other actions that could be taken included the addition of a clause in an Anti Social Behaviour Order (ASBO) to prevent an individual who had been caught for graffiti from sitting on the top deck of a double decker bus.

	<p>Mr Dulling mentioned that TfL were planning to implement a scheme called “Earn Your Travel Back”, whereby young people who had their Oyster Cards permanently removed could earn them back. This scheme was still being developed and further details should be available soon.</p> <p>Members were advised that an Information Sharing Protocol was being drawn up between TfL and the Council’s Youth Offending Team to promote early intervention. It was anticipated that it will enable the two organisations to share information regarding individuals who had been acting inappropriately.</p> <p>The Head of Community Safety advised that the Hillingdon Early Intervention Panel comprises representatives from organisations including the Police, the Council and Hillingdon Homes. This Panel deals with all age groups but finds that there are a significant number of referrals for young people. If a referral had originated from the Safer Transport Team, consideration could be given to putting an Acceptable Behaviour Contract or an ASBO in place. It was noted that the BTP had applied a large number of Acceptable Behaviour Contracts, which could then be used to support a request for an ASBO if the need arose.</p> <p>RESOLVED – That:</p> <ol style="list-style-type: none"> 1. The presentation be noted; and 2. Mr Kevin Dulling report back to the Committee Members on progress regarding the application for a grant from the Community Safety and Enforcement Directorate at TfL. 	
13.	<p>STRENGTHENING LOCAL DEMOCRACY – CONSULTATION RESPONSE (<i>Agenda Item 8</i>)</p> <p>Local Government (DCLG) consultation document on <i>Strengthening local democracy: Consultation</i>. Responses to the consultation document were required by 2 October 2009.</p> <p>DCLG suggested that the proposals contained within the consultation document would promote democratic renewal by strengthening the capacity of local government to serve citizens. It proposed to: give councils more scope to scrutinise the spending and decisions of local services providers; explore the barriers to using existing powers; ensure councils had the powers needed to tackle climate change; explore how the powers and responsibilities of sub-regional structures should be matched by clear and accountable leadership; and explore how to ensure that the functions of Government and local government were clear to residents.</p>	Action by

	<p>It was agreed that the overall aims of the proposed revisions were laudable but that there were some concerns that the paper did not go far enough in some areas. Whilst it was mentioned that suggestions for organisations that could be scrutinised should be included in the Council's response to the consultation document, it was clear that any such list would be outdated as soon as it was published. It was suggested any publically funded service delivered locally should be made subject to scrutiny but if that were to be too broad then a list of the services that could be scrutinized should be used rather than the names of organisations. Furthermore, it was suggested that such a list should include Government services/functions such as Immigration which, in Hillingdon, was of concern to Borough Residents.</p> <p>Members were advised that the proposals would see the Council scrutinising organisations that provided services to its residents but it would not be responsible for the operational issues of the organisation. This could be problematic in that in the eyes of residents the Council would become accountable for ensuring the standards and efficiency of all public services delivered in their area but the Council would not be empowered to force change if it deemed it necessary. For example the Council would continue to have no power in things like the appointment or removal of the Police or Fire Borough Commander. It was felt that members of the public would have difficulty in differencing strategic and operational accountabilities and that the public expectation would be that the Council dealt with everything.</p> <p>The proposals included the suggestion that Cabinet Members may have an increased role in scrutiny. It was thought that this would blur the separation of roles and potentially weaken existing scrutiny and this concern should be noted in the Council's response to the consultation.</p> <p>Members of the Committee were reassured that they would be sent a copy of the Council's consultation response before it was submitted.</p> <p>RESOLVED – That:</p> <ol style="list-style-type: none"> 1. the following comments be passed on to the relevant officers for consideration and inclusion in the Council's response to the <i>Strengthening local democracy: consultation</i> document: <ul style="list-style-type: none"> • Suggest that a list of services that could be scrutinised be compiled rather than a list of organisations. • Suggest that Government departments be included on the list of services that could be scrutinised. • Highlight the potential problems if Cabinet became more 	<p>Nikki Stubbs</p> <p>Nikki Stubbs</p>
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	<p>involved in scrutiny.</p> <p>2. a copy of the consultation response be forwarded to Committee Members prior to submission.</p>	
14.	<p>LINK & EXTERNAL SERVICES SCRUTINY COMMITTEE PROTOCOL (<i>Agenda Item 6</i>)</p> <p>Consideration was given to the draft protocol between the Hillingdon LINK and the External Services Scrutiny Committee. HAP UK had developed the draft protocol in consultation with Council officers and this had subsequently been considered by the LINK. The LINK comments had been incorporated into the draft protocol as tracked changes. It was noted that the Protocol would be monitored and amended as required.</p> <p>It was suggested that this Protocol would support a strong partnership and working relationship between the Council and the LINK. Members agreed that lines of communication should be maintained to ensure that each organisation was aware of the work undertaken by the other.</p> <p>With the introduction on individual budgets and the resultant wider ranges of choice available to Residents, it was thought important to ensure that the LINK was involved in the monitoring of these providers.</p> <p>Members were advised that it was unlikely that the Committee would be inundated with reports from the LINK. Reports would only be submitted in relation to issues that had been addressed by the LINK but which remained unresolved. It was anticipated that the small number of reports that were submitted to the Scrutiny Committee would reduce as the LINK gained reputation and status within the community. A separate report would be submitted to the Committee to update Members on the work that had been undertaken by the LINK.</p> <p>RESOLVED – That the protocol, as amended and attached as Appendix A, be agreed.</p>	Action by
15.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Consideration was given to the External Services Scrutiny Committee's 2009/2010 Work Programme.</p> <p><u>29 October 2009 – NHS & GPs</u> It was agreed that Professor Yi-Mien Koh be invited to attend and represent the PCT at the Committee's next meeting on 29 October 2009 to discuss the NHS and GPs. Should Professor Koh not be available, Colin Peel would be invited.</p>	Action by

Members were advised that Adam Crosby, Ambulance Service Commander, would not be able to attend this meeting and, rather than send a replacement, requested whether he could report to another meeting instead. It was agreed that he be invited to attend a future meeting instead.

Members requested that Mr Robert Bell, Chief Executive of the Royal Brompton & Harefield PCT be invited to attend the meeting.

25 November 2009 – Podiatry & Footcare

Members requested that the following be invited to attend the meeting on 25 November 2009:

- Chris Comerford, Chief Executive of Age Concern Hillingdon
- Maria O'Brien, PCT

Although a letter had been sent to Ronak Lakhani, Chief Podiatrist in the NHS Podiatry Department, Members suggested that he be emailed to ensure that he received the invitation.

Jean McGiffen, PA to the Chief Executive at Hillingdon Hospital, had been contacted to try to arrange a site visit for Members.

Children and Young People Who Abuse Their Parents and Carers Working Group

Consideration was given to the scoping report and terms of reference of the *Children and Young People Who Abuse Their Parents and Carers Working Group*. It was noted that Councillor Judy Kelly would be unable to attend the first meeting due to work commitments and it was agreed that the second meeting on 4 November 2009 be rescheduled to start at 7pm.

It was agreed that the invitees to the first witness session should be officers from the following teams:

- Parent Partnership
- Youth Offending Team
- Safeguarding Adults Team
- Domestic Violence Team

Broadmoor Hospital Redevelopment

It was noted that the Council had been contacted regarding the redevelopment proposals at Broadmoor Hospital, which would see the overall number of beds increase from 244 to 266. After some discussion, it was agreed that the proposed development of Broadmoor Hospital would not constitute a substantial development or variation in health services to Borough Residents. As such, the Council's response should state that it did not wish to engage in consultation over the redevelopment.

Reshaping of Children's Cancer Services in North West London

Members had been forwarded a copy of the briefing paper on the reshaping of children's cancer services in North West London. The Committee supported the proposals and believed that the changes to the shared care arrangements would result in improved clinical safety and effectiveness. A response to reflect these comments would be prepared and set to Sue Perrin at the London Borough of Hammersmith and Fulham.

Framework for Quality Accounts

Consideration was given to the consultation being undertaken by the Department for Health on proposals for the Framework for Quality Accounts. Quality Account aimed to improve public accountability and encourage in the quality of care provided.

Responses to the consultation should be submitted by Thursday 10 December 2009.

Children's Cardiac Surgery Services News

Members' attention was drawn to the Safe and Sustainable newsletter produced by the NHS National Specialist Commissioning Group. It was noted that a national stakeholder event had been planned for 22 October 2009 at Dexter House Tower Hill, London. This event would give delegates the opportunity to discuss draft service standards and shape the Group's work programme.

Daniel Ward

Members were updated on the closure of Daniel Ward. It was noted that long term care was not within the remit of Hillingdon Hospital. As such, provision would need to be made for the 8 patients currently being cared for on Daniel Ward. The PCT had contacted all of the patients, their families and the staff on the ward. Each patient would have a medical assessment, to which their family would be invited. The redeployment of staff would be considered and reassurances were given that the closure be a slow and sensitive process. Councillor O'Connor would keep the Committee updated on this matter.

It was noted that the LINK was involved in the closure of Daniel Ward and had acted as an independent body in setting up a meeting between the PCT, patients and their families and the staff.

Education & Children's Services POC

Members were advised that the Education and Children's Services POC would be undertaking its second review on *Child Trafficking – A review of how Children's Services work with partner agencies to provide safeguarding and how the Heathrow Airport Port of Entry is regulated*. It was anticipated

	<p>that the review would start in January 2010.</p> <p>RESOLVED – That:</p> <ol style="list-style-type: none"> 1. the External Services Scrutiny Committee’s 2009/2010 Work Programme be agreed; 2. the scoping report and terms of reference of the <i>Children and Young People Who Abuse Their Parents and Carers Working Group</i> be agreed; 3. the start time of the Working Group meeting proposed for 4 November 2009 be changed to 7pm; 4. A response be submitted to the London Specialised Commissioning Group to advise that this Council did not wish to engage in consultation over the proposed redevelopment of Broadmoor Hospital; and 5. the second review topic being considered by the Education & Children’s Services POC be noted. 	
16.	<p>MINUTES OF THE PREVIOUS MEETINGS – 15 JULY 2009</p> <p>RESOLVED – That the minutes of the External Services Scrutiny Committee meeting held on 15 July 2009 be agreed as a correct record.</p>	
	<p>Meeting closed at: 7.50pm Next meeting: 29 October 2009</p>	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki Stubbs on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

PROTOCOL BETWEEN HILLINGDON'S EXTERNAL SERVICES SCRUTINY COMMITTEE AND THE HILLINGDON LOCAL INVOLVEMENT NETWORK (LINK)

Overview

The following are guidelines to govern the relationship between the Scrutiny function at the London Borough of Hillingdon and the Hillingdon LINK. On a day-to-day basis it would be beneficial to all parties for there to be a relaxed and informal dialogue based on good relations and a common interest in the delivery and need for improvement (should it be necessary) of health and social care services in the Borough.

In terms of the Scrutiny function at the London Borough of Hillingdon, the first point of contact would be the Chairman of the External Services Scrutiny Committee via Democratic Services [Nikki Stubbs, Democratic Services Manager, Tel: 01895 250472; Email: nstubbs@hillingsdon.gov.uk].

In terms of the LINK, the first point of contact would be the Chairman of the LINK via the LINK Officer at the host organisation [Fiona Ford, Tel: 01895 422407; Email: fionaford@hapuk.co.uk].

Annual reviews of this protocol will be undertaken.

Relationship

LINKs and Scrutiny have a relationship set out in statute. The guided role of the Health Overview and Scrutiny Committee is a strategic level one and the LINK has a more operational and representative role. The statutory powers of the bodies are very complimentary and are designed to ensure good evidence is gathered to drive the provision of appropriate quality services in the area.

#See 'NHS Centre for Involvement Guide 17' for further detail on OSC/LINK Relationships

Attendance at Scrutiny

Where the Scrutiny Committee is considering a report produced by the LINK, a named LINK representative will be invited to attend the meeting to present the report. Where other parties are called to respond to the report, the LINK representative may ask questions after the Committee Members have spoken. However, this would not mean that the LINK representative would be a member of the Committee and would not automatically have speaking rights. A substitute representative should also be named and, if the actual representative is unable to attend the meeting, Democratic Services should be notified before the meeting that the named substitute will be attending in their place. Copies of the agenda would be circulated to both the representative and the reserve for each meeting (the agenda will include a copy of the Committee's Work Programme for the year).

Work Plan

An annual work programme will be produced by the LINK following a process of consultation and engagement with all stakeholders. The LINK work programme will be distributed to stakeholders including Democratic Services and other areas/officers of the Council.

The Scrutiny Committee and the LINK will work together to avoid duplication. The scrutiny officers will meet informally with LINK support staff on a regular / quarterly basis to discuss any work issues.

The LINK will be invited to attend the first meeting of the External Services Scrutiny Committee (usually June) to feed into the Committee's work programme and to establish likely areas of joint working. Work undertaken jointly will be formally reported, with findings, to the Council through Democratic Services.

It is recognised that issues and topics may come to the attention of the LINK which need to be brought to the urgent attention of Democratic Services. It is expected that this would be done via a phone call and followed up by e-mail and letter.

The LINK's normal communication mechanism, in terms of outcomes from work undertaken by the LINK, will be directly with the Council's relevant Director and/or Head of Service. If there are difficulties through this normal channel, issues will be referred to the Scrutiny Committee, as outlined in the statutory guidance.

It is important that the host organisation and the LINK establish an appropriate day-to-day working relationship with the relevant Directors and/or Heads of Service and officers that underpin this process.

Evidence Gathering for any scrutiny review

For ongoing scrutiny reviews, the Scrutiny Committee should be able to ask the LINK to pull together evidence from users and carers, to suggest witnesses, or to enter and view.

Where appropriate, the Scrutiny Committee may also ask the LINK to undertake survey work. The implementation of any such arrangement will be by mutual agreement between the LINK and the Scrutiny Committee in advance of the survey taking place.

Referrals [From Scrutiny to the LINK]

Although there is no statutory requirement for the Scrutiny Committee to be able to refer items of work to the LINK, it is good practice. Should the Committee refer items to the LINK, it will provide the same information that the LINK must provide when referring to Scrutiny.

Good practice dictates that referrals from Scrutiny to the LINK will also feature in both organisations' Annual Reports.

Referrals [From the LINK to Scrutiny]

All referrals from a LINK to the Scrutiny Committee shall be co-ordinated through the administration arrangements for the LINK. Individual LINK members will not be able to make a referral without going through the central administration for the LINK.

If the LINK wants to refer an item for the consideration of the Scrutiny Committee, the following shall be provided:

- (1) A description of the item of work;
- (2) Reasons why the LINK thinks the Scrutiny Committee needs to consider the item of work;
- (3) Why the LINK thinks it more appropriate that the Scrutiny Committee considers the item of work rather than the LINK considering it;
- (4) Any evidence that the LINK has already considered prior to the referral to Scrutiny; and

- (5) What other organisations the LINK has approached for discussion on the item prior to the referral to Scrutiny.

The LINK will receive an acknowledgement from Democratic Services of the referral within 7 working days of receipt.

The Scrutiny Committee, in discussion with other relevant Councillors and the LINK, will then consider the referral and decide whether to undertake the piece of work. Should the Scrutiny Committee decide not to undertake the piece of work, full reasons for this decision will be given to the LINK. This decision will be final and as detailed in Statutory Instrument 528. All outcomes of LINK referrals to the Scrutiny Committee will be detailed in the LINK Annual Report. The Scrutiny Committee will also list the details and outcomes of any referrals from the LINK in its annual report.

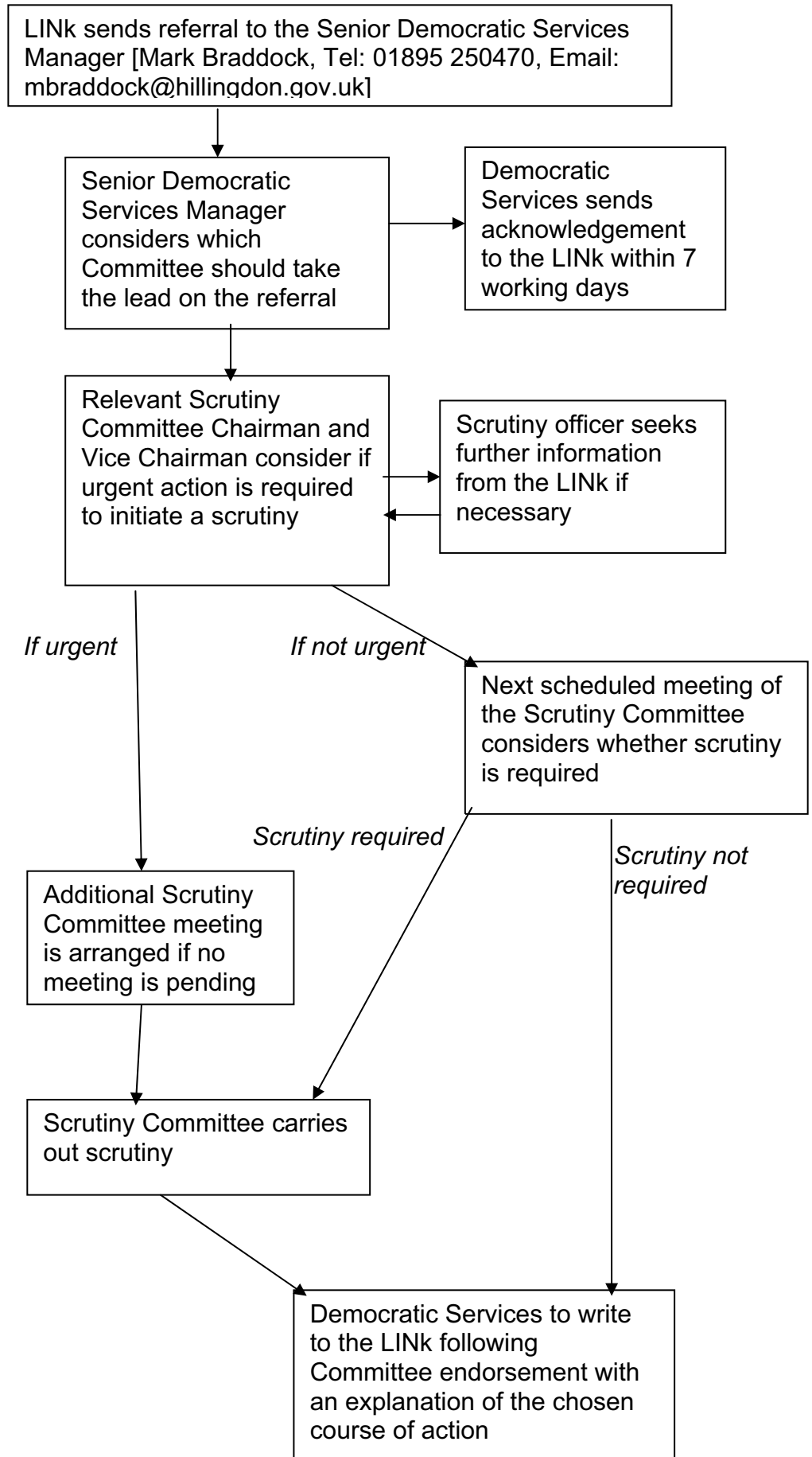
The LINK, under The Local Involvement Networks Regulations 2008, will also be required to publish any decision taken to refer a matter to the London Borough of Hillingdon's External Services Scrutiny Committee.

The LINK will be required to produce evidence of problems that result in referrals to the Scrutiny Committee, including evidence of communication with Health and/or Adult Social Care prior to the referral. Individual complaints about services will not be eligible for referral as separate complaints procedures are available for these situations.

The LINK may also bring issues by petition to the London Borough of Hillingdon's External Services Scrutiny Committee. LINK petitions must bear the names, addresses and signatures of at least 500 people who are Hillingdon Residents. Petitions containing the details of fewer than 500 Residents may be considered at the Committee's discretion.

A protocol flowchart for the Scrutiny Committee's responses to LINK referrals is set out below.

Flowchart – Handling referrals from the LINK to Scrutiny



PROVISION OF HEALTH SERVICES IN THE BOROUGH

Officer Contact

Nikki Stubbs, Deputy Chief Executive's Office

Papers with report

Appendices A - D

REASON FOR ITEM

To enable the Committee to review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Question the witnesses using the suggested questions/key lines of enquiry
2. Ask additional questions as required
3. Make recommendations to address issues arising from discussions at the meeting

INFORMATION

Background

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. It is responsible for assessing and reporting on the performance of all NHS organisations in England against measures and priorities set by Government.

The organisation's assessment of core standards includes standards concerned with safety and cleanliness, safeguarding children, infection control, dignity and respect, and privacy and confidentiality. The assessment of existing commitments includes indicators concerned with waiting times for inpatient and outpatient treatment, and ambulance response times. The assessment of national priorities includes indicators concerned with patient reported experience of services, infection rates, waiting times for cancer treatment and a range of public health measures. By measuring, monitoring and highlighting performance in these areas, the CQC attempts to make a difference to the experience of patients and to the standard of patient care.

The CQC NHS performance ratings for 2008/09 were published on 15 October 2009. Each of the 392 NHS trusts assessed received a rating consisting of two parts: an overall quality score and a score for financial management. These scores were both awarded on a four point scale: excellent, good, fair or weak.

In 2008/09, slightly more organisations score good or excellent for overall quality, with there also being a notable rise in organisations scoring good or excellent for financial management:

Table 1: Comparison of overall quality scores

Overall quality scores	Excellent	Good	Fair	Weak
2008/09 overall quality scores – number of trusts assessed = 392	58 (15%)	186 (47%)	128 (33%)	20 (5%)
2007/08 overall quality scores – number of trusts assessed = 391	100 (26%)	138 (35%)	131 (34%)	22 (6%)
2006/07 overall quality scores – number of trusts assessed = 394	65 (16%)	121 (31%)	175 (44%)	33 (8%)
2005/06 overall quality scores – number of trusts assessed = 570	25 (4%)	207 (36%)	286 (50%)	52 (9%)

Source: NHS Trust ratings 2006-09

Bold indicates Hillingdon PCT overall quality score for each year

Italics indicates Hillingdon Hospital overall quality score for each year

Table 2: Comparison of financial management scores

Overall financial management scores	Excellent	Good	Fair	Weak
2008/09 financial management scores – number of trusts assessed = 392	103 (26%)	176 (45%)	102 (26%)	11 (3%)
2007/08 financial management scores – number of trusts assessed = 391	94 (24%)	145 (37%)	132 (34%)	20 (5%)
2006/07 financial management scores – number of trusts assessed = 394	57 (14%)	91 (23%)	142 (36%)	104 (26%)
2005/06 financial management scores – number of trusts assessed = 570	19 (3%)	71 (12%)	270 (47%)	210 (37%)

Source: NHS Trust ratings 2006-09

Bold indicates Hillingdon PCT financial management score for each year

Italics indicates Hillingdon Hospital financial management score for each year

Hillingdon PCT

Based on the CQC assessment for 2008/09 (attached as Appendix A), the quality of commissioning services by Hillingdon PCT for local Residents is 'fair' (meaning that the trust performed adequately in terms of the overall quality score). The financial management rating is also 'fair' as the organisation has been assessed as performing adequately with regard to its financial arrangements and performance. Hillingdon PCT has not been chosen by the CQC to receive an inspection over the summer.

Commissioning Services

With regard to the PCT's performance against core standards in the seven key areas of health and healthcare in 2008/09, the organisation has been rated as compliant in all areas except the following which were not met:

- Safety: C04e – clinical waste

- Patient Focus: C13c – confidentiality of information

The existing commitments assessment looked at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. Whilst it has 'achieved' on most of these indicators, which are mainly concerned with waiting times and access to services, the PCT 'failed' in the *Category B calls (19minute)* and 'underachieved' in the *Commissioning of EIP*.

The national priorities assessment looked at performance against priorities set during the Department of Health's 2008-2011 planning round and includes goals for the whole of the NHS such as reducing health inequalities and improving the health of the population. Although Hillingdon PCT rates as 'achieved' on 10 indicators, it is rated as 'poor', 'failed' or 'underachieved' on the following indicators:

Underachieved

- Access to primary care
- Breastfeeding initiation (rated as 'achieved' in 2005/06, 2006/07 & 2007/08)
- CVD mortality rate
- Immunisation
- Access to primary dental services
- Pregnant women: 12 week appointment

Failed

- Teenage conception rates
- Chlamydia screening (rated as 'achieved' in 2005/06 & 2006/07)

Poor

- Experience of patients (rated as 'satisfactory' in 2006/07 & 2007/08)

Provider Services

With regards to the core standards in 2008/09 relating to providing services, Hillingdon PCT scored 'Fully Met'. Whilst the PCT is compliant in almost all of the indicators, it scored as 'not met' in the following areas:

- Safety: C04b – safe use of medical devices
- Safety: C04e – clinical waste
- Patient focus: C13c – confidentiality of information

Hillingdon Hospital NHS Trust

2008/09 is the second year that Hillingdon Hospital had been rated as 'good' in its quality of services which covers a range of areas including safety of patients, cleanliness and waiting times. This score is made up of three assessments: *Meeting core standards* which the hospital is rated as 'Almost met', *Existing commitments* which is rated as 'Fully met' and *National priorities* which is rated as 'good'. The organisation has also been rated as 'good' for the third year in its quality of financial management and has not been selected to receive an inspection over the summer.

In a recent survey of trusts in England, patients rated Hillingdon Hospital as 'satisfactory' in terms of their overall experience.

As well as providing an overall rating, the CQC assessments look at how well healthcare organisation perform in a number of different areas of interest to patients and the public (a copy

of the assessment it attached at Appendix B). Hillingdon Hospital's scores in these assessments are as follows:

- Safety and cleanliness: 12/14
- Waiting to be seen: 12/12
- Standard of care: 7/7
- Dignity and respect: 9/9
- Keeping the public healthy: 5/5
- Good management: 18/18

The two assessments not met within safety and cleanliness are:

- Incidence of MRSA bacteraemia - the CQC stated that the number of MRSA blood infections reported by the trust was not in line with the planned reductions for 2008/2009; and
- Decontamination of re-usable medical devices - the CQC stated that the organisation did not meet the standard of having systems in place to ensure that medical devices which can be re-used were properly cleaned in well-run decontamination facilities.

Central & North West London NHS Foundation Trust – Mental Health

Quality of services provided by Central & North West London NHS Foundation Trust has been rated as 'good' in the 2008/09 CQC assessments (attached at Appendix C) – the Foundation Trust had previously been rated as 'excellent' in 2006/07 and 2007/08. Its quality of financial management is rated as 'excellent' for the second year running, as the Foundation Trust had been assessed as performing strongly with a relatively low financial risk. It had 'Fully met' the core standards and is rated as 'good' in respect of the national priorities. The Foundation Trust is not one of those chosen to receive an inspection over the summer.

With regards to complying with the Department of Health's core standards in the seven key areas of health and healthcare, the Foundation Trust is rated as 'compliant' on all indicators. However, the organisation is rated on National Priorities as 'under achieved' in relation to *Delayed transfers of care*, *Completeness of the MHMDS* and *Green light toolkit*. It also scores as 'below average' regarding *Experience of patients*.

GPs

The CQC report for 2008/09 identified that the proportion of patients who were not satisfied with their ability to book a suitable appointment with their GP was too high. There were a number of other indicators included within the Hillingdon PCT assessment that were relevant to GPs.

A new walk-on medical centre had recently been opened in Hayes that would be open from 8am to 8pm, 365 days a year. The had been designed to help when Residents and visitors to the Borough were unable to see their own GP. The centre could treat minor illnesses and injuries such as:

- Wounds, e.g. superficial cuts, bruises, minor burns, animal bites and provide tetanus boosters
- Muscle and joint injury, e.g. strains, sprains and back pain
- High temperature, headaches and dizziness
- Urgent initial treatment relating to acute asthma and airway obstruction

- Health screening and chronic disease surveillance including blood pressure, blood sugar and cholesterol testing
- Lifestyle and sexual health

Royal Brompton & Harefield NHS Foundation Trust

The application by Royal Brompton & Harefield NHS Trust for foundation trust status was approved in May 2009 and effective from June 2009. The authorisation by Monitor was thought to be an endorsement of the services offered by the Foundation Trust as well as its strategic direction and future plans.

In the CQC report (attached at Appendix D), the Foundation Trust was rated as 'excellent' regarding its quality of services in 2008/09, maintaining this score for the second consecutive year. This score was made up of three assessments: *Meeting core standards* which rated as 'Fully met', *Existing commitments* which rated as 'Fully met' and *National priorities* which rated as 'Excellent'.

The organisation has also been rated as 'excellent' in its quality of financial management, compared to the previous two years where the Trust had scored 'good'. The Trust had been assessed as performing strongly with arrangements appearing to operate effectively and financial targets met for at least the past two years. The organisation has not been selected to receive an inspection over the summer.

Witnesses

The following stakeholders have been confirmed as attending the meeting:

- Professor Yi-Mien Koh: Chief Executive, Hillingdon Primary Care Trust (PCT)
- Jacqueline Totterdell: Director of Operations, Hillingdon Hospital
- Noreen Rice: Service Manager, Riverside Centre, Central & North West London NHS Foundation Trust – Mental Health
- Robyn Doran: Director of Operations, Central & North West London NHS Foundation Trust – Mental Health
- Dr Mitch Garson: Chair of Hillingdon Local Medical Committee (LMC)
- Mark Lambert: Director of Finance and Performance, Royal Brompton & Harefield NHS Foundation Trust
- Robert Craig: Director of Operations, Royal Brompton & Harefield NHS Foundation Trust

SUGGESTED SCRUTINY ACTIVITY

Members to question representatives from the PCT, Hillingdon Hospital, London Medical Committee, Central & North West London NHS Foundation Trust – Mental Health and Royal Brompton and Harefield NHS Foundation Trust on the health services provided within the Borough and decide whether to take any further action.

BACKGROUND REPORTS

- NHS Performance Ratings 2008/09 – An overview of the performance of NHS Trusts in England, Care Quality Commission
- www.cqc.org.uk

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

1. What measures have been put in place to improve patient satisfaction regarding their ability to book appointments with GPs?
2. What impact, if any, is the new walk-in medical centre in Hayes expected to have on the urgent care centre? When will the service provided by the walk-in centre be reviewed? Are there plans to introduce similar centres elsewhere in the Borough?
3. Has the introduction of the urgent care centre at the hospital weakened the case for the retention of A&E?
4. The CQC assessment stated that the PCT had not met two of the core standards in the seven key areas of health and healthcare in relation to Commissioning Services and three within Provider Services. What measures are being put in place by the PCT to ensure that the core standards are met in future?
5. What action has been/will be taken to address the incidence of MRSA bacteraemia and decontamination of reusable medical devices at Hillingdon Hospital?
6. Following the completion of Healthcare for London's consultation on stroke and major trauma, what action has been taken by Hillingdon Hospital regarding the stroke unit/TIA service plans and the urgent care unit?
7. What impact has shorter hospital stays had on GPs and is the infrastructure in place to cope with the increased demand on the GP service?
8. Has the introduction of the urgent care centre at the hospital weakened the case for the retention of A&E?
9. What impact has practice based commissioning had on the delivery of services to Borough residents?
10. What procedures have been put in place to ensure that Centre & North West London NHS Foundation Trust retains its CQC financial management rating of 'excellent' in the next assessment?



Performance rating 2008/09 - Hillingdon Primary Care Trust

Overall performance

The overall performance rating for PCTs is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of commissioning', which is an aggregated score of performance against national standards, existing commitments and national priorities. The quality of financial management ratings for the four years of the annual health check are shown below; as is the quality of commissioning rating for 2008/09. Because we have changed the way the ratings work this year, the quality of commissioning score for this year is not directly comparable with the quality of services scores from previous years.

	2008/09	2007/08	2006/07	2005/06
Quality of Commissioning				
Quality of Financial Management				

Previous years' quality ratings for PCTS are not directly comparable.

Based on our assessment for 2008/09, the quality of commissioning of services by Hillingdon Primary Care Trust for its local population was 'fair'. The financial management rating for this organisation is 'fair', as this organisation has been assessed as performing adequately with regard to its financial arrangements and performance.

The trust was not one of those chosen to receive an inspection over the summer.

Components of Quality of Commissioning:

	2008/09	2007/08	2006/07	2005/06
Meeting core standards		Previous years' core standards scores for PCTs are not directly comparable.		
Existing commitments				
National priorities				

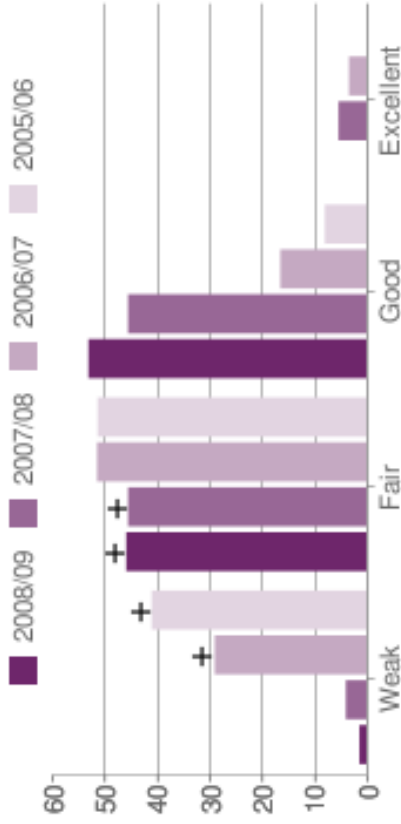
Overall performance of primary care trusts - Commissioning services

Graphs 1-5 below show the percentage spread of results for the 2008/09 year for all primary care trusts for the quality of commissioning rating and its three components. Graph 2 below shows the performance of PCTs for the quality of financial management over all four years. The performance of Hillingdon Primary Care Trust is indicated by +.

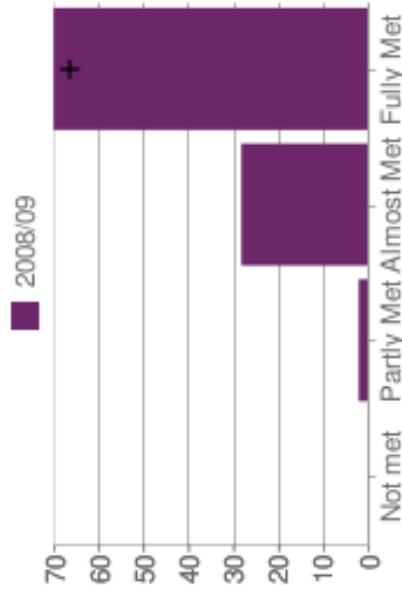
1. Quality of commissioning



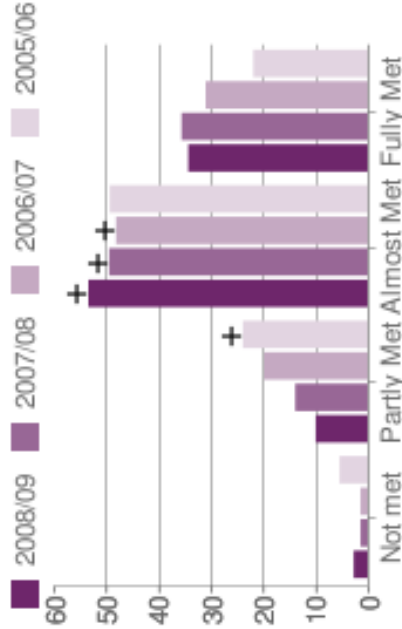
2. Quality of financial management



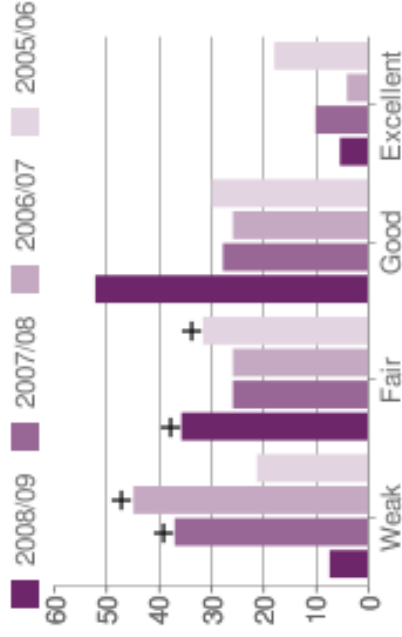
3. Commissioning standards



4. Existing commitments



5. National priorities



Our 2008/09 assessment rated 392 trusts. Graphs and tables presented here relate to performance in the relevant assessment year i.e the spread of performance in 2005/6 is based on how the number of trusts that were assessed that year performed.

Core standards performance - Commissioning services

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Hillingdon Primary Care Trust's performance in the seven key areas of health and healthcare as they relate to how well the trust commissions health services.

Safety	2008/09	Governance	2008/09
C01a - incidents - reporting and learning	● COMPLIANT	C07a and c - governance	● COMPLIANT
C01b - safety alerts	● COMPLIANT	C07b - honesty, probity	● COMPLIANT
C02 - safeguarding children	● COMPLIANT	C07e - discrimination	● COMPLIANT
C03 - NICE interventional procedures	● COMPLIANT	C08a - whistle-blowing	● COMPLIANT
C04a - infection control	● COMPLIANT	C08b - personal development	● COMPLIANT
C04b - safe use of medical devices	● COMPLIANT	C09 - records management	● COMPLIANT
C04c - decontamination	● COMPLIANT	C10a - employment checks	● COMPLIANT
C04d - medicines management	● COMPLIANT	C10b - professional codes of conduct	● COMPLIANT
C04e - clinical waste	● NOT MET	C11a - recruitment and training	● COMPLIANT
		C11b - mandatory training	● COMPLIANT
		C11c - professional development	● COMPLIANT
		C12 - research governance	● COMPLIANT

Clinical and cost effectiveness	2008/09
C05a - NICE technology appraisals	● COMPLIANT
C05b - clinical supervision	● COMPLIANT
C05c - updating clinical skills	● COMPLIANT
C05d - clinical audit and review	● COMPLIANT
C06 - partnership	● COMPLIANT

Patient focus		2008/09	2008/09
Accessible and responsive care			
C13a - dignity and respect	● COMPLIANT	C17 - patient and public involvement	● COMPLIANT
C13b - consent	● COMPLIANT	C18 - equity, choice	● COMPLIANT
C13c - confidentiality of information	● NOT MET	Care environment and amenities	
C14a - complaints procedure	● COMPLIANT	C20a - safe, secure environment	● COMPLIANT
C14b - complainants discrimination	● COMPLIANT	C20b - privacy and confidentiality	● COMPLIANT
C14c - complaints response	● COMPLIANT	C21 - clean, well designed environment	● COMPLIANT
C15a - food provision	● COMPLIANT	Public health	
C15b - food needs	● COMPLIANT	C22a and c - public health partnerships	● COMPLIANT
C16 - accessible information	● COMPLIANT	C22b - local health needs	● COMPLIANT
		C23 - public health cycle	● COMPLIANT
		C24 - emergency preparedness	● COMPLIANT

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET ● NOT APPLICABLE

Existing commitments performance by indicator - Commissioning

Our existing commitments assessment looks at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS trusts should be meeting these commitments, which are mainly concerned with waiting times and access to services.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Category A calls (8 minute)	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Category A calls (19 minute)	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Category B calls (19 minute)	FAILED	UNDER ACHIEVED	UNDER ACHIEVED	FAILED
Revascularisation waiting times	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Commissioning of CR/HT	ACHIEVED	ACHIEVED	FAILED	FAILED
Time to reperfusion	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Delayed transfers of care	ACHIEVED	ACHIEVED	ACHIEVED	UNDER ACHIEVED
Diabetic retinopathy screening	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Inpatient waiting times	ACHIEVED	UNDER ACHIEVED	UNDER ACHIEVED	ACHIEVED
Outpatient waiting times	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Access to GUM clinics	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Commissioning of EIP	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	ACHIEVED	UNDER ACHIEVED	FAILED	DATA NOT RETURNED
	SATISFACTORY	BELOW AVERAGE	POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

National priorities performance by indicator - Commissioning

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary care	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancer mortality rate	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Breast cancer screening	● ACHIEVED	● UNDER ACHIEVED	● ACHIEVED	● ACHIEVED
Breastfeeding initiation	● UNDER ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Teenage conception rates	● FAILED	● UNDER ACHIEVED	● FAILED	● UNDER ACHIEVED
Chlamydia screening	● FAILED	● FAILED	● ACHIEVED	● ACHIEVED
Experience of patients	● POOR	● SATISFACTORY	● SATISFACTORY	NOT APPLICABLE
Drug users in effective treatment	● ACHIEVED	● ACHIEVED	● FAILED	● ACHIEVED
Incidence of C. difficile	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All age all cause mortality	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
CVD mortality rate	● UNDER ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED	● ACHIEVED
Commissioning CAMHS	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Immunisation	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Childhood obesity	● ACHIEVED	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Stroke care	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
18 week referral to treatment times	● ACHIEVED	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Four week smoking quitters	● ACHIEVED	● ACHIEVED	● FAILED	NOT APPLICABLE


Indicators	2008/09	2007/08	2006/07	2005/06
Access to primary dental services	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Pregnant women: 12 week appointment	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:

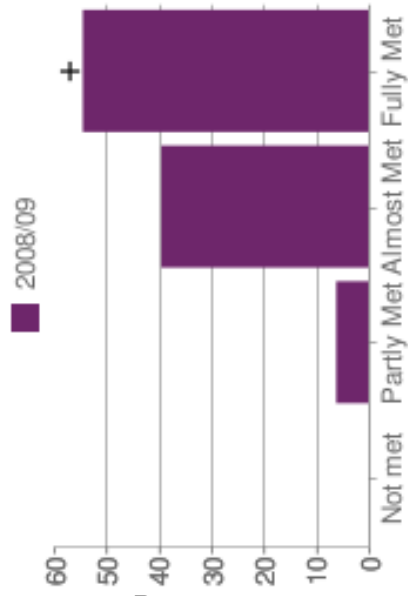
● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
			NOT APPLICABLE

Performance of primary care trusts - providing services

	2008/09
Meeting core standards	

The graph below shows the percentage spread of results for the 2008/09 year for all primary care trusts for the core standards relating to providing services. The performance of Hillingdon Primary Care Trust is indicated by +.

1. Providing standards



Standards performance - Providing

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Hillingdon Primary Care Trust's performance in the seven key areas of health and healthcare as they relate to how well the trust provides health services.

Safety	2008/09	Governance	2008/09
C01a - incidents - reporting and learning	● COMPLIANT	C07a and c - governance	● COMPLIANT
C01b - safety alerts	● COMPLIANT	C07b - honesty, probity	● COMPLIANT
C02 - safeguarding children	● COMPLIANT	C07e - discrimination	● COMPLIANT
C03 - NICE interventional procedures	● COMPLIANT	C08a - whistle-blowing	● COMPLIANT
C04a - infection control	● COMPLIANT	C08b - personal development	● COMPLIANT
C04b - safe use of medical devices	● NOT MET	C09 - records management	● COMPLIANT
C04c - decontamination	● COMPLIANT	C10a - employment checks	● COMPLIANT
C04d - medicines management	● COMPLIANT	C10b - professional codes of conduct	● COMPLIANT
C04e - clinical waste	● NOT MET	C11a - recruitment and training	● COMPLIANT
		C11b - mandatory training	● COMPLIANT
		C11c - professional development	● COMPLIANT
		C12 - research governance	● COMPLIANT

Clinical and cost effectiveness	2008/09
C05a - NICE technology appraisals	● COMPLIANT
C05b - clinical supervision	● COMPLIANT
C05c - updating clinical skills	● COMPLIANT
C05d - clinical audit and review	● COMPLIANT
C06 - partnership	● COMPLIANT

Patient focus		2008/09	2008/09
Accessible and responsive care			
C17 - patient and public involvement		● COMPLIANT	● COMPLIANT
C18 - equity, choice		● COMPLIANT	● COMPLIANT
Care environment and amenities			2008/09
C20a - safe, secure environment		● COMPLIANT	● COMPLIANT
C20b - privacy and confidentiality		● COMPLIANT	● COMPLIANT
C21 - clean, well designed environment		● COMPLIANT	● COMPLIANT
Public health			2008/09
C22a and c - public health partnerships		● COMPLIANT	● COMPLIANT
C22b - local health needs		● COMPLIANT	● COMPLIANT
C23 - public health cycle		● COMPLIANT	● COMPLIANT
C24 - emergency preparedness		● COMPLIANT	● COMPLIANT
Patient focus			
C13a - dignity and respect		● COMPLIANT	
C13b - consent		● COMPLIANT	
C13c - confidentiality of information		● NOT MET	
C14a - complaints procedure		● COMPLIANT	
C14b - complainants discrimination		● COMPLIANT	
C14c - complaints response		● COMPLIANT	
C15a - food provision		● COMPLIANT	
C15b - food needs		● COMPLIANT	
C16 - accessible information		● COMPLIANT	

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

Glossary of terms:

Core standards

Fully met: This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

Almost met: This score means that a trust met almost all of the core standards set by Government.

Partly met: This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

Not met: This score means that a trust did not meet several of the core standards set by Government.

Compliant: This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

Insufficient assurance: This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

Not met: This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

Declaration adjusted / Qualification: This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

Existing commitments and national priorities

Fully met: This score means that a trust performed consistently well for the existing commitments assessment.

Almost met: This score means that a trust performed well for many aspects of the existing commitments assessment.

Partly met: This score means that a trust performed poorly for some aspects of the existing commitments assessment.

Not met: This score means that a trust generally performed poorly for the existing commitments assessment.

Excellent: This score means that a trust performed consistently well for the national priorities assessment.

Good: This score means that a trust performed well for many aspects of the national priorities assessment.

Fair: This score means that a trust performed poorly for some aspects of the national priorities assessment.

Weak: This score means that a trust generally performed poorly for the national priorities assessment.

Achieved: This score means that a trust performed to a high level for this performance indicator.

Underachieved: This score means that a trust performed below the required level for this performance indicator.

Failed: This score means that a trust performed poorly for this performance indicator.

Not applicable: This score means that this performance indicator did not apply to this trust.

Data not available: This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

Data not returned: This score means that this performance indicator did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score.

Indicator: This is what we use to measure performance.

Indicator construction: This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

Scoring threshold: This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

Quality of services / Quality of commissioning assessment

Excellent: This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

Good: This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

Fair: This score means that a trust performed adequately in terms of the overall quality score.

Weak: This score means that a trust performed poorly in terms of the overall quality score.

Quality of financial management assessment

Excellent: This score means that a trust performed very well in regard to its financial arrangements.

Good: This score means that a trust performed well in regard to its financial arrangements.

Fair: This score means that a trust performed adequately in regard to its financial arrangements.

Weak: This score means that a trust performed poorly in regard to its financial arrangements.



Performance rating 2008/09 - The Hillingdon Hospital NHS Trust

Overall performance

The overall performance rating is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards, existing commitments and national priorities. The below tables summarise the four years of the performance assessment.

	2008/09	2007/08	2006/07	2005/06
Quality of Services				
Quality of Financial Management				

Based on our assessment for 2008/09, the quality of services provided by The Hillingdon Hospital NHS Trust for its local population was 'good'. The financial management rating for this organisation is 'good', as this organisation has been assessed as performing well and financial targets have been met for at least the past two years.

The trust was not one of those chosen to receive an inspection of standards over the summer. However, as a result of evidence gathered during a hygiene code inspection, we did not agree with the trust's declaration that they were compliant for the full year on standard C04c, although we did find they were compliant by the end of the year.

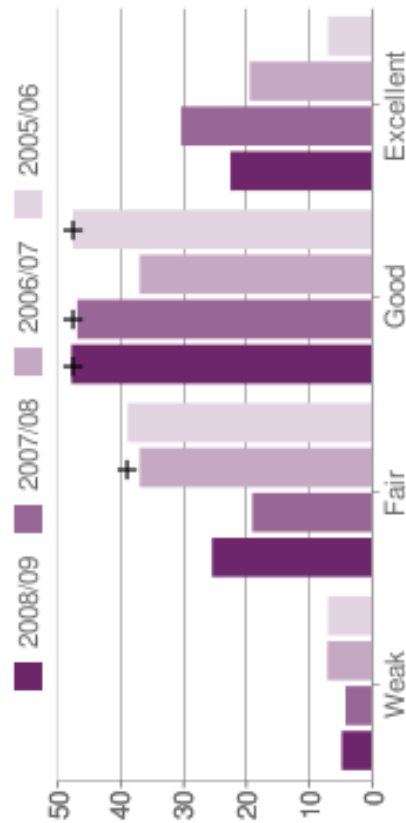
Components of quality of services:

	2008/09	2007/08	2006/07	2005/06
Meeting core standards				
Existing commitments				
National priorities				

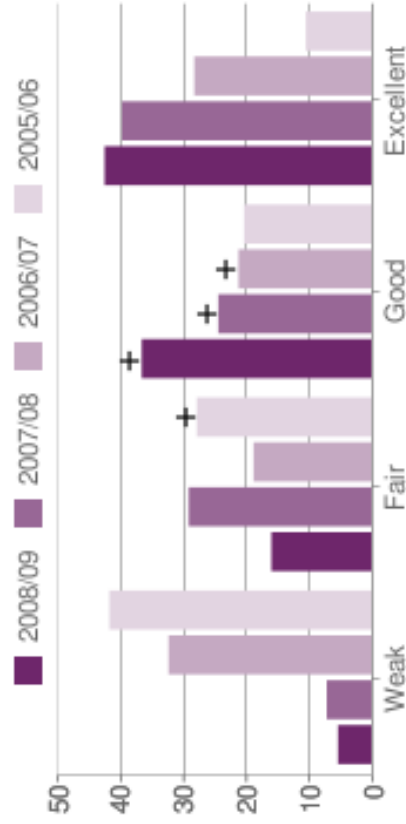
Overall performance of acute trusts

The graphs below show the percentage spread of results for all acute trusts for quality of services and quality of financial management, as well as for the three components of quality of services, over all four years. The performance of The Hillingdon Hospital NHS Trust is indicated by +.

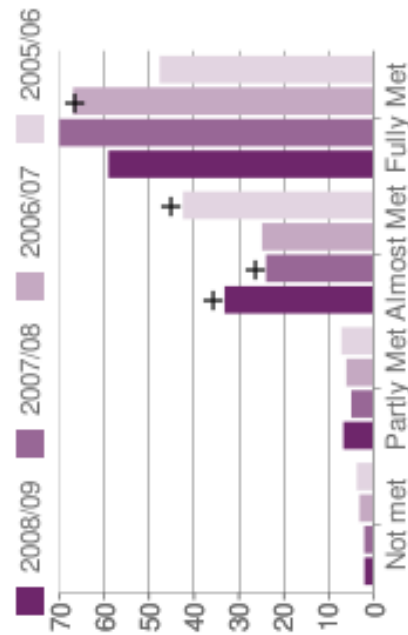
1. Quality of services



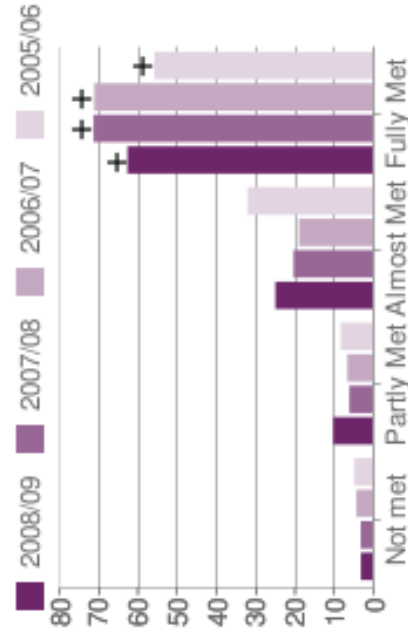
2. Quality of financial management



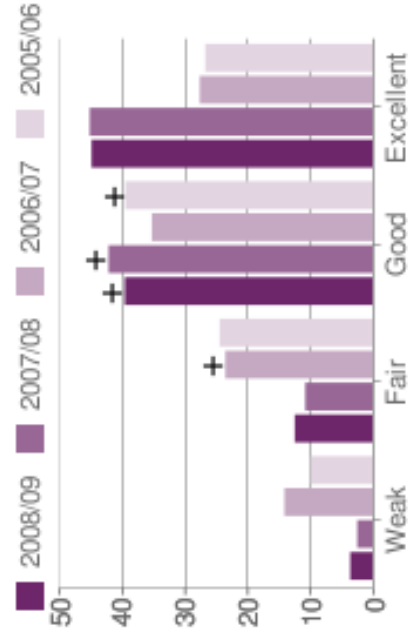
3. Standards



4. Existing commitments



5. National priorities



Standards performance

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present The Hillingdon Hospital NHS Trust's performance in the seven key areas of health and healthcare over the last four years.

	2008/09	2007/08	2006/07	2005/06
Safety				
C01a - incidents - reporting and learning	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C01b - safety alerts	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C02 - safeguarding children	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C03 - NICE interventional procedures	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04a - infection control	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04b - safe use of medical devices	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04c - decontamination	● NOT MET	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04d - medicines management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04e - clinical waste	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Clinical and cost effectiveness				
C05a - NICE technology appraisals	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05b - clinical supervision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05c - updating clinical skills	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05d - clinical audit and review	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C06 - partnership	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

	2008/09	2007/08	2006/07	2005/06
Governance				
C07a and c - governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07b - honesty, probity	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07e - discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08a - whistle-blowing	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08b - personal development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C09 - records management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10a - employment checks	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10b - professional codes of conduct	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11a - recruitment and training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11b - mandatory training	● COMPLIANT	● INSUFFICIENT ASSURANCE	● INSUFFICIENT ASSURANCE	● COMPLIANT
C11c - professional development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C12 - research governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Patient focus				
C13a - dignity and respect	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13b - consent	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13c - confidentiality of information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14a - complaints procedure	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14b - complainants discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14c - complaints response	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15a - food provision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15b - food needs	● COMPLIANT	● COMPLIANT	● COMPLIANT	● INSUFFICIENT ASSURANCE
C16 - accessible information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

	2008/09	2007/08	2006/07	2005/06
Accessible and responsive care				
C17 - patient and public involvement	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C18 - equity, choice	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Care environment and amenities				
C20a - safe, secure environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C20b - privacy and confidentiality	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C21 - clean, well designed environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● NOT MET
Public health				
C22a and c - public health partnerships	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C22b - local health needs	● COMPLIANT	NOT APPLICABLE	● COMPLIANT	● COMPLIANT
C23 - public health cycle	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C24 - emergency preparedness	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

Existing commitments performance by indicator

Our existing commitments assessment looks at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS trusts should be meeting these commitments, which are mainly concerned with waiting times and access to services.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Waiting times for rapid access chest pain clinic	● ACHIEVED	● ACHIEVED	● ACHIEVED	● UNDER ACHIEVED
Revascularisation waiting times	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Cancelled operations	● ACHIEVED	● ACHIEVED	● ACHIEVED	● UNDER ACHIEVED
Time to reperfusion	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE	DATA NOT AVAILABLE
Delayed transfers of care	● ACHIEVED	NOT APPLICABLE	● ACHIEVED	● ACHIEVED
Inpatient waiting times	● ACHIEVED	● UNDER ACHIEVED	● FAILED	● UNDER ACHIEVED
Outpatient waiting times	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Access to GUM clinics	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

National priorities performance by indicator

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Infant health: smoking & breastfeeding	ACHIEVED	ACHIEVED	UNDER ACHIEVED	ACHIEVED
Experience of patients	SATISFACTORY	BELOW AVERAGE	BELOW AVERAGE	BELOW AVERAGE
Incidence of C. difficile	ACHIEVED	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Incidence of MRSA	FAILED	FAILED	FAILED	UNDER ACHIEVED
Stroke care	ACHIEVED	NOT APPLICABLE	UNDER ACHIEVED	NOT APPLICABLE
18 Week referral to treatment times	ACHIEVED	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Maternity HES: data quality	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Participation in heart disease audits	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Engagement in clinical audits	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	ACHIEVED	UNDER ACHIEVED	FAILED	DATA NOT RETURNED
	SATISFACTORY	BELOW AVERAGE	POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

Glossary of terms:

Core standards

Fully met: This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

Almost met: This score means that a trust met almost all of the core standards set by Government.

Partly met: This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

Not met: This score means that a trust did not meet several of the core standards set by Government.

Compliant: This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

Insufficient assurance: This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

Not met: This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

Declaration adjusted / Qualification: This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

Existing commitments and national priorities

Fully met: This score means that a trust performed consistently well for the existing commitments assessment.

Almost met: This score means that a trust performed well for many aspects of the existing commitments assessment.

Partly met: This score means that a trust performed poorly for some aspects of the existing commitments assessment.

Not met: This score means that a trust generally performed poorly for the existing commitments assessment.

Excellent: This score means that a trust performed consistently well for the national priorities assessment.

Good: This score means that a trust performed well for many aspects of the national priorities assessment.

Fair: This score means that a trust performed poorly for some aspects of the national priorities assessment.

Weak: This score means that a trust generally performed poorly for the national priorities assessment.

Achieved: This score means that a trust performed to a high level for this performance indicator.

Underachieved: This score means that a trust performed below the required level for this performance indicator.

Failed: This score means that a trust performed poorly for this performance indicator.

Not applicable: This score means that this performance indicator did not apply to this trust.

Data not available: This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

Data not returned: This score means that this performance indicator did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score.

Indicator: This is what we use to measure performance.

Indicator construction: This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

Scoring threshold: This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

Quality of services / Quality of commissioning assessment

Excellent: This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

Good: This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

Fair: This score means that a trust performed adequately in terms of the overall quality score.

Weak: This score means that a trust performed poorly in terms of the overall quality score.

Quality of financial management assessment

Excellent: This score means that a trust performed very well. Management arrangements operated effectively, and financial targets were met for at least the last two years.

Good: This score means that a trust performed well in regard to its financial arrangements, and met its financial targets for at least the last two years.

Fair: This score means that a trust performed adequately in regard to its financial arrangements.









Weak: This score means that a trust performed poorly in regard to its financial arrangements.

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Performance rating 2008/09 - Central and North West London NHS Foundation Trust

Overall performance

The overall performance rating is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards, existing commitments and national priorities. The below tables summarise the four years of the performance assessment.

	2008/09	2007/08	2006/07	2005/06
Quality of Services				
Quality of Financial Management				

Based on our assessment for 2008/09, the quality of services provided by Central and North West London NHS Foundation Trust for its local population was 'good'. The financial management rating for this organisation is 'excellent', as this foundation trust has been assessed as performing strongly with a relatively low financial risk

The trust was not one of those chosen to receive an inspection over the summer.

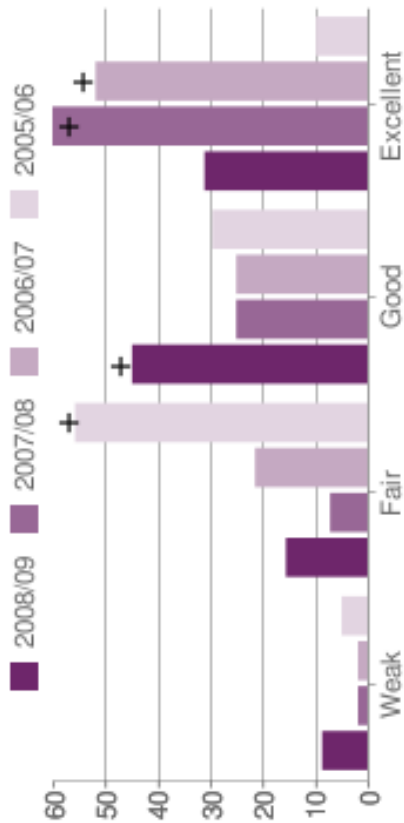
Components of quality of services:

	2008/09	2007/08	2006/07	2005/06
Meeting core standards		FULLY MET	FULLY MET	FULLY MET
Existing commitments	NOT APPLICABLE	FULLY MET	FULLY MET	FULLY MET
National priorities		EXCELLENT	EXCELLENT	WEAK

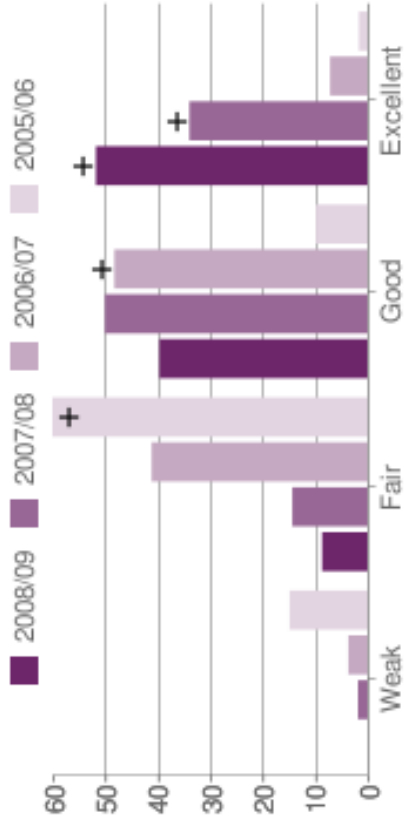
Overall performance of mental health trusts

The graphs below show the percentage spread of results for all mental health trusts for quality of services and quality of financial management, as well as for the three components of quality of services, over all four years. The performance of Central and North West London NHS Foundation Trust is indicated by +.

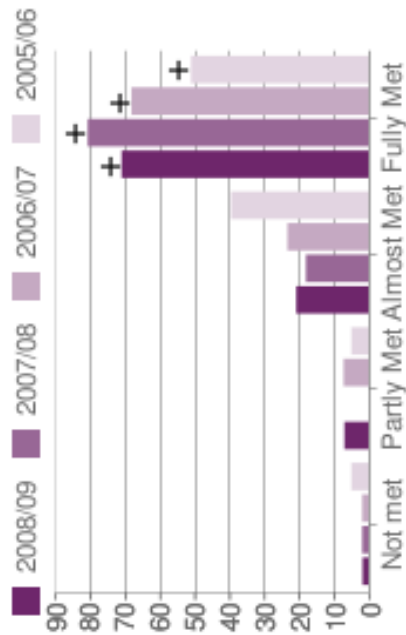
1. Quality of services



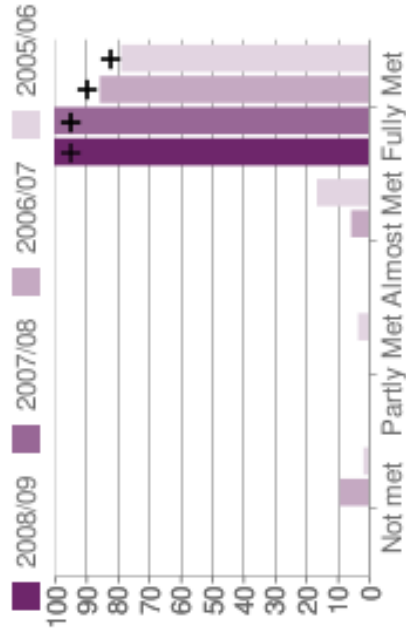
2. Quality of financial management



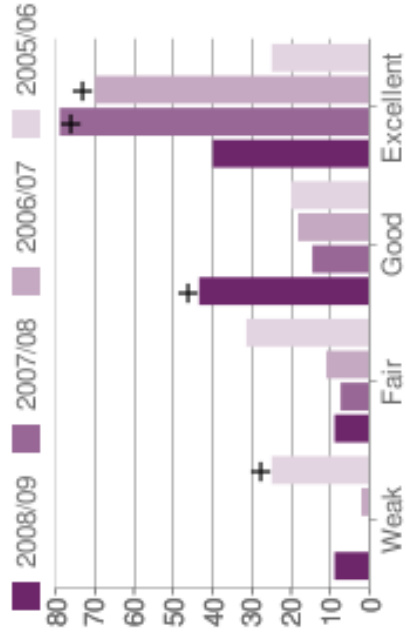
3. Standards



4. Existing commitments



5. National priorities



Standards performance

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Central and North West London NHS Foundation Trust's performance in the seven key areas of health and healthcare over the last four years.

	2008/09	2007/08	2006/07	2005/06
Safety				
C01a - incidents - reporting and learning	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C01b - safety alerts	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C02 - safeguarding children	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C03 - NICE interventional procedures	● COMPLIANT	NOT APPLICABLE	NOT APPLICABLE	● COMPLIANT
C04a - infection control	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04b - safe use of medical devices	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04c - decontamination	● COMPLIANT	NOT APPLICABLE	● COMPLIANT	● COMPLIANT
C04d - medicines management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04e - clinical waste	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Clinical and cost effectiveness				
C05a - NICE technology appraisals	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05b - clinical supervision	● COMPLIANT	● NOT MET	● COMPLIANT	● COMPLIANT
C05c - updating clinical skills	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05d - clinical audit and review	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C06 - partnership	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

	2008/09	2007/08	2006/07	2005/06
Governance				
C07a and c - governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07b - honesty, probity	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07e - discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08a - whistle-blowing	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08b - personal development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C09 - records management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10a - employment checks	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10b - professional codes of conduct	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11a - recruitment and training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11b - mandatory training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11c - professional development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C12 - research governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Patient focus				
C13a - dignity and respect	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13b - consent	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13c - confidentiality of information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14a - complaints procedure	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14b - complainants discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14c - complaints response	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15a - food provision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15b - food needs	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C16 - accessible information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

	2008/09	2007/08	2006/07	2005/06
Accessible and responsive care				
C17 - patient and public involvement	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C18 - equity, choice	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Care environment and amenities				
C20a - safe, secure environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C20b - privacy and confidentiality	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C21 - clean, well designed environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Public health				
C22a and c - public health partnerships	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C22b - local health needs	● COMPLIANT	NOT APPLICABLE	● COMPLIANT	● COMPLIANT
C23 - public health cycle	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C24 - emergency preparedness	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

National priorities performance by indicator

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
CPA 7 day follow-up	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Delayed transfers of care	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Experience of patients	BELOW AVERAGE	SATISFACTORY	SATISFACTORY	POOR
Drug users in effective treatment	ACHIEVED	ACHIEVED	UNDER ACHIEVED	ACHIEVED
Data quality on ethnic group	ACHIEVED	ACHIEVED	ACHIEVED	ACHIEVED
Access to crisis resolution	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Patterns of care from MHMDS	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Completeness of the MHMDS	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Child and adolescent MH services	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Green light toolkit	UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Number of people with a care plan	ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Campus provision	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	ACHIEVED	UNDER ACHIEVED	FAILED	DATA NOT RETURNED
	SATISFACTORY	BELOW AVERAGE	POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

Glossary of terms:

Core standards

Fully met: This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

Almost met: This score means that a trust met almost all of the core standards set by Government.

Partly met: This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

Not met: This score means that a trust did not meet several of the core standards set by Government.

Compliant: This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

Insufficient assurance: This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

Not met: This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

Declaration adjusted / Qualification: This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

Existing commitments and national priorities

Fully met: This score means that a trust performed consistently well for the existing commitments assessment.

Almost met: This score means that a trust performed well for many aspects of the existing commitments assessment.

Partly met: This score means that a trust performed poorly for some aspects of the existing commitments assessment.

Not met: This score means that a trust generally performed poorly for the existing commitments assessment.

Excellent: This score means that a trust performed consistently well for the national priorities assessment.

Good: This score means that a trust performed well for many aspects of the national priorities assessment.

Fair: This score means that a trust performed poorly for some aspects of the national priorities assessment.

Weak: This score means that a trust generally performed poorly for the national priorities assessment.

Achieved: This score means that a trust performed to a high level for this performance indicator.

Underachieved: This score means that a trust performed below the required level for this performance indicator.

Failed: This score means that a trust performed poorly for this performance indicator.

Not applicable: This score means that this performance indicator did not apply to this trust.

Data not available: This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

Data not returned: This score means that this performance indicator did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score.

Indicator: This is what we use to measure performance.

Indicator construction: This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

Scoring threshold: This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

Quality of services / Quality of commissioning assessment

Excellent: This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

Good: This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

Fair: This score means that a trust performed adequately in terms of the overall quality score.

Weak: This score means that a trust performed poorly in terms of the overall quality score.

Quality of financial management assessment

Excellent: This score means that a trust performed very well and has a relatively low financial risk.

Good: This score means that a trust performed well in regard to its financial arrangements, with a low to medium level of financial risk.

Fair: This score means that a trust performed adequately in regard to its financial arrangements.









Weak: This score means that a trust performed poorly in regard to its financial arrangements.

Performance rating 2008/09 - Royal Brompton and Harefield NHS Foundation Trust

At the time of assessment this trust was known as Royal Brompton and Harefield NHS Trust

Overall performance

The overall performance rating is made up of two parts: 'quality of financial management', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards, existing commitments and national priorities. The below tables summarise the four years of the performance assessment.

	2008/09	2007/08	2006/07	2005/06
Quality of Services				
Quality of Financial Management				

Based on our assessment for 2008/09, the quality of services provided by Royal Brompton and Harefield NHS Foundation Trust for its local population was 'excellent'. The financial management rating for this organisation is 'excellent', as this organisation has been assessed as performing strongly. Arrangements appear to be operating effectively and financial targets have been met for at least the past two years.

The trust was not one of those chosen to receive an inspection over the summer.

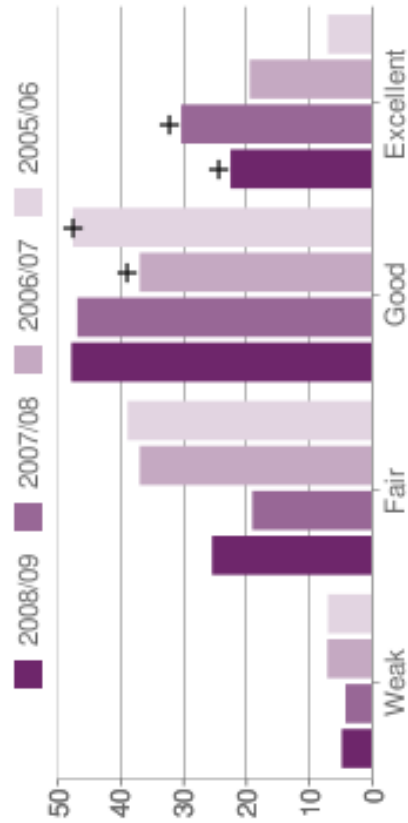
Components of quality of services:

	2008/09	2007/08	2006/07	2005/06
Meeting core standards				
Existing commitments				
National priorities				

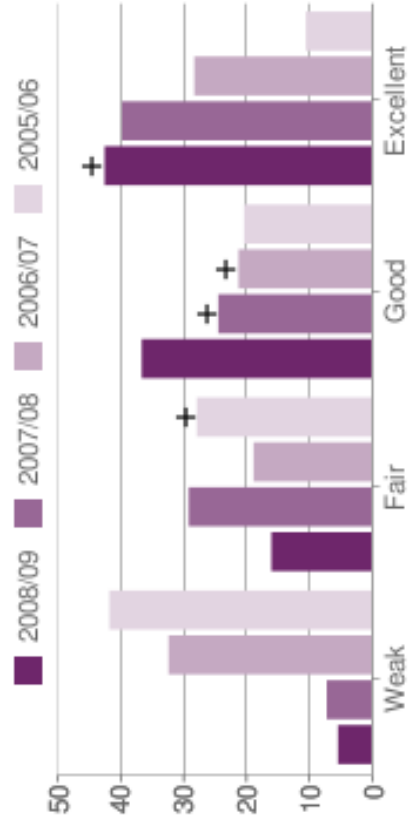
Overall performance of acute trusts

The graphs below show the percentage spread of results for all acute trusts for quality of services and quality of financial management, as well as for the three components of quality of services, over all four years. The performance of Royal Brompton and Harefield NHS Foundation Trust is indicated by +.

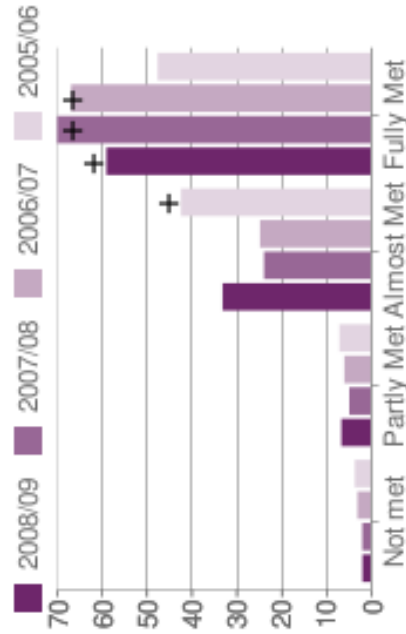
1. Quality of services



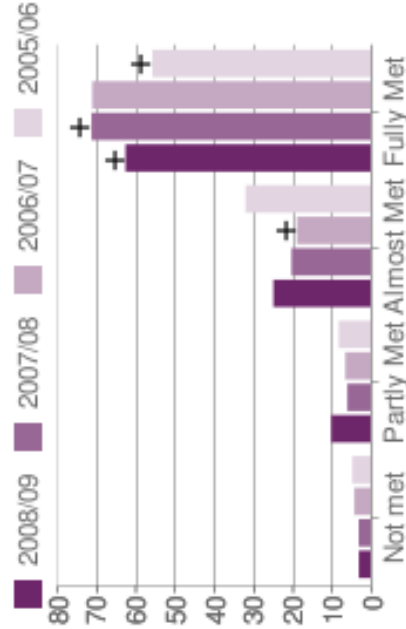
2. Quality of financial management



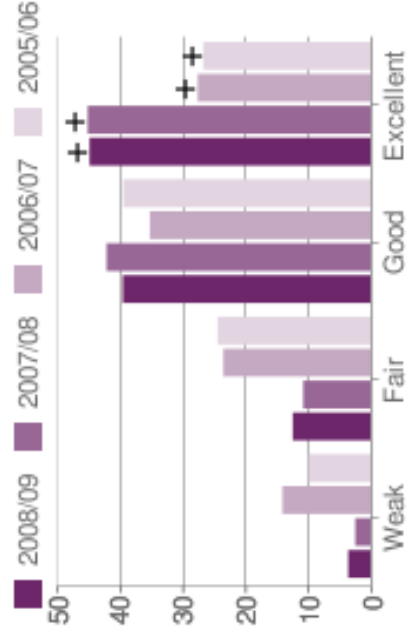
3. Standards



4. Existing commitments



5. National priorities



Standards performance

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the performance assessment, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Royal Brompton and Harefield NHS Foundation Trust's performance in the seven key areas of health and healthcare over the last four years.

	2008/09	2007/08	2006/07	2005/06
Safety				
C01a - incidents - reporting and learning	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C01b - safety alerts	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C02 - safeguarding children	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C03 - NICE interventional procedures	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04a - infection control	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04b - safe use of medical devices	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04c - decontamination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04d - medicines management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C04e - clinical waste	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Clinical and cost effectiveness				
C05a - NICE technology appraisals	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05b - clinical supervision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05c - updating clinical skills	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C05d - clinical audit and review	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C06 - partnership	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

	2008/09	2007/08	2006/07	2005/06
Governance				
C07a and c - governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07b - honesty, probity	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C07e - discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● NOT MET
C08a - whistle-blowing	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C08b - personal development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C09 - records management	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10a - employment checks	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C10b - professional codes of conduct	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11a - recruitment and training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11b - mandatory training	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C11c - professional development	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C12 - research governance	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Patient focus				
C13a - dignity and respect	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13b - consent	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C13c - confidentiality of information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14a - complaints procedure	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14b - complainants discrimination	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C14c - complaints response	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15a - food provision	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C15b - food needs	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C16 - accessible information	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

	2008/09	2007/08	2006/07	2005/06
Accessible and responsive care				
C17 - patient and public involvement	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C18 - equity, choice	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
Care environment and amenities				
C20a - safe, secure environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C20b - privacy and confidentiality	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C21 - clean, well designed environment	● COMPLIANT	● COMPLIANT	● COMPLIANT	● NOT MET
Public health				
C22a and c - public health partnerships	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C22b - local health needs	● COMPLIANT	NOT APPLICABLE	● COMPLIANT	● COMPLIANT
C23 - public health cycle	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT
C24 - emergency preparedness	● COMPLIANT	● COMPLIANT	● COMPLIANT	● COMPLIANT

Key: ● COMPLIANT ● INSUFFICIENT ASSURANCE ● NOT MET NOT APPLICABLE

Existing commitments performance by indicator

Our existing commitments assessment looks at performance against long-standing targets that were mostly set during the Department of Health's 2003-2006 planning round. All NHS trusts should be meeting these commitments, which are mainly concerned with waiting times and access to services.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Total time in A&E: four hours or less	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Waiting times for rapid access chest pain clinic	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Revascularisation waiting times	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Cancelled operations	● UNDER ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED	● UNDER ACHIEVED
Time to reperfusion	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Delayed transfers of care	● ACHIEVED	NOT APPLICABLE	● ACHIEVED	● ACHIEVED
Inpatient waiting times	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Outpatient waiting times	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Access to GUM clinics	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Data quality on ethnic group	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

National priorities performance by indicator

Our national priorities assessment looks at performance against priorities set during the Department of Health's 2008-2011 planning round. These include goals for the whole of the NHS, such as reducing health inequalities and improving the health of the population.

Performance against these indicators is detailed below.

Indicators	2008/09	2007/08	2006/07	2005/06
Infant health: smoking & breastfeeding	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Experience of patients	● SATISFACTORY	● SATISFACTORY	● SATISFACTORY	● SATISFACTORY
Incidence of C. difficile	● ACHIEVED	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Incidence of MRSA	● ACHIEVED	● ACHIEVED	● ACHIEVED	● ACHIEVED
Stroke care	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
18 Week referral to treatment times	● ACHIEVED	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE
Maternity HES: data quality	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: one month wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two week wait	DATA NOT AVAILABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
All cancers: two months wait	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Participation in heart disease audits	● UNDER ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Engagement in clinical audits	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
NHS staff satisfaction	● ACHIEVED	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

Note: Data from the last four years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Key:	● ACHIEVED	● UNDER ACHIEVED	● FAILED	DATA NOT RETURNED
	● SATISFACTORY	● BELOW AVERAGE	● POOR	DATA NOT AVAILABLE
				NOT APPLICABLE

Glossary of terms:

Core standards

Fully met: This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

Almost met: This score means that a trust met almost all of the core standards set by Government.

Partly met: This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

Not met: This score means that a trust did not meet several of the core standards set by Government.

Compliant: This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

Insufficient assurance: This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

Not met: This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

Declaration adjusted / Qualification: This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

Existing commitments and national priorities

Fully met: This score means that a trust performed consistently well for the existing commitments assessment.

Almost met: This score means that a trust performed well for many aspects of the existing commitments assessment.

Partly met: This score means that a trust performed poorly for some aspects of the existing commitments assessment.

Not met: This score means that a trust generally performed poorly for the existing commitments assessment.

Excellent: This score means that a trust performed consistently well for the national priorities assessment.

Good: This score means that a trust performed well for many aspects of the national priorities assessment.

Fair: This score means that a trust performed poorly for some aspects of the national priorities assessment.

Weak: This score means that a trust generally performed poorly for the national priorities assessment.

Achieved: This score means that a trust performed to a high level for this performance indicator.

Underachieved: This score means that a trust performed below the required level for this performance indicator.

Failed: This score means that a trust performed poorly for this performance indicator.

Not applicable: This score means that this performance indicator did not apply to this trust.

Data not available: This score means that this performance indicator did apply to this trust, but the relevant data were not available. This was not the fault of the trust.

Data not returned: This score means that this performance indicator did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score.

Indicator: This is what we use to measure performance.

Indicator construction: This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

Scoring threshold: This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

Quality of services / Quality of commissioning assessment

Excellent: This score means that a trust received the highest score for all applicable assessments that contribute to the overall quality score.

Good: This score means that a trust received at least the second highest score for all applicable assessments that contribute to the overall quality score.

Fair: This score means that a trust performed adequately in terms of the overall quality score.

Weak: This score means that a trust performed poorly in terms of the overall quality score.

Quality of financial management assessment

Excellent: This score means that a trust performed very well and has a relatively low financial risk.

Good: This score means that a trust performed well in regard to its financial arrangements, with a low to medium level of financial risk.

Fair: This score means that a trust performed adequately in regard to its financial arrangements.

Weak: This score means that a trust performed poorly in regard to its financial arrangements.

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WORK PROGRAMME 2009/2010

Officer Contact

Nikki Stubbs, Deputy Chief Executive's Office

Papers with report

None

REASON FOR REPORT

To enable the Committee to track the progress of its work in accordance with good project management practice.

OPTIONS OPEN TO THE COMMITTEE

1. Note the proposed Work Programme.
2. To make suggestions for/amendments to future working practices and/or reviews.

INFORMATION

1. At its last meeting, the Committee agreed the attached Work Programme. Pale shading indicates completed meetings.
2. The meeting scheduled for 24 February 2010 had been left unallocated in order to allow time for either:
 - an additional topic to be considered; or
 - further consideration to be given when undertaking existing topics identified on the Work Programme.
3. It has been agreed by the Children & Young People Who Abuse Their Parents & Carers Working Group that it's meetings on 4 November 2009 and 20 January 2010 will start at 7pm.

SUGGESTED SCRUTINY ACTIVITY

1. Members note the Work Programme and make any amendments as appropriate.
2. Ensure Members are clear on the work coming before the Committee

BACKGROUND DOCUMENTS

None.

EXTERNAL SERVICES SCRUTINY COMMITTEE

2009/10 WORK PROGRAMME

NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
17 June 2009 Theme: <ul style="list-style-type: none">• LINK• Work Programme Planning	To receive a report from HAP on the progress of LINK in the Borough since the last update received by the Committee in October 2008. Agree work programme and identify topics for review.
15 July 2009	Provider Services Detailed scrutiny of provider services, with particular reference to the service provided by dentists and diabetic care. To also look at the provision of wheelchairs.
23 September 2009	Safer Transport To scrutinise the issue of safety with regards to transport in the Borough (Safer Neighbourhoods Team and British Transport).
29 October 2009	NHS & GPs Performance updates and update on significant issues: <ul style="list-style-type: none">• NHS• GPs
25 November 2009	Podiatry and Foot Care To look at the provision of podiatry and foot care in the Borough and the training requirements of those who work in this field. Ambulance Service Performance updates on significant issues including the impact of the implementation of HASUs and Major Trauma Centres.

Meeting Date	Agenda Item
12 January 2010	<p>Utility Services To scrutinise the impact of the provision and quality of services provided by the utility companies in the Borough (TfL, water, gas, electricity, cable and telephone). Other areas to be scrutinised include the standard of maintenance of the substations and the enforcement options open to the Council when utility companies fail to adhere to standards.</p> <p>UK Border Agency Review of the work of the UK Border Agency.</p> <p>TfL Review of the work of Transport for London.</p>
24 February 2010	To be decided
31 March 2010	<p>Healthcare Commission Annual Health Check Annual Health Check Declarations:</p> <ul style="list-style-type: none"> • Hillingdon PCT • Hillingdon Hospital • Royal Brompton & Harefield • Central & North West London Mental Health Trust
27 April 2010	<p>Community Cohesion Review The review the achievements of the following organisations since April 2009 with regards to Community Cohesion:</p> <ul style="list-style-type: none"> • Metropolitan Police • London Fire Brigade • Yeading Junior School • Brunel University • Union of Brunel Students • Uxbridge College • Hillingdon Primary Care Trust • Healthy Hillingdon • Hillingdon Inter Faith Network • Association of Voluntary Services • Hillingdon Involvement Network

Themes	Future Work to be Undertaken
<p>Children & Young People Who Abuse Their Parents & Carers</p> <p>Comprising Councillors:</p> <ul style="list-style-type: none"> • Judy Kelly (Chairman) • Mary O'Connor • Judith Cooper • Janet Gardener • Anita MacDonald 	<p>Detailed review of the physical, mental and financial abuse perpetrated by children under the age of 18 on their parents/carers.</p> <p>Working Group Meeting dates:</p> <ul style="list-style-type: none"> • 6pm Wednesday 14 October 2009 (CR4a) – 1st Witness Session (Witnesses = representatives from Parent Partnership, Youth Offending Team, Safeguarding Adults Team and Domestic Violence Team) • 7pm Wednesday 4 November 2009 (CR4a) – 2nd Witness Session • 6pm Wednesday 2 December 2009 (CR4a) – 3rd Witness Session • 7pm Wednesday 20 January 2010 (CR4a) – Review Draft Report