



HILLINGDON
LONDON



Social Services, Health and Housing Policy Overview Committee

Councillors on the Committee

Judith Cooper (Chairman)

Michael Markham

Patricia Jackson

Peter Kemp

John Major

Anthony Way

Date: THURSDAY, 22 APRIL 2010

Time: 7.00 PM

Venue: COMMITTEE ROOM 4 -
CIVIC CENTRE, HIGH
STREET, UXBRIDGE UB8
1UW

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

**This agenda and associated
reports can be made available
in other languages, in braille,
large print or on audio tape on
request. Please contact us for
further information.**

Published: Wednesday, 14 April 2010

Contact: Nav Johal

Tel: 01895 250692

Fax: 01895 277373

Email: njohal@hillington.gov.uk

This Agenda is available online at:

<http://lbh-modgov:9071/ieListMeetings.aspx?CId=118&Year=2009>

Lloyd White

Head of Democratic Services

London Borough of Hillingdon,

3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW

www.hillingdon.gov.uk



INVESTOR IN PEOPLE

Useful information

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services

Please enter from the Council's main reception where you will be directed to the Committee Room. An Induction Loop System is available for use in the various meeting rooms. Please contact us for further information.

Please switch off any mobile telephones and BlackBerries™ before the meeting. Any recording of the meeting is not allowed, either using electronic, mobile or visual devices.

If there is a FIRE in the building the alarm will sound continuously. If there is a BOMB ALERT the alarm sounds intermittently. Please make your way to the nearest FIRE EXIT.



Policy Overview

About this Committee

This Policy Overview Committee (POC) will undertake reviews in the areas of Social Services, Health & Housing and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Council's Adult Social Care, Health and Housing Department.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

Terms of Reference

To perform the following policy overview role:

1. conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. monitor the performance of the Council services within their remit (including the management of finances and risk);
3. comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. review or scrutinise the effects of decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference.

In relation to the following services:

1. social care services for elderly people, people with physical disabilities, people with mental health problems and people with learning difficulties;
2. provision of meals to vulnerable and elderly members of the community;
3. Healthy Hillingdon and any other health promotion work undertaken by the Council and partners to improve the health and well-being of Hillingdon residents;
4. asylum seekers;
5. the Council's Housing functions including: landlord services (currently provided by Hillingdon Homes), private sector housing, the 'Supporting People' programme, benefits, housing needs, tenancy allocations and homelessness and to recommend to the Cabinet any conditions to be placed on the exercise of the delegations by Hillingdon Homes.

Policy Overview Committees will not investigate individual complaints.

Agenda

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 25 March 2010 1 - 6
- 4 To confirm that the items of business marked in Part I will be considered in Public and that the items marked Part II will be considered in Private
- 5 Draft Final Report: Hillingdon Centre of Independent Living **(to follow)**
- 6 Valuing Employment Now - information report 7 - 12
- 7 Performance Review of the Local NHS Trusts 13 - 122
- 8 2009/10 Work Programme: Background report and Discussions 123 - 126
- 9 Forward Plan 127 - 134

This page is intentionally left blank

Agenda Item 3

Social Services, Health and Housing Policy Overview Committee

25 March 2010



HILLINGDON
LONDON

Minutes -

1.	<p>Members Present: Councillors Judith Cooper (Chairman), Peter Kemp, Pat Jackson, Michael Markham, John Major and Anthony Way</p> <p>Officers Present: Neil Stubbings (Deputy Director ASCHH), Brian Doughty (Interim Deputy Director ASCHH), Beverley Grayley (Joint Commissioning Manager), David McCulloch, Beatrice Cingtho (Head of Housing Needs) and Nav Johal (Democratic Services)</p>		
2.	<p>Declarations of Interest</p> <p>None</p>		
3.	<p>Minutes of the meeting held on 16 February 2010</p> <p>Agreed as an accurate record.</p>		
4.	<p>Exclusion of the press and public</p> <p>It was agreed that all items of business were considered in public.</p>		
5.	<p>Chairman's opening remarks</p> <p>The Chairman reported back to Committee that the Transformation report went to Cabinet on 18th March. The report was very well received and was fully supported by Cabinet. The Chairman and the committee wished to thank all the officers involved for the support and the guidance they provided to the committee.</p>		
6.	<table border="1"><tr><td><p>Witness Session 2: Hillingdon Centre for Independent Living</p><p>The Chairman thanked the witnesses for attending the meeting. The witnesses that were in attendance were:</p><ul style="list-style-type: none">• Naeem Arif - Executive Director, Ideal for All, Sandwell• Vicki Phipps - Lead Officer for Personalisation, Ideal for All, Sandwell• Chris Commerford - Chief Officer, Age Concern• Sam Taylor - Change Manager, Transformation Team• Steve Cross – E-Communications Manger, ICT<p>Naeem Arif and Vicky Phipps from Ideal for All began the witness session with a presentation on Ideal for All. The presentation focused on how the organisation developed and what resources</p></td><td><p>Action By:</p></td></tr></table>	<p>Witness Session 2: Hillingdon Centre for Independent Living</p> <p>The Chairman thanked the witnesses for attending the meeting. The witnesses that were in attendance were:</p> <ul style="list-style-type: none">• Naeem Arif - Executive Director, Ideal for All, Sandwell• Vicki Phipps - Lead Officer for Personalisation, Ideal for All, Sandwell• Chris Commerford - Chief Officer, Age Concern• Sam Taylor - Change Manager, Transformation Team• Steve Cross – E-Communications Manger, ICT <p>Naeem Arif and Vicky Phipps from Ideal for All began the witness session with a presentation on Ideal for All. The presentation focused on how the organisation developed and what resources</p>	<p>Action By:</p>
<p>Witness Session 2: Hillingdon Centre for Independent Living</p> <p>The Chairman thanked the witnesses for attending the meeting. The witnesses that were in attendance were:</p> <ul style="list-style-type: none">• Naeem Arif - Executive Director, Ideal for All, Sandwell• Vicki Phipps - Lead Officer for Personalisation, Ideal for All, Sandwell• Chris Commerford - Chief Officer, Age Concern• Sam Taylor - Change Manager, Transformation Team• Steve Cross – E-Communications Manger, ICT <p>Naeem Arif and Vicky Phipps from Ideal for All began the witness session with a presentation on Ideal for All. The presentation focused on how the organisation developed and what resources</p>	<p>Action By:</p>		

they used to make it a success. It was a user-led organisation, but had developed from this model.

Ideal for All had started out 20 years ago and developed more aggressively over the last 10 years. They discussed the perceptions of disabled people and what the experience in reality was like when disabled people were able to take control themselves.

Disabled people, Sandwell Health Authority and Social Services worked together in the 1990's to create Ideal for All and improved the lives of disabled people by providing them with accessible services that they required.

In 1996 Sandwell Council and Sandwell Health Authority helped disabled people to set up their own Organisation, Ideal for All. An initial budget of £54,000 was awarded. Ideal for All was a registered charity and not for profit voluntary sector organisation. It was run by people of the community it served. Current staffing levels were 47; 43% had a disability.

The role of Ideal for All was to help disabled people, their families and carers and the elderly to live independent and fulfilling lives. They raised almost 50% additional funds themselves for programmes that could not be funded through the core contract. A centre was completed in 2000.

Ideal for All had a growing membership of over 2000 members; they listened to what people said. They also engaged with people through their growing network of over 150 local organisations.

A garden and market garden had been developed through funding and raising money.

Ideal for All supported people with Personal Budgets, assess for and issued items to support independent living and gave information and advice. They also produced information and learning materials in accessible formats. They helped people learn how to use computers, find work or go to college for further education.

Ideal For All supported a Social Events group to help disabled people go on accessible short holidays and day trips. Within the Centre they had a service for people with visual impairment and a wheelchair service managed by Sandwell Council and Sandwell PCT respectively. They were their tenants.

Members asked if this business model was being adopted anywhere else. Different organisations had visited them and they offered to help others for no charge. They wanted to inspire others to develop in ways to help others.

Members asked how they were so successful in raising funds independently. Money was raised from sources such as local

**Joint
Commissioning**

<p>businesses and national lottery. Naeem would send a list to the Beverley Grayley on the websites they could use for funding.</p> <p>Chris Commerford spoke about Age Concern. She could relate to both Hillingdon and Sandwell. They were developing Townfield Community Centre and were working with DASH and have acquired some allotments. Age Concern had applied for local food grants from the lottery.</p> <p>There were a large number of older people that were disabled. And services needed to be suited to all needs.</p> <p>Age Concern worked with HCIL and were involved in the planning group with helped to re-launch the centre. They also recommended HCIL to service users for advice on purchases. The feedback they had back from users on the HCIL service was very good. Particularly from older people who preferred face to face interaction.</p> <p>Sam Taylor, Transformation Team, spoke about the information, guidance and advice that could be given to service users. User led opportunity was key in this. There was a vision, and they were looking at, having a network of organisations delivering a range of functions.</p> <p>Disabled people, the service users, would be part of discussions on how to develop the service.</p> <p>Witnesses, Officers and Members spoke of the 'control' of the organisation in providing the service. With support, choice and independent living more control was being given to the user, but the authority still had a duty of care to consider.</p> <p>Chris Commerford spoke about a possible location of a centre for service users. The old post office in the Pavilion Mall, Uxbridge. It was a central location which would be accessible to many people. The downside to this location was that it was available on a short lease and the capital investment that would be required to develop the service.</p> <p>Officers explained that currently the PCT and the Council directly fund HCIL.</p> <p>Steve Smith, ICT, spoke about how IT could help in providing information in engagement and support. Technology was used to show the tools and equipment already and this could be developed.</p> <p>Technology could be used to promote, for funding, accessibility, having online forums/communities so users could provide feedback/views. They could use various sites to promote the service and use others thoughts on how to develop the IT service.</p> <p>The Council was looking at designing a website where people can</p>	<p>Manager</p>
---	-----------------------

	<p>budget and shop for their needs.</p> <p>The Committee also discussed training with officers and witnesses. The information that H-CIL staff gave service users was vital and therefore important that it was accurate, and that staff had the necessary tools to provide users with the service they needed.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the chairman and the committee thanked the witnesses and officers for attending and providing useful information. 2. That the committee recommended that user groups are involved in the development of HCIL. This was vital for feedback and improving the service. 3. That the committee recommended that access and visibility of the service provided by HCIL be improved through technology. 4. That the committee recommended that employees at the HCIL centre were fully trained in order to be able to give accurate advice to service users. 	
7.	<p>Disabled Facilities Grant</p> <p>David McCulloch introduced his report on Disabled Facilities Grants. The Policy Overview Committee had requested an information report that provided a background report relating to the availability of Disabled Facilities Grants in Hillingdon.</p> <p>Disabled Facilities Grants were mandatory grants provided applicants had met certain statutory criteria. The concept was to provide people with a safe adapted environment in their homes to live in.</p> <p>Grants were means tested and Hillingdon made top-ups available above the £30,000 statutory limit. There was a cost saving to the Council as people could stay in their homes rather than being put into residential care.</p> <p>The grants needed to be necessary and appropriate for the needs of the client and reasonable and practical in terms of costs and scope. Clients went through Social Services for the initial assessment, and if a major adaptation was found necessary then a referral was made to Housing. Urgent cases were put through as category 1, category 2 cases were non-urgent that were put on a waiting list.</p> <p>Cabinet had approved £3million budget in February subject to the Government contribution. If this did occur then the waiting list would be cleared during 2010/11. The number of referrals from Social Services had fallen this year in comparison to previous years. The target waiting time for clients was 25 weeks for Hillingdon, the Council had met and exceeded this target at 23 weeks.</p> <p>Overall satisfaction levels from those clients receiving grants were</p>	Action By:

	<p>high, at 90% being 'satisfied or very satisfied' with their adaptation and the approach of the Council. 60% of grants went to over 60 year olds.</p> <p>The Council was looking at ways to assist the small number of service users who did not qualify for a grant but genuinely could not afford it. This included people on very low incomes, with no capital and substantial outgoings in the form of existing mortgages.</p> <p>Officers periodically looked at how we compared to other Councils in terms of costs. The Council worked with a set price, and rates were agreed beforehand. This was a much more efficient and quicker way rather than getting estimates for each job.</p> <p>The Council was looking at getting a West London wide contract for stairlifts. Hillingdon Council compared well against other West London boroughs in the average costs of stairlifts and through floor lifts.</p> <p>Grants were also paid to Registered Social Landlord's as they had a right to apply. This had been under review by CLG and an announcement was imminent on this. If it was agreed that Council's paid 60% and RSLs paid the remaining 40% then it would give the Council around £100,000 saving in the DFG budget. This was the equivalent of 30 stairlifts.</p> <p>Members commented that this was something the Council did well and wished to congratulate the department on always looking to improve and getting value for money.</p> <p>Members also commented that looking to the future than demand for the services would increase. Meeting this would be a challenge.</p> <p>Members also thanked officers for reducing waiting times and improving the service offered to users.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the Committee noted the report and questioned officers on the contents of the report. 2. That the Committee thanked officers on the report and commended them on the improvements made. 	
8.	<p>Support, Choice and Independence – The Future of Adult Social Care</p> <p>The Interim Director for Adult Social Care, Health and Housing provided the committee with a verbal update on Carers Assessment report that went to Cabinet last week. Cabinet agreed the recommendations in the report.</p> <p>This was the biggest change in Social Care for sometime. The service delivery to 6,000 residents receiving social care services</p>	Action By:

	<p>would be changed over the coming years.</p> <p>The report highlighted what legislation could be used, and the flexibility offered. It was noted that the Well Being power was for exceptional cases.</p> <p>Members commented that monitoring should be robust and effective.</p> <p>Officers commented that the Council would still have the responsibility of care to individuals.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the Committee noted the report and questioned officers on the contents of the report. 	
9.	<p>Work programme 2009/10</p> <p>This is a standard item.</p> <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the timetable of meetings and proposed work programme for 2009/10 be noted. 	Action By:
10.	<p>Forward Plan</p> <p>Members considered a condensed copy of the latest Forward Plan covering March 2010 to June 2010. This is a standard item.</p> <p>Resolved -</p> <ol style="list-style-type: none"> 1. That the report be noted. 	Action By:
	<p>Meeting closed at Meeting closed at: 8.55pm Next meeting: 22nd April 2010</p>	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nav Johal on 01895 250692. Circulation of these minutes are to Councillors, Officers, the Press and Members of the Public.

TITLE: VALUING EMPLOYMENT NOW

Contact Officer: Sharon Townsend

Telephone: 01895 558313

REASON FOR ITEM

1. Policy Overview Committee on 16th December 2009 requested an information report on the national strategy to improve employment prospects for adults with learning disabilities, Valuing Employment Now (2009).

2. This report provides an update on the Council's response to the strategy and the work undertaken to promote the employment of people with learning disabilities.

OPTIONS AVAILABLE TO THE COMMITTEE

3. To note the contents of the report.

4. To support proposals to increase employment opportunities for people with disabilities.

INFORMATION

Background

5. *Valuing Employment Now: real jobs for people with learning disabilities*, is a national government strategy with the goal of radically increasing the number of people with moderate and severe learning disabilities in employment by 2025. The current employment rate for disabled people as a whole is 48% whilst for people with learning disabilities it is estimated to be about 7%. In real terms, to close the gap would mean around 45,000 more people with learning disabilities gaining employment. National targets and milestones to move towards this will be published during 2010.

6. This is a cross-government strategy that seeks cultural change to increase aspirations and expectations and clearly states the requirement for major changes in approach throughout the system: from health and social care, schools, colleges, employment agencies, employers, people with learning disabilities themselves and their families.

7. The Delivery Plan, sets out the key priorities, with roles and responsibilities for implementation at regional and local level. The proposals are for change in a number of key areas:

- **Growing the presumption of employability.** The single most important thing is to raise expectations about work through campaigns with parents, workforce training and demonstration sites.

- **Joint working across agencies to create employment paths for individuals** that map out a clear pathway into full time jobs.
- **Better work preparation at school, college and adult learning.** Work aspirations need to be reinforced through good career and skills preparation at school and college. The new Foundation Learning Tier will allow for job coaching to be included.
- **The benefits system, promoting self-employment and encouraging employers to see the business case.** Clearing up confusion about benefits. Public sector to lead by example and become exemplar employers of people with learning disabilities.

8. Employment provides not only financial independence for the individual but also shifts the dependence on benefits and the impact that has on the wider economy, as well as improving health and well-being. There are currently about 650 adults with learning disabilities known to services in Hillingdon and changing the employment status of even a small percentage would have long term financial impacts across a range of budgets.

Current Position in Hillingdon

9. Within directly provided services, Employment Link offers support into employment, with a small staff team based in day services, working with users to develop CVs, ensure they have undertaken training and develop potential opportunities for employment. They have had success with a work experience programme with BAA at Heathrow, which started in September 2009, offering eight week placements for one individual at a time, providing skills development opportunities in areas such as Customer Care and Health and Safety awareness.

10. Employment Link also support the UPWARD Group, (Understanding People Who Are Different) comprising about 18 service users who provide training and awareness on a paid, sessional basis to a wide group of agencies in the borough, including Hillingdon Hospital, GPs, schools and the Council.

11. Currently work is underway to develop vocational profiles for service users, identifying their strengths and abilities and clearly identifying routes into employment for them. Within Personalised Services, some work experience is going to be offered in administration tasks but as most standard recruitment and selection processes are difficult for people with learning disabilities, an alternative to interviews is being piloted. This will take the form of work practice for a given number of days – allowing people to try out the job and for interviewers to ‘assess’ their suitability.

12. The Rural Activities Garden Centre provides horticultural training and experience for 25 service users, offering opportunities to gain experience in dealing with the public, working in the shop and developing work related skills. This has been the subject of an independent Options Appraisal and is now a

project established to launch it as a social enterprise focusing on expanding employment potential. Opportunities are being explored for this service to be involved in contract work obtained through Green Spaces.

13. The borough also commissions Perfect Start, a preventative resource service, operated by an independent organisation, United Response and this helps to signpost people with moderate needs into education, leisure and employment. They support 23 adults with learning disabilities, in mostly part-time paid employment, sustained in the Library, Yes Dining and local businesses. In addition, eight people work on a voluntary basis in such as a dining club, charity shop and local church.

14. The Hillingdon Outreach Project, run by Owl Housing provides support to people with moderate learning disabilities ranging from social engagement to independence skills – travel training, personal safety and helping people to become work ready.

15. Sessional employment is growing with service users taking part in one off paid opportunities with the Transformation Team, including two photo shoots to develop banners to promote the 'Support, Choice & Independence' programme and to create a photo library for future use in publications etc. A total of 14 clients received payment as a result of this work.

16. The UPWARD group has provided bitesize sessions to Council staff. This presentation team is made up of service users who talk about their disabilities and give the audience an insight and understanding of partial sight, what it is like to use a wheelchair, to have epilepsy, to be deaf, etc. They have highlighted the importance of 'Valuing Employment Now' in these sessions. They have also delivered sessions to The Department of Works and Pensions, Social Work Students at Bucks University, Key Stage 2 Primary School Children, leisure facilities within the Borough, Hillingdon Hospital for the Learning Disability Awareness Day. This is a continuing source of ad hoc employment for this group of service users.

17. As the Transformation Team continues to roll out self-directed support and undertake further stakeholder engagements, they will often offer employment to service users as and when available.

Developing Proposals

18. In response to Valuing Employment Now, an officer led Employment Strategy Group has been set up with the aim of increasing the number of people in real paid work. A cross agency approach is being taken, to ensure that all are working together with the same aim, avoiding duplication and developing a robust network. This involves all agencies contributing to this agenda including Adult Education, Healthy Hillingdon, Human Resources, Learning and Development, Transformation, Specialist Services, as well as DASH, Perfect Start and in-house Employment Link. It will expand to include the Department of Work and Pensions, Job Centre Plus who are expected to

help individuals with the job search and maintenance. This will be led by the Joint Commissioning Team in ASCHH.

19. The strategy group has already identified a number of initial workstreams aimed at improving performance in this area including:

The Council as an employer:

20. Valuing Employment Now makes the point that it is essential that the public sector leads by example in recruiting people with learning disabilities. Hillingdon could work towards this by:

- adjusting recruitment procedures to make them more appropriate, improving accessible formats, alternatives to standard interviews
- using supply chains or agencies and identifying opportunities for contractors to employ people with disabilities, for example gardening contracts
- using the in-house apprenticeship scheme for people with learning disabilities
- agreeing targets in Workforce Strategies, taking a fresh look at opportunities and carving out areas for people with disabilities.

21. Valuing Employment Now is part of the ASCH&H Workforce for the Future Project Plan 2009 - 2012 and currently sits within the Recruitment & Retention Workstream. Alan Galloway as project manager for the workforce plan will take the lead for ASCH&H.

22. A request has been made to the Senior Policy Officer, Equalities & Diversity to see if corporately they plan on undertaking any work regarding this project.

Increasing the Presumption of Employability:

23. Valuing Employment Now is aimed at raising expectations about the potential of people with disabilities to work and the benefits that result:

- this needs to start in schools and with parents, but employment should also become a recognised aim in the support planning process, embedded as part of assessments, reviews, care plans and Person Centred Plans.
- With the increased flexibility of personal budgets, support can be bought in by way of job coaches or personal assistants to help individuals into sustainable employment.
- Creating opportunities - Healthy Hillingdon, a Council and NHS Hillingdon Partnership, has been working with local schools on culture change and creating opportunities for people with disabilities to work in the emerging Extended Schools programmes. A proposal is being developed with the aim of matching people and skills to real employment. The option being developed includes supported work within creative curriculum activities, community events, grounds

maintenance and co-ordination of school allotments and environmental conservation programmes.

Benefits system:

24. The benefits system is often perceived as an obstacle to employment in the way that it works.

- There are some examples of case studies from other boroughs showing that people are financially better off through working at least 16 hours per week and these need to be promoted locally.
- Government are developing information as part of a new Valuing People website shortly to go live, as well considering adjusting the benefits process to allow for people to move into jobs.

2012:

25. Using the opportunities presented by the Olympics.

- Looking for opportunities as a result of the Olympics and their legacy, whether for people to become self-employed in small scale enterprises, or through employment in larger contracts.
- Linking with any project groups set up by the Council to pursue employment opportunities

26. This is work in progress and will continue through the current difficult financial times. Finding employment, and sustaining people with disabilities in employment, tends to be a circular process rather than a linear progression and depends upon changing those attitudes and processes that are barriers to employment, including the currently low expectations of service users and their families.

This page is intentionally left blank

PERFORMANCE REVIEW OF THE LOCAL NHS TRUSTS

Officer Contact

Nikki Stubbs, Deputy Chief Executive's Office

Papers with report

Appendix A - CQC Guidance About Compliance
Appendix B - Hillingdon NHS Trust Draft QA Report
Appendix C - The Hillingdon Hospital NHS Trust Statement of Compliance

REASON FOR ITEM

To enable the Committee to submit comments to the Care Quality Commission (CQC) on the performance of local NHS Trusts and to comment on the Trusts' Quality Accounts.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Members question the Trusts on their draft declarations for 2009/10
2. Members use information from their work this year to question the Trusts on issues measured by the CQC
3. Members decide whether to use this information to submit a commentary to the CQC

INFORMATION

Introduction/background

CQC Assessment

1. The Care Quality Commission (CQC) is the new regulator for health, adult social care and mental health services. The organisation helps to ensure that residents get better care by:
 - I. driving improvements across health and adult social care
 - II. putting people first and championing their rights
 - III. acting swiftly to remedy bad practice
2. The CQC is committed to gathering and using knowledge and expertise and working with others, particularly with people who use services and their representatives. In June 2009, the CQC launched Voices into Action which is a plan for involving people in its work.
3. Local authorities are being encouraged to send evidence to the CQC about the quality of local NHS services to help inform decisions about providers' compliance with the core standards assessment (previously known as the Annual Health Check). Unlike the Annual Health Check, Councils can now send evidence to the CQC on an ad hoc basis. The assessment will also now cover adult social care as well as health and mental health services.
4. From April 2010, new essential standards of quality and safety are being introduced gradually across all health and adult social care services. Providers of health and adult social care will be registered with the CQC if they meet essential standards and will be constantly monitored by the CQC to ensure that they comply with the new legislation about to be passed in Parliament.
5. NHS Trusts are the first providers that will be incorporated into the new system starting 1 April 2010. Providers of adult social care and independent health care will start in October

2010. Dental practices and primary care (including family doctors) will be included in the next two years.

6. Any feedback received from the External Services Scrutiny Committee will help the CQC decide whether the health services provided within the Borough meet the essential standards of quality and safety.
7. The CQC will use a judgement framework to help make judgements about compliance and to promote consistency. The framework explains how a decision should be reached by considering evidence about compliance. It focuses on the 16 of the 28 regulations and associated outcomes that most directly relate to the quality and safety of care. The framework is split into four stages:
 - i. Determining whether there is enough evidence to make a judgement.
 - ii. Checking whether the evidence demonstrates compliance or whether there are concerns about the provider's compliance with the regulations.
 - iii. If concerns are found at stage ii, making a judgement about the impact on people using services and the likelihood of the impact occurring.
 - iv. Validating the judgement.
8. A copy of the *Summary of regulations, outcomes and judgement framework* document has been attached at Appendix A. The 16 core quality and safety standards included in this document that are relevant to this Committee are Outcomes 1-2, 4-14, 16-17 and 21. These are summarised as:

Section	Outcome	Regulation*	Title
Information and involvement	1	17	Respecting and involving people who use services
	2	18	Consent to care and treatment
Personalised care, treatment and support	4	9	Care and welfare of people who use services
	5	14	Meeting nutritional needs
	6	24	Cooperating with other providers
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
	8	12	Cleanliness and infection control
	9	13	Management of medicines
	10	15	Safety and suitability of premises
	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to workers
	13	22	Staffing
	14	23	Supporting workers
Quality management	16	10	Assessing and monitoring the quality of service provision
	17	19	Complaints
	21	20	Records
Suitability of management	N/A		

* Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

9. The Committee is tasked with submitting evidence that demonstrates compliance or non-compliance with these outcomes. This evidence can be submitted online or to the CQC Area Manager and could potentially look at:

- what matters most to the people in your community?
- examples of good practice, as well as areas that should be improved.
- recent experiences of care (since 1 April 2009) and whether these are common among the people using a service or in a community.
- notes from meetings or visits to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.

Quality Accounts

10. The Department of Health's *High Quality Care for All* (June 2008) set the vision for quality to be at the heart of everything the NHS does, and defined quality as centred around three domains: patient safety, clinical effectiveness and patient experience. *High Quality Care for All* proposed that all providers of NHS healthcare services should produce a Quality Account: an annual report to the public about the quality of services delivered. The Health Act 2009 places this requirement onto a statutory footing.
11. Quality Accounts aim to enhance accountability to the public and engage the leaders of an organisation in their quality improvement agenda. The details surrounding the form and content of Quality Accounts have been designed over a year long period in partnership between the Department of Health, Monitor, the Care Quality Commission and NHS East of England. This has involved a wide range of people from the NHS, patient organisations and the public, representatives of professional organisations and of the independent and voluntary sector.
12. Over the last year, the Department of Health has engaged widely with healthcare providers, commissioners, patient groups and third sector organisations in the development of Quality Accounts and has recently completed a consultation on our detailed proposals. One important area that has been considered during this development phase, is how to ensure that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview.
13. A key message from the Department of Health's engagement activity was that confidence in the assurance process is key to maximising confidence in the Quality Accounts themselves. Year-round stakeholder engagement during the process of producing a Quality Account was also seen as an important feature to ensure that Quality Accounts are locally meaningful and reflect local priorities.
14. From April 2010, all providers of acute, mental health, learning disability and ambulance services will be required to produce a Quality Account. Further work is underway to develop Quality Accounts for primary care and community services providers with the aim to bring these providers into the requirement by June 2011 subject to a testing and evaluation exercise.
15. Providers are required through Regulations to send a draft of their Quality Account, to the appropriate Scrutiny Committee and to include any statement supplied in their published Quality Account. Scrutiny Committees are invited on a voluntary basis to comment on a provider's Quality Account. Scrutiny Committee's can also comment on the following areas:
 - whether the Quality Account is representative
 - whether it gives a comprehensive coverage of the provider's services
 - whether they believe that there are significant omissions of issues of concern that had previously been discussed with providers in relation to Quality Accounts.

16. Any narrative provided by the Scrutiny Committee (up to a maximum of 500 words) should be published verbatim as part of a provider's Quality Account. Providers should give Scrutiny Committees at least 30 working days to prepare their comments on the Quality Account and send back to the provider, prior to publication. The statement should also be written if the Scrutiny Committee is of the view that the Quality Account is not representative and highlight any areas of concern.
17. It is recognised that LINKs and Scrutiny Committees already have an important role in providing information about a provider to CQC. This information was previously provided to the Health Care Commission in the form of an annual health check. LINKs and Scrutiny Committees can now share information with CQC about NHS providers at any time during the year. This information will be used to inform the new system of registration, ongoing monitoring of providers and future quality assessments of their services. CQC will take into account statements made by a LINK/Scrutiny Committee as part of their review of the provider.
18. Where possible, draft copies of the Trusts' Quality Accounts have been appended to this report for consideration.

Witnesses

19. Senior officers from each Trust will be attending and will be able to explain the likely contents of their Trust's draft report. Representatives have been invited from the following organisations:
- Care Quality Commission (CQC)
 - Hillingdon PCT
 - Hillingdon Hospital NHS Trust
 - Central & North West London NHS Foundation Trust
 - Royal Brompton & Harefield NHS Foundation Trust
 - London Ambulance Service

SUGGESTED SCRUTINY ACTIVITY

20. Members review the evidence collected during the year and, following further questioning of the witnesses, decide whether to submit commentaries to the CQC.

BACKGROUND INFORMATION

None.

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

1. Is there a tendency for health care providers to feel pressurised into a tick box exercise rather than delivering clinical services?
2. What factors have led to the non-achievement of targets? What has been done to address failed targets?
3. What plans are there for vertical integration?
4. What is latest financial position of the PCT and the Trusts? What is the forecast for the financial year end?
5. How is the PCT proposing to tackle health inequalities in the Borough? What investment will be made on this, and on what services?
6. What initiatives have been implemented during the course of the last year? What had been the impact of these initiatives? What has been the feedback from patients on the these initiatives?
7. What plans are there for Trusts to improve their facilities in Hillingdon?
8. How do the Trusts ensure that learning and innovation continues and is filtered through the organisation?

This page is intentionally left blank

Guidance about compliance

Summary of regulations, outcomes and judgement framework



December 2009

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Contents

Introduction	3
The purpose of this guide	3
A new system of registration	3
Part 1: how the outcomes are structured	4
Why we produced the guidance	4
Part 1: Regulations and outcomes	5
Involvement and information	6
Outcome 1: Respecting and involving people who use services	7
Outcome 2: Consent to care and treatment	9
Outcome 3: Fees	10
Personalised care, treatment and support	11
Outcome 4: Care and welfare of people who use services	12
Outcome 5: Meeting nutritional needs	14
Outcome 6: Cooperating with other providers	15
Safeguarding and safety	16
Outcome 7: Safeguarding people who use services from abuse	17
Outcome 8: Cleanliness and infection control	19
Outcome 9: Management of medicines	20
Outcome 10: Safety and suitability of premises	21
Outcome 11: Safety, availability and suitability of equipment	22
Suitability of staffing	24
Outcome 12: Requirements relating to workers	25
Outcome 13: Staffing	27
Outcome 14: Supporting workers	28
Quality and management	29
Outcome 15: Statement of purpose	30
Outcome 16: Assessing and monitoring the quality of service provision	31
Outcome 17: Complaints	33
Outcome 18: Notification of death of a person who uses services	35
Outcome 19: Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983	36

Outcome 20: Notification of other incidents	37
Outcome 21: Records	40

Suitability of management **42**

Outcome 22: Requirements where the service provider is an individual or partnership	43
Outcome 23: Requirement where the service provider is a body other than a partnership	44
Outcome 24: Requirements relating to registered managers	45
Outcome 25: Registered person: training	46
Outcome 26: Financial position	47
Outcome 27: Notifications – notice of absence	48
Outcome 28: Notifications – notice of changes	50

Part 2: Summary of the judgement framework **53**

Introduction

The purpose of this guide

This guide is a summary of the guidance* that we have produced to help providers of health and adult social care to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009.**

Part 1 contains the regulations and the outcomes that we expect people using a service will experience if the provider complies with the regulations.

Part 2 summarises the stages and steps in our judgement framework, which we will use to judge compliance with the regulations.

A new system of regulation

As the regulator of health and adult social care in England, we make sure that the care people receive meets essential standards of quality and safety and we encourage ongoing improvements by those who provide or commission care.

The new registration system for health and adult social care will make sure that people can expect services to meet essential standards of quality and safety that respect their dignity and protect their rights. The new system is focused on outcomes rather than systems and processes, and places the views and experiences of people who use services at its centre.

We will continuously monitor compliance with essential standards as part of a new, more dynamic, responsive and robust system of regulation. Our assessors and inspectors will frequently review all available information and intelligence we hold about a provider. We will seek information from patients and public representative groups, and from organisations such as other regulators and the National Patient Safety Agency.

If we have concerns that a provider is not meeting essential standards of quality and safety, we will act quickly, working closely with commissioners and others, and using our new enforcement powers if necessary.

Promoting improvement

In addition to the assurance about compliance with essential standards that registration will provide, we have an important function in promoting improvement by providing independent, reliable and timely information about the quality of care in providers above essential standards, and about the quality of care secured by commissioners for their local communities, which we describe as assessments of quality.

These assessments include: our periodic reviews of the performance of all health and adult social care providers, and of councils and primary care trusts as commissioners of care; our special reviews and studies of particular aspects of care, on economy, efficiency and effectiveness; and information issues.

* The guidance consists of our two main guides 'Essential Standard of Quality and Safety' and 'Judgement Framework' as well as this summary guide.

** Please note that these regulations are still subject to Parliamentary approval. We anticipate that they will come into force in a phased approach from 1 April 2010, depending on the type of provider. However, providers should begin now to make decisions based upon these regulations.

Part 1: how the outcomes are structured

There are 28 outcomes, each reflecting a specific regulation. Of these 28 regulations and outcomes, there are 16 that relate most directly to the quality and safety of care and which apply to all types of provider. The other 12 regulations may apply differently to different types of provider.

The outcome headings make clear which regulations and outcomes relate to the core 16 quality and safety standards.

We have grouped the 28 outcomes into six key areas:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management.

Part 1 contains a section for each area, containing:

- A summary of the area and the regulations that it includes.
- For each regulation:
 - the text of the regulation
 - what we think people who use services should experience when providers comply with the regulation (the definition of the outcome). **This is what we will focus on checking that providers are meeting essential standards.**

Why we produced the guidance

Section 23(1) of the Health and Social Care Act 2008 requires us to produce guidance for providers of health and adult social care, to help them comply with the regulations within the Act that govern their activities. This guidance only relates to providers of services that carry out “regulated activities”, who must be registered with us before carrying out these activities.

Part 1: Regulations and outcomes



Involvement and information

This section looks at what providers should do to make sure that people who use services, or those acting on their behalf, are involved in making decisions about their care, treatment and support. It identifies what providers should do to ensure that the views and experiences of people who use services are taken into account when making decisions about how services are delivered and improved in order to meet the registration regulations.

It also looks at the information that providers should make available to people so that they are able to make informed choices, including information about any charges they are expected to pay for their care, treatment and support.

This section covers guidance about compliance for:

1. Respecting and involving people who use services
2. Consent to care and treatment
3. Fees.



Outcome 1: Respecting and involving people who use services

This is one of the core 16 quality and safety standards

What do the regulations say?

Respecting and involving service users

17.—(1) The registered person must, so far as reasonably practicable, make suitable arrangements to ensure—

- (a) the dignity, privacy and independence of service users; and
 - (b) that service users are enabled to make, or participate in making, decisions relating to their care or treatment.
- (2) For the purposes of paragraph (1), the registered person must—
- (a) treat service users with consideration and respect;
 - (b) provide service users with appropriate information and support in relation to their care or treatment;
 - (c) encourage service users, or those acting on their behalf, to—
 - (i) understand the care or treatment choices available to the service user, and discuss with an appropriate health care professional, or other appropriate person, the balance of risks and benefits involved in any particular course of care or treatment, and
 - (ii) express their views as to what is important to them in relation to the care or treatment;
 - (d) where necessary, assist service users, or those acting on their behalf, to express the views referred to in sub-paragraph (c)(ii) and, so far as appropriate and reasonably practicable, accommodate those views;
 - (e) where appropriate, provide opportunities for service users to manage their own care or treatment;
 - (f) where appropriate, involve service users in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care or treatment;
 - (g) provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy, independence and community involvement; and
 - (h) take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have.

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

Those acting on behalf of people who use services:

- Understand the care, treatment and support choices available to the people who use services.
- Can represent the views of the person using the service by expressing these on their behalf, and are involved appropriately in making decisions about their care, treatment and support.

This is because providers who comply with the regulations will:

- Recognise the diversity, values and human rights of people who use services.
- Uphold and maintain the privacy, dignity and independence of people who use services.
- Put people who use services at the centre of their care, treatment and support by enabling them to make decisions.
- Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support.
- Support people who use services, or others acting on their behalf, to understand the care, treatment and support provided.
- Enable people who use services to care for themselves where this is possible.
- Encourage and enable people who use services to be involved in how the service is run.
- Encourage and enable people who use services to be an active part of their community in appropriate settings.

Outcome 2: Consent to care and treatment

This is one of the core 16 quality and safety standards

What do the regulations say?

Consent to care and treatment

18. The registered person must—

- (a) have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them; and
- (b) have regard to any guidance issued by the Secretary of State or other appropriate expert body in relation to the matters referred to in paragraph (a).

Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

This is because providers who comply with the regulations will:

- Have systems in place to gain and review consent from people who use services, and act on them.

Outcome 3: Fees

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Fees etc.

19.—(1) Where a service user will be responsible for paying the costs of their care or treatment (either in full or partially), the registered person must provide a statement to the service user, or to a person acting on the service user's behalf—

- (a) specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees; and
- (b) including, where applicable, the form of contract for the provision of services by the service provider.

(2) The statement referred to in paragraph (1) must be—

- (a) in writing; and
- (b) as far as reasonably practicable, provided prior to the commencement of the services to which the statement relates.

Regulation 19 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services, or others acting on their behalf, who pay the provider for the services they receive:

- Know how much they are expected to pay, when and how.
- Know what the service will provide for the fee paid.
- Understand their obligations and responsibilities.

This is because providers who comply with the regulations will:

- Be transparent in the information they provide about any fees, contracts and terms and conditions, where people are paying either in full or in part for the cost of their care, treatment and support.

Personalised care, treatment and support

This section looks at what providers should do to make sure that people who use services get effective, safe and appropriate care, treatment and support that meets their individual needs.

This section covers guidance about compliance for:

4. Care and welfare of people who use services
5. Meeting nutritional needs
6. Cooperating with other providers.



Outcome 4: Care and welfare of people who use services

This is one of the core 16 quality and safety standards

What do the regulations say?

Care and welfare of service users

9.—(1) The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—

- (a) the carrying out of an assessment of the needs of the service user; and
- (b) the planning and delivery of care and, where appropriate, treatment in such a way as to—
 - (i) meet the service user's individual needs,
 - (ii) ensure the welfare and safety of the service user,
 - (iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment, and
 - (iv) avoid unlawful discrimination including, where applicable, by providing for the making of reasonable adjustments in service provision to meet the service user's individual needs.

(2) The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or be likely to affect, the provision of services, in order to mitigate the risks arising from such emergencies to service users.

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

This is because providers who comply with the regulations will:

- Reduce the risk of people receiving unsafe or inappropriate care, treatment and support by:
 - assessing the needs of people who use services
 - planning and delivering care, treatment and support so that people are safe, their welfare is protected and their needs are met
 - taking account of published research and guidance
 - making reasonable adjustments to reflect people's needs, values and diversity
 - having arrangements for dealing with foreseeable emergencies.

Outcome 5: Meeting nutritional needs

This is one of the core 16 quality and safety standards

What do the regulations say?

Meeting nutritional needs

14.—(1) Where food and hydration are provided to service users as a component of the carrying on of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration, by means of the provision of—

- (a) a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs;
- (b) food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background; and
- (c) support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.

(2) For the purposes of this regulation, "food and hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.

Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Are supported to have adequate nutrition and hydration.

This is because providers who comply with the regulations will:

- Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration.
- Provide choices of food and drink for people to meet their diverse needs, making sure the food and drink they provide is nutritionally balanced and supports their health.

Outcome 6: Cooperating with other providers

This is one of the core 16 quality and safety standards

5

6

What do the regulations say?

Cooperating with other providers

24.—(1) The registered person must make suitable arrangements to protect the health, welfare and safety of service users in circumstances where responsibility for the care and treatment of service users is shared with, or transferred to, others, by means of—

- (a) so far as reasonably practicable, working in cooperation with others to ensure that appropriate care planning takes place;
- (b) subject to paragraph (2), the sharing of appropriate information in relation to—
 - (i) the admission, discharge and transfer of service users, and
 - (ii) the co-ordination of emergency procedures; and
- (c) supporting service users, or persons acting on their behalf, to obtain appropriate health and social care support.

(2) Nothing in this regulation shall require or permit any disclosure or use of information which is prohibited by or under any enactment, or by court order.

Regulation 24 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

This is because providers who comply with the regulations will:

- Cooperate with others involved in the care, treatment and support of a person who uses services when the provider responsibility is shared or transferred to one or more services, individuals, teams or agencies.
- Share information in a confidential manner with all relevant services, individuals, teams or agencies to enable the care, treatment and support needs of people who uses services to be met.
- Work with other services, individuals, teams or agencies to respond to emergency situations.
- Support people who use services to access other health and social care services they need.

Safeguarding and safety

This section looks at what providers should do to make sure that people who use the service, workers and others who visit are as safe as they can be and that risks are managed. It looks at what the provider needs to do to ensure that the human rights and dignity of people who use services are respected and how they should identify and respond when people are in vulnerable situations.

It also looks at the things providers should do to make sure that the premises and equipment they use to provide care, treatment and support are safe and suitable.

This section covers guidance about compliance for:

7. Safeguarding people who use services from abuse
8. Cleanliness and infection control
9. Management of medicines
10. Safety and suitability of premises
11. Safety, availability and suitability of equipment.



Outcome 7: Safeguarding people who use services from abuse

This is one of the core 16 quality and safety standards

What do the regulations say?

Safeguarding service users from abuse

11.—(1) The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of—

- (a) taking reasonable steps to identify the possibility of abuse and prevent it before it occurs; and
- (b) responding appropriately to any allegation of abuse.

(2) Where any form of control or restraint is used in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being—

- (a) unlawful; or
- (b) otherwise excessive.

(3) The registered person must have regard to any guidance issued by the Secretary of State or an appropriate expert body, in relation to—

- (a) the protection of children and vulnerable adults generally; and
- (b) in particular, the appropriate use of methods of control or restraint.

(4) For the purposes of paragraph (1), “abuse”, in relation to a service user, means—

- (a) sexual abuse;
- (b) physical or psychological ill-treatment;
- (c) theft, misuse or misappropriation of money or property; or
- (d) neglect and acts of omission which cause harm or place at risk of harm.

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

This is because providers who comply with the regulations will:

- Take action to identify and prevent abuse from happening in a service.
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring.
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice.
- Make sure that the use of restraint is always appropriate, reasonable, proportionate and justifiable to that individual.
- Only use de-escalation or restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services.
- Understand how diversity, beliefs and values of people who use services may influence the identification, prevention and response to safeguarding concerns.
- Protect others from the negative effect of any behaviour by people who use services.
- Where applicable, only use Deprivation of Liberty Safeguards when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005.

Outcome 8: Cleanliness and infection control

This is one of the core 16 quality and safety standards

What do the regulations say?

Cleanliness and infection control

12.—(1) The registered person must, so far as reasonably practicable, ensure that—

- (a) service users;
- (b) persons employed for the purpose of the carrying on of the regulated activity; and
- (c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity,

are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).

(2) The means referred to in paragraph (1) are—

- (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;
- (b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; and
- (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—
 - (i) premises occupied for the purpose of carrying on the regulated activity,
 - (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and
 - (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

Cleanliness and infection control

Providers of services comply with the requirements of regulation 12, with regard to the *Code of Practice for health and adult social care on the prevention and control of infections and related guidance*.

Outcome 9: Management of medicines

This is one of the core 16 quality and safety standards

What do the regulations say?

Management of medicines

13.—(1) The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

(2) In making the arrangements referred to in paragraph (1), the registered person must have regard to any guidance issued by the Secretary of State or an appropriate expert body in relation to the safe handling and use of medicines.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published guidance about how to use medicines safely.

Outcome 10: Safety and suitability of premises

This is one of the core 16 quality and safety standards

What do the regulations say?

Safety and suitability of premises

15.—(1) The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of—

- (a) suitable design and layout;
- (b) appropriate measures in relation to the security of the premises; and
- (c) adequate maintenance and, where applicable, the proper—
 - (i) operation of the premises, and
 - (ii) use of any surrounding grounds,

which are owned or occupied by the service provider in connection with the carrying on of the regulated activity.

(2) In paragraph (1), the term “premises where a regulated activity is carried on” does not include a service user’s own home.

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.

This is because providers who comply with the regulations will:

- Make sure that people who use services, staff and others know they are protected against the risks of unsafe or unsuitable premises by:
 - the design and layout of the premises being suitable for carrying out the regulated activity
 - appropriate measures being in place to ensure the security of the premises
 - the premises and any grounds being adequately maintained
 - compliance with any legal requirements relating to the premises
- Take account of any relevant design, technical and operational standards and manage all risks in relation to the premises.

Outcome 11: Safety, availability and suitability of equipment

This is one of the core 16 quality and safety standards

What do the regulations say?

Safety, availability and suitability of equipment

16.—(1) The registered person must make suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is—

- (a) properly maintained and suitable for its purpose; and
- (b) used correctly in accordance with the technical specifications and guidance issued by the manufacturer, the Secretary of State or appropriate expert bodies.

(2) The registered person must ensure that equipment is available in sufficient quantities in order to ensure the safety of service users and meet their assessed needs.

(3) Where equipment is provided to support service users in their day to day living, the registered person must ensure that, as far as reasonably practicable, such equipment promotes the independence and comfort of service users.

(4) For the purposes of this regulation—

- (a) “equipment” includes a medical device; and
- (b) “medical device” has the same meaning as in the Medical Devices Regulations 2002.

Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services and people who work in or visit the premises:

- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

This is because providers who comply with the regulations will:

- Make sure that equipment:
 - is suitable for its purpose
 - is available
 - is properly maintained
 - is used correctly and safely
 - promotes independence
 - is comfortable.
- Follow published guidance about how to use medical devices safely.

Suitability of staffing

This section looks at what providers should do to make sure that they have the right staff with the right skills, qualifications, experience and knowledge to support people. It looks at training needs for staff and how they should be supported to carry out their role, including the time they will need away from work in order to take part in learning and development opportunities.

This section covers guidance about compliance for:

- 12. Requirements relating to workers
- 13. Staffing
- 14. Supporting workers.



Outcome 12: Requirements relating to workers

This is one of the core 16 quality and safety standards

What do the regulations say?

Requirements relating to workers

21. The registered person must—

- (a) operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying on a regulated activity unless that person—
 - (i) is of good character,
 - (ii) has the qualifications, skills and experience which are necessary for the work to be performed, and
 - (iii) is physically and mentally fit for that work;
- (b) ensure that information specified in Schedule 3 is available in respect of a person employed for the purposes of carrying on a regulated activity, and such other information as is appropriate;
- (c) ensure that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body where such registration is required by, or under, any enactment in relation to—
 - (i) the work that the person is to perform, or
 - (ii) the title that the person takes or uses; and
- (d) take appropriate steps in relation to a person who is no longer fit to work for the purposes of carrying on a regulated activity including—
 - (i) where the person is a health care professional, informing the body responsible for regulation of the health care profession in question, or
 - (ii) where the person is a social care worker registered with the General Social Care Council, informing the Council.

Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

This is because providers who comply with the regulations will:

- Have effective recruitment and selection procedures in place.
- Carry out relevant checks when they employ staff.
- Ensure that staff are registered with the relevant professional regulator or professional body where necessary and are allowed to work by that body.
- Refer staff who are thought to be no longer fit to work in health and adult social care, and meet the requirement for referral, to the appropriate bodies.

Outcome 13: Staffing

This is one of the core 16 quality and safety standards

What do the regulations say?

Staffing

22. In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

This is because providers who comply with the regulations will:

- Make sure that there are sufficient staff with the right knowledge, experience, qualifications and skills to support people.

Outcome 14: Supporting workers

This is one of the core 16 quality and safety standards

What do the regulations say?

Supporting workers

23.—(1) The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by—

- (a) receiving appropriate training, professional development, supervision and appraisal; and
- (b) being enabled, from time to time, to obtain further qualifications appropriate to the work they perform.

(2) Where the regulated activity carried on involves the provision of health care, the registered person must (as part of a system of clinical governance and audit) ensure that healthcare professionals employed for the purposes of carrying on the regulated activity are enabled to provide evidence to their relevant professional body demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise.

(3) For the purposes of paragraph (2), “system of clinical governance and audit” means a framework through which the registered person endeavours continuously to—

- (a) evaluate and improve the quality of the services provided; and
- (b) safeguard high standards of care by creating an environment in which clinical excellence can flourish.

Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

This is because providers who comply with the regulations will:

- Ensure that staff are properly supported to provide care and treatment to people who use services.
- Ensure that staff are properly trained, supervised and appraised.
- Enable staff to acquire further skills and qualifications that are relevant to the work they undertake.

Quality and management

This section looks at what providers should do to manage risk in order to ensure that essential standards of quality and safety are maintained, and what information they must give to the Care Quality Commission about certain important events.

This section covers guidance about compliance for:

15. Statement of purpose
16. Assessing and monitoring the quality of service provision
17. Complaints
18. Notification of death of a person who uses services
19. Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
20. Notification of other incidents
21. Records.



Outcome 15: Statement of purpose

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Statement of purpose

12.—(1) The registered person must give the Commission a statement of purpose containing the information listed in Schedule 3.

(2) The registered person must keep under review and, where appropriate, revise the statement of purpose.

(3) The registered person must provide written details of any revision to the statement of purpose to the Commission within 28 days of any such revision.

SCHEDULE 3

INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE

1. The aims and objectives of the service provider in carrying on the regulated activity.
2. The kinds of services provided for the purposes of the carrying on of the regulated activity and the range of service users' needs which those services are intended to meet.
3. The full name of the service provider and of any registered manager, together with their business address, telephone number and, where available, electronic mail addresses.
4. The legal status of the service provider.
5. Details of the locations at which the services provided for the purposes of the regulated activity are carried on.

Regulation 12 and Schedule 3 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Will benefit from the knowledge that the Care Quality Commission is informed of the services being provided.

This is because providers who comply with the regulations will:

- Have a statement of purpose that is kept under review, and give a copy to the Care Quality Commission.
- Notify the Care Quality Commission of any changes to their statement of purpose.

Outcome 16: Assessing and monitoring the quality of service provision

This is one of the core 16 quality and safety standards

What do the regulations say?

Assessing and monitoring the quality of service provision

10.—(1) The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—

- (a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and
- (b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

(2) For the purposes of paragraph (1), the registered person must—

- (a) where appropriate, obtain relevant professional advice;
- (b) have regard to—
 - (i) the complaints and comments made, and views (including the descriptions of their experiences of care and treatment) expressed, by service users, and those acting on their behalf, pursuant to sub-paragraph (e) and regulation 19,
 - (ii) any investigation carried out by the registered person in relation to the conduct of a person employed for the purpose of carrying on the regulated activity,
 - (iii) the information contained in the records referred to in regulation 20,
 - (iv) appropriate professional and expert advice (including any advice obtained pursuant to sub-paragraph (a)),
 - (v) reports prepared by the Commission from time to time relating to the registered person's compliance with the provisions of these Regulations, and
 - (vi) periodic reviews and special reviews and investigations carried out by the Commission in relation to the provision of health or social care, where such reviews or investigations are relevant to the regulated activity carried on by the service provider;
- (c) where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware, relating to—
 - (i) the analysis of incidents that resulted in, or had the potential to result in, harm to a service user, and
 - (ii) the conclusions of local and national service reviews, clinical audits and research projects carried out by appropriate expert bodies;

- (d) establish mechanisms for ensuring that—
- (i) decisions in relation to the provision of care and treatment for service users are taken at the appropriate level and by the appropriate person (P), and
 - (ii) P is subject to an appropriate obligation to answer for a decision made by P, in relation to the provision of care and treatment for a service user, to the person responsible for supervising or managing P in relation to that decision; and
- (e) regularly seek the views (including the descriptions of their experiences of care and treatment) of service users, persons acting on their behalf and persons who are employed for the purposes of the carrying on of the regulated activity, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided to service users.
- (3) The registered person must send to the Commission, when requested to do so, a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (1) are being complied with, together with any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare.

Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

This is because providers who comply with the regulations will:

- Monitor the quality of service that people receive.
- Identify, monitor and manage risks to people who use, work in or visit the service.
- Get professional advice about how to run the service safely, where they do not have the knowledge themselves.
- Take account of:
 - comments and complaints
 - investigations into poor practice
 - records held by the service
 - advice from and reports by the Care Quality Commission.
- Improve the service by learning from adverse events, incidents, errors and near misses that happen, the outcome from comments and complaints, and the advice of other expert bodies where this information shows the service is not fully compliant.
- Have arrangements that say who can make decisions that affect the health, welfare and safety of people who use the service.

Outcome 17: Complaints

This is one of the core 16 quality and safety standards

What do the regulations say?

Complaints

19.—(1) For the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment, the registered person must have an effective system in place (referred to in this regulation as “the complaints system”) for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.

(2) In particular, the registered person must—

- (a) bring the complaints system to the attention of service users and persons acting on their behalf in a suitable manner and format;
- (b) provide service users and those acting on their behalf with support to bring a complaint or make a comment, where such assistance is necessary;
- (c) ensure that any complaint made is fully investigated and, so far as reasonably practicable, resolved to the satisfaction of the service user, or the person acting on the service user’s behalf; and
- (d) take appropriate steps to coordinate a response to a complaint where that complaint relates to care or treatment provided to a service user in circumstances where the provision of such care or treatment has been shared with, or transferred to, others.

(3) The registered person must send to the Commission, when requested to do so, a summary of the—

- (a) complaints made pursuant to paragraph (1); and
- (b) responses made by the registered person to such complaints.

Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services or others acting on their behalf:

- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

This is because providers who comply with the regulations will:

- Have systems in place to deal with comments and complaints, including providing people who use services with information about that system.
- Support people who use services or others acting on their behalf to make comments and complaints.
- Consider fully, respond appropriately and resolve, where possible, any comments and complaints.

Outcome 18: Notification of death of a person who uses services

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Notification of death of service user

16.—(1) Except where paragraph (2) applies, the registered person must notify the Commission without delay of the death of a service user—

- (a) whilst services were being provided in the carrying on of a regulated activity; or
- (b) as a consequence of the carrying on of a regulated activity.

(2) Subject to paragraph (4), where the service provider is a health service body, the registered person must notify the Commission of the death of a service user where the death—

(a) occurred—

- (i) whilst services were being provided in the carrying on of a regulated activity, or
- (ii) as a consequence of the carrying on of a regulated activity; and

(b) cannot, in the reasonable opinion of the registered person, be attributed to the course which that service user's illness or medical condition would naturally have taken if that service user was receiving appropriate care or treatment.

(3) Notification of the death of a service user must include a description of the circumstances of the death.

(4) Paragraph (2) does not apply if, and to the extent that, the registered person has reported the death to the National Patient Safety Agency.

(5) This regulation does not apply where regulation 17 applies.

Regulation 16 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Can be confident that deaths of people who use services are reported to the Care Quality Commission so that, where needed, action can be taken.

This is because:

- Providers notify the Care Quality Commission about the death of a person who uses the service.

Outcome 19: Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983

17.—(1) The registered person must notify the Commission without delay of the death or unauthorised absence of a service user who is liable to be detained by the registered person—

- (a) under the Mental Health Act 1983 (“the 1983 Act”); or
 - (b) pursuant to an order or direction made under another enactment (which applies in relation to England), where that detention takes effect as if the order or direction were made pursuant to the provisions of the 1983 Act.
- (2) Notification of the death of a service user must include a description of the circumstances of the death.
- (3) In this regulation—
- (a) references to persons “liable to be detained” include a community patient who has been recalled to hospital in accordance with section 17E of the 1983 Act, but do not include a patient who has been conditionally discharged and not recalled to hospital in accordance with section 42, 73 or 74 of the 1983 Act;
 - (b) “community patient” has the same meaning as in section 17A of the 1983 Act;
 - (c) “hospital” means a hospital within the meaning of Part 2 of that Act; and
 - (d) “unauthorised absence” means an unauthorised absence from a hospital.

Regulation 17 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People using the service who are detained under the Mental Health Act 1983:

- Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

This is because providers who comply with the regulations will:

- Notify the Care Quality Commission about the death or unauthorised absence of a person detained under the Mental Health Act 1983 who uses services.

Outcome 20: Notification of other incidents

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Notification of other incidents

18.— (1) Subject to paragraphs (3) and (4), the registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.

(2) The incidents referred to in paragraph (1) are—

(a) any injury to a service user which, in the reasonable opinion of a health care professional, has resulted in—

(i) an impairment of the sensory, motor or intellectual functions of the service user which is not likely to be temporary,

(ii) changes to the structure of a service user's body,

(iii) the service user experiencing prolonged pain or prolonged psychological harm, or

(iv) the shortening of the life expectancy of the service user;

(b) any injury to a service user which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional in order to prevent—

(i) the death of the service user, or

(ii) an injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a);

(c) any request to a supervisory body made pursuant to Part 4 of Schedule A1 to the 2005 Act by the registered person for a standard authorisation, including the result of such a request;

(d) any application made to a court in relation to depriving a service user of their liberty pursuant to section 16(2)(a) of the 2005 Act;

(e) any abuse or allegation of abuse in relation to a service user;

(f) any incident which is reported to, or investigated by, the police;

(g) any event which prevents, or appears to the service provider to be likely to threaten to prevent, the service provider's ability to continue to carry on the regulated activity safely, or in accordance with the registration requirements, including—

(i) an insufficient number of suitably qualified, skilled and experienced persons being employed for the purposes of carrying on the regulated activity,

- (ii) an interruption in the supply to premises owned or used by the service provider for the purposes of carrying on the regulated activity of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours,
- (iii) physical damage to premises owned or used by the service provider for the purposes of carrying on the regulated activity which has, or is likely to have, a detrimental effect on the treatment or care provided to service users, and
- (iv) the failure, or malfunctioning, of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of carrying on the regulated activity where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours.

(3) Paragraph (2)(f) does not apply where the service provider is an English NHS body.

(4) Where the service provider is a health service body, paragraph (1) does not apply if, and to the extent that, the registered person has reported the incident to the National Patient Safety Agency.

(5) In this regulation—

(a) “the 2005 Act” means the Mental Capacity Act 2005;

(b) “abuse”, in relation to a service user, means—

- (i) sexual abuse,
- (ii) physical or psychological ill-treatment,
- (iii) theft, misuse or misappropriation of money or property, or
- (iv) neglect and acts of omission which cause harm or place at risk of harm;

(c) “health care professional” means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999 applies;

(d) “registration requirements” means any requirements or conditions imposed on the registered person by or under Chapter 2 of Part 1 of the Act;

(e) “standard authorisation” has the meaning given under Part 4 of Schedule A1 to the 2005 Act;

(f) “supervisory body” has the meaning given in paragraph 180 (in relation to a hospital in England) or paragraph 182 (in relation to a care home) of Schedule A1 to the 2005 Act;

(g) for the purposes of paragraph (2)(a)—

- (i) “prolonged pain” and “prolonged psychological harm” means pain or harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days, and
- (ii) a sensory, motor or intellectual impairment is not temporary if such an impairment has lasted, or is likely to last, for a continuous period of at least 28 days.

Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Can be confident that important events that affect their welfare, health and safety are reported to the Care Quality Commission so that, where needed, action can be taken.

This is because providers who comply with the regulations will:

- Notify the Care Quality Commission about incidents that affect the health, safety and welfare of people who use services, including:
 - injuries to people
 - making an application to depriving someone of their liberty
 - events which stop the registered person from running the service as well as they should
 - allegations of abuse
 - a police investigation.

Outcome 21: Records

This is one of the core 16 quality and safety standards

What do the regulations say?

Records

20.—(1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of—

- (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user; and
- (b) such other records as are appropriate in relation to—
 - (i) persons employed for the purposes of carrying on the regulated activity, and
 - (ii) the management of the regulated activity.

(2) The registered person must ensure that the records referred to in paragraph (1) (which may be in paper or electronic form) are—

- (a) kept securely and can be located promptly when required;
- (b) retained for an appropriate period of time; and
- (c) securely destroyed when it is appropriate to do so.

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services can be confident that:

- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and wellbeing are maintained and held securely where required.

This is because providers who comply with the regulations will:

- Keep accurate personalised care, treatment and support records secure and confidential for each person who uses the service.
- Keep those records for the correct amount of time.
- Keep any other records the Care Quality Commission asks them to in relation to the management of the regulated activity.
- Store records in a secure, accessible way that allows them to be located quickly.
- Securely destroy records taking into account any relevant retention schedules.

Suitability of management

This section looks at what providers and managers must do to show that they are suitable to run the service and that they keep the Care Quality Commission informed about relevant changes.

This section covers guidance about compliance for:

22. Requirements where the service provider is an individual or partnership
23. Requirement where the service provider is a body other than a partnership
24. Requirements relating to registered managers
25. Registered person: training
26. Financial position
27. Notifications – notice of absence
28. Notifications – notice of changes.



Outcome 22: Requirements where the service provider is an individual or partnership

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Requirements where the service provider is an individual or partnership

- 4.**—(1) This regulation applies where a service provider (P) is an individual or a partnership.
- (2) P must not carry on a regulated activity unless P is fit to do so.
- (3) P is not fit to carry on a regulated activity unless P is—
- (a) an individual who carries on the regulated activity, otherwise than in partnership with others, and satisfies the requirements set out in paragraph (4); or
- (b) a partnership and each of the partners satisfies the requirements set out in paragraph (4);
- (4) The requirements referred to are that P or, where applicable, each of the partners is—
- (a) of good character;
- (b) physically and mentally fit to carry on the regulated activity and has the necessary qualifications, skills and experience to do so; and
- (c) able to supply to the Commission, or arrange for the availability of, information relating to themselves specified in Schedule 3.

Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Have their needs met by the service because it is provided by an appropriate person.

This is because providers who comply with the regulations will:

- Register with the Care Quality Commission the appropriate people or persons who:
 - are of good character
 - are physically and mentally able to perform their role
 - have the necessary qualifications, skills and experience to carry on the regulated activity or, where it is an organisation, supervise its management.

Outcome 23: Requirement where the service provider is a body other than a partnership

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Requirement where the service provider is a body other than a partnership

5.—(1) This regulation applies where the service provider is a body other than a partnership.

(2) The body must give notice to the Commission of the name, address and position in the body of an individual (in these Regulations referred to as “the nominated individual”) who is employed as a director, manager or secretary of the body and who is responsible for supervising the management of the carrying on of the regulated activity by the body.

(3) The registered person must take all reasonable steps to ensure that the nominated individual is—

- (a) of good character;
- (b) physically and mentally fit to supervise the management of the carrying on of the regulated activity and has the necessary qualifications, skills and experience to do so; and
- (c) able to supply to the registered person, or arrange for the availability of, the information specified in Schedule 3.

Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Have their needs met because the management is supervised by an appropriate person.

This is because providers who comply with the regulations will:

- Have a nominated individual who:
 - is of good character
 - is physically and mentally able to perform their role
 - has the necessary qualifications, skills and experience to supervise the management of the regulated activity.

Outcome 24: Requirements relating to registered managers

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Requirements relating to registered managers

6.—(1) A person (M) shall not manage the carrying on of a regulated activity as a registered manager unless M is fit to do so.

(2) M is not fit to be a registered manager in respect of a regulated activity unless M is—

- (a) of good character;
- (b) physically and mentally fit to carry on the regulated activity and has the necessary qualifications, skills and experience to do so; and
- (c) able to supply to the Commission, or arrange for the availability of, the information relating to themselves specified in Schedule 3.

Regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Have their needs met because it is managed by an appropriate person.

This is because providers who comply with the regulations will:

- Have a registered manager who:
 - is of good character
 - is physically and mentally able to perform their role
 - has the necessary qualifications, skills and experience to manage the regulated activity.

Outcome 25: Registered person: training

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Registered person: training

7.—(1) If the service provider is—

- (a) an individual, the individual must undertake;
- (b) a partnership, it must ensure that one of the partners undertakes; or
- (c) a body other than a partnership, it must ensure that the nominated individual undertakes, from time to time such training as is reasonably practicable and appropriate to ensure that there are the necessary experience and skills available for carrying on the regulated activity.

(2) The registered manager must undertake from time to time such training as is appropriate to ensure that the manager has the experience and skills necessary for managing the carrying on of the regulated activity.

Regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Have their care, treatment and support needs met because there is a competent person leading the service.

This is because providers who comply with the regulations will:

- Undertake appropriate training.

Outcome 26: Financial position

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Financial position

13.—(1) Subject to paragraph (2), the service provider must take all reasonable steps to carry on the regulated activity in such a manner as to ensure the financial viability of the carrying on of that activity for the purposes of—

- (a) achieving the aims and objectives set out in the statement of purpose; and
- (b) meeting the registration requirements prescribed pursuant to section 20 of the Act.

(2) This regulation does not apply where the service provider is—

- (c) an English local authority; or
- (d) a health service body.

Regulation 13 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Can be confident that the service provider is able to meet the financial demands of providing safe and appropriate services.

This is because providers who comply with the regulations will:

- Have the financial resources needed to provide and continue to provide the services as described in the statement of purpose to the required standards.

Outcome 27: Notifications – notice of absence

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Notice of absence

14.—(1) Subject to paragraphs (7) and (8), where—

(a) the service provider, if the provider is the person in day to day charge of the carrying on of the regulated activity; or

(b) the registered manager,

proposes to be absent from carrying on or managing the regulated activity for a continuous period of 28 days or more, the registered person must give notice in writing to the Commission of the proposed absence.

(2) Except in the case of an emergency, the notice referred to in paragraph (1) must be given no later than 28 days before the proposed absence commences or within such shorter period as may be agreed with the Commission and must contain the following information in relation to the proposed absence—

(a) its length or expected length;

(b) the reason for it;

(c) the arrangements which have been made for the management of the carrying on of the regulated activity during the period of absence;

(d) the name, address and qualifications of the person who will be responsible for the management of the carrying on of the regulated activity during that absence;

(e) in the case of the absence of the registered manager, the arrangements that have been, or are proposed to be, made for appointing another person to manage the carrying on of the regulated activity during that absence, including the proposed date by which the appointment is to be made.

(3) Where the absence referred to in paragraph (1) arises as the result of an emergency, the registered person must give notice of the absence to the Commission within 5 working days of its occurrence specifying the matters set out in paragraph (2)(a) to (e).

(4) Where—

(a) the service provider, if the provider is the person in day to day charge of the carrying on of the regulated activity; or

(b) the registered manager,

has been absent for a continuous period of 28 days or more, and the Commission has not been given notice of the absence, the registered person shall forthwith give notice in writing to the Commission specifying the matters set out in paragraph (2)(a) to (e).

(5) The registered person must notify the Commission of the return to duty of the service provider or (as the case may be) the registered manager not later than 7 working days after the date of that return.

(6) In this regulation “working day” means any day other than a Saturday, a Sunday, Christmas Day, Good Friday or a day which is a bank holiday in England and Wales within the meaning of the Banking and Financial Dealings Act 1971.

(7) Subject to paragraph (8), this regulation does not apply where the service provider is a health service body.

(8) Where the service provider is a health service body and is subject to a registered manager condition pursuant to regulation 5 or section 12(3) or (5) of the Act, this regulation shall have effect in relation any absence, proposed absence or return to duty of that registered manager.

Regulation 14 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

What should people who use services experience?

People who use services:

- Can have confidence that, if the person(s) in charge of their service is absent, it will continue to be properly managed and be able to meet their needs.

This is because providers who comply with the regulations will:

- Inform the Care Quality Commission:
 - about any significant planned absences from the service
 - about any significant unplanned absences
 - how the service will be run while they are away
 - when they return from a significant absence.

Outcome 28: Notifications – notice of changes

This is NOT one of the core 16 quality and safety standards, and it may apply differently to different providers. Please refer to the full guidance documents.

What do the regulations say?

Notice of changes

15.—(1) Subject to paragraph (2), the registered person must give notice in writing to the Commission, as soon as it is reasonably practicable to do so, if any of the following events takes place or is proposed to take place—

- (a) a person other than the registered person carries on or manages the regulated activity;
- (b) a registered person ceases to carry on or manage the regulated activity;
- (c) the name of a registered person (where that person is an individual) changes;
- (d) where the service provider is a partnership, any change in the membership of the partnership;
- (e) where the service provider is a body other than a partnership—
 - (i) a change in the name or address of the body,
 - (ii) a change of director, secretary or other similar officer of the body, or
 - (iii) a change of nominated individual;
- (f) where the service provider is—
 - (i) an individual, the appointment of a trustee in bankruptcy in relation to that individual, or
 - (ii) a company or partnership, the appointment of a receiver, manager, liquidator or provisional liquidator in relation to that company or partnership.

(2) Paragraph (1)(e)(ii) does not apply where the service provider is a health service body.

(3) In this regulation, “nominated individual” means the individual who is employed as a director, manager or secretary of the body and whose name has been notified to the Commission as being the person who is responsible for supervising the management of the carrying on of the regulated activity by that body.

Regulation 15 of the Care Quality Commission (Registration) Regulations 2009

Subject to Parliamentary approval – see page 3

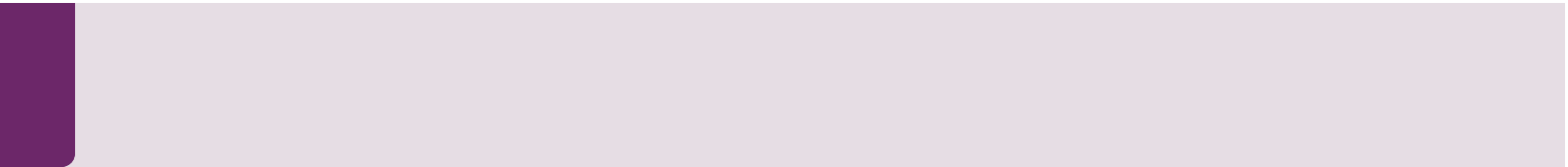
What should people who use services experience?

People who use services:

- Can be confident that, if there are changes to the service, its quality and safety will not be adversely affected.

This is because providers who comply with the regulations will:

- Inform the Care Quality Commission:
 - when the person who manages or carries on the service changes
 - when the registered details of the service and any individual, partnership or organisation who manage or carry it on, change
 - when the registered person becomes financially insolvent
 - when the service closes.



Part 2: Summary of the judgement framework



Introduction

Our staff will use the judgement framework when making decisions about compliance and reach judgements about each provider's registration status. Although we will use it to promote consistency, the framework will not be a substitute for the professional judgement of our inspectors and assessors, and we will always take providers' individual circumstances into account.

The framework explains how a decision should be reached by considering evidence about compliance. It focuses on the 16 regulations and associated outcomes that most directly relate to the quality and safety of care.

The framework is split into four stages:

Stage 1: Determining whether there is enough evidence to make a judgement.

Stage 2: Checking whether the evidence demonstrates compliance or whether there are concerns about the provider's compliance with the regulations.

Stage 3: If concerns are found at stage 2, making a judgement about the impact on people using services and the likelihood of the impact occurring.

Stage 4: Validating the judgement.

The regulations that the framework covers

The essential standards of quality and safety consist of the 28 regulations and outcomes that are described in Part 1 of this guide.

Our judgement framework covers the 16 regulations within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009. When checking a provider's compliance, these are the regulations that we will focus on, because they are the ones that focus most directly on the quality and safety of care.

Section	Outcome	Regulation*	Title
Information and involvement	1	17	Respecting and involving people who use services
	2	18	Consent to care and treatment
Personalised care, treatment and support	4	9	Care and welfare of people who use services
	5	14	Meeting nutritional needs
	6	24	Cooperating with other providers
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
	8	12	Cleanliness and infection control
	9	13	Management of medicines
	10	15	Safety and suitability of premises
	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to workers
	13	22	Staffing
	14	23	Supporting workers
Quality and management	16	10	Assessing and monitoring the quality of service provision
	17	19	Complaints
	21	20	Records
Suitability of management	N/A		

* Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009.

Stage 1: Determining whether we have enough evidence to make a judgement about compliance

Is there enough robust evidence to reach a judgement about compliance with the relevant regulations?

To determine whether the evidence is adequate and robust, consider the following points:

- Is it **current**? (within 12 months or longer if a long-term focus)
- Is it **reliable**? (is the source credible, is the evidence consistent, can it be validated or triangulated with another source)
- Is it **relevant**? (is it related to the regulations, the regulated activities and CQC's remit)
- Is it **sufficient**? (is there an adequate amount of evidence with enough detail to make an assessment)
- Does it **demonstrate** the quality of outcomes and/or experiences of people who use services?
- Does it **demonstrate** what controls (processes) the provider has in place?
- Is **specialist input** (eg pharmacy, medical etc) required?

Stage 2: Checking whether the evidence demonstrates compliance with the regulations

Does the evidence demonstrate compliance?

If we are satisfied that the evidence identifies compliance with the outcomes described in the guidance about compliance for providers, we go straight to **stage 4** for validation.

If we think that the provider is not meeting the outcomes described in the guidance about compliance, we will consider whether the provider has done all that is reasonably practicable and that we have made a proportionate decision.

If we still think that the provider is not meeting the outcome statements, **or** it is an assessment of a new application, we will use the prompts in stage 2 of the full judgement framework to identify the concerns.

We will not use the prompts as a tick box exercise. We do not have to have evidence for every prompt.

Once the concerns are identified, we progress to **stage 3** to identify the impact of the concerns on people using the service and the likelihood of the concerns happening or recurring in the future.

Stage 3: Determining the impact on people who use services and the likelihood that this will happen

Step 1: Impact

For stage 3, the first question we need to answer is:

What is the impact on the people who use the service?

The impact can either be “low”, “medium” or “high”, as follows:

Impact	Definition
Low	No or minimal level of impact on people who use services in one or more areas.
Medium	A moderate impact but no long-term effects on people who use services in one or more of the areas.
High	A significant or long-term impact on people who use services in one or more of the areas.

When determining the impact on people who use services, all of the following areas are important:

- Safety
- Independence
- Experience
- Outcomes
- Dignity
- Human rights
- Accessibility.

Also, we consider who is using the service and what their situation is, as these factors may influence the impact. For example:

Capacity: A lack of understanding of the Mental Capacity Act would be more significant in a service providing care to people with dementia than it would in a health screening service that primarily deals with fit, healthy adults.

Diversity: Failing to have information available in an audible format or in Braille would be more significant for a service that specialises in care for people with impaired vision than a service that does not.

Circumstances where people are more vulnerable: A poor and uncomfortable environment would be more significant for people that are detained than for people using an outpatient clinic.

The concern may impact on one or many of the above areas, and all relevant areas should be considered.

Step 2: Likelihood

The second question in stage 3 is:

What is the likelihood that the impact will happen to people using the service?

The likelihood can either be “unlikely”, “possible” or “almost certain”, as follows:

Likelihood	Definition
Unlikely	This will probably never happen/recur, as there are control measures and processes in place.
Possible	This may happen/is probable/recur, but it is not a persisting issue.
Almost certain	This will probably happen/recur frequently. This is could be due to a breakdown in processes, or serious concerns about control measures.

We will consider the evidence using the following prompts to reach a decision about how likely it is that the impact will happen:

- Has the concern happened before?
- How long will the concern last for?
- How many people are exposed to the concern?
- Has the provider identified and assessed the concern?
- Are measures in place to control the concern?
- Are the relevant people involved in managing the concern?

Step 3: Level of concern

When we have determined the impact for people using the service, including any influencing factors, and the likelihood that the impact will happen, we will apply these to the matrix below to determine the overall level of concern.

Likelihood:	Impact:		
	Low	Medium	High
Unlikely	Minor concern	Minor concern	Moderate concern
Possible	Minor concern	Moderate concern	Major concern
Almost certain	Moderate concern	Major concern	Major concern

Stage 4: Validating the judgement

The full version of stage 4 of the judgement framework includes numerous health and social care case studies that show what compliance or concerns may look like in practice. We have included case studies for each variation of concern.

This stage is to validate and confirm that the level of concern is similar to those defined in the descriptors and case studies.

© Care Quality Commission 2009.

Published December 2009.

This document may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the document title and © Care Quality Commission 2009.

ISBN: 978-1-84562-259-6

Need help?

If you have any questions about applying for registration or you need more information, you can:

- Look at our website: **www.cqc.org.uk**
- Speak to your local **assessment team** or **relationship manager**
- Call our National Contact Centre on **03000 616161**
- Email us at **enquiries@cqc.org.uk**
- Write to us at:
**Care Quality Commission
National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA**

Please contact us if you would like a summary of this publication in other formats or languages.

Registered office:
Care Quality Commission
Finsbury Tower
103–105 Bunhill Row
London EC1Y 8TG

CQC-XXX-XXXX-XXX-122009



This page is intentionally left blank

CARE QUALITY COMMISSION: HEALTHCARE STANDARDS DECLARATION

ITEM No 12

Decision Discussion Information

Name of Author Lorna Longman, Head of Quality Governance,
Hillingdon Community Health

Name of Director Maria O'Brien, Managing Director, Hillingdon Community Health

Purpose of the Report

The Care Quality Commission is responsible for reviewing the performance of Primary Care Trusts. The assessment of core standards is expected to build on the organisation's own system of assurance. This report serves to inform the NHS Hillingdon Board of the progress made in regard to evidence collection for the Care Quality Commission core standards and to enable reasonable assurance to be gained in order to agree declaration of full compliance against the core standards for the period 1 November 2009 – 31 March 2010.

Recommendations to the Board

1. To review the progress made regarding compliance with CQC core standards.
2. To determine whether it has reasonable assurance that the criteria has been met in order to declare full compliance against the core standards."
3. To agree a declaration of full compliance against the core standards.

Equality Impact Assessment complete?

N/A. There is no positive or negative impact from this report.

CARE QUALITY COMMISSION: HEALTHCARE STANDARDS DECLARATION

ITEM No 12

Contact Name Lorna Longman
Contact Tel No 01895 452072

EXECUTIVE SUMMARY

1. The Care Quality Commission (CQC) replaced the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission from April 2009, providing an integrated approach to regulation across these bodies' current areas of responsibility.
2. The Care Quality Commission took over the regulation of health and adult social care from 1 April 2009 and is responsible for delivery of the 2009/10 periodic review, including the core standards.
3. All provider organisations are required to comply with the core standards for the entire assessment period – 1 April 2009 to 31 March 2009. Both NHS Hillingdon Board and Hillingdon Community Health Board approved the mid-year declaration of compliance against the core standards at the end of November 2009.
4. As stated in the 2009/10 CQC guidance – 'Criteria for assessing core standards: Primary Care trusts as Providers' the Board will not be required to declare compliance against the standards relating to healthcare associated infections, C4a and C4c, as compliance was determined as part of the Trust's registration process in 2009, in accordance with the Code of Practice for the Prevention and Control of Healthcare Associated Infections.
5. The Board will not be required to submit any third party commentaries on HCH performance, as CQC will request commentaries directly from the relevant groups and organisations.
6. To ensure the collated evidence demonstrated compliance with the lines of enquiry for the core standards, the Head of Quality Governance met with the identified CQC core standards leads at a series of one to one meetings; in addition a CQC Evidence Review Group was convened to provide further scrutiny of the evidence and provide further assurance of compliance.
7. In February 2010 a Parkhill Internal Auditor conducted an audit of the CQC evidence collation process and a review of the evidence collated for core standards C4b, C4e and C16. The outcome of the audit, when received, will be reported at the next Audit Committee meeting.
8. A report is due to be presented to HCH Board on 23 March 2010 which will outline the evidence collation process. The HCH Board will be presented with the full log of evidence, collated for every line of enquiry for each of the core standards. The HCH Board will be required to challenge and scrutinise the CQC core standards evidence log in order to gain reasonable assurance that the criteria had been met to agree a declaration of full compliance against the core standards for the period 1 November 2009 to 31 March 2010. Due to timing of both Boards, verbal feedback will be given to the March NHS Hillingdon Board on the

outcome of this scrutiny in order to satisfy it that sufficient review has been undertaken to enable sign-off of the year end declaration.

9. The NHS Hillingdon Board is required to make a self declaration (Appendix 1) stating that it has reasonable assurance that there is compliance with the core standards for the period 1 November 2009 to 31 March 2010, which will account for the full year 2009/10.

10. A public declaration of full compliance with the core standards was posted on the NHS Hillingdon website, as required by CQC, in January 2010. If the Board feels it has sufficient assurance of compliance then this declaration will stand.

11. The Board are advised that any significant lapses in assurance of compliance or insufficient assurance must be notified to CQC by 30 April 2010.

RECOMMENDATIONS

Board is requested to:

1. To review the progress made regarding compliance with the core standards.
2. To determine whether it has reasonable assurance that the criteria has been met in order to declare full compliance against the core standards."
3. To agree a declaration of full compliance against the core standards

APPENDICES

Appendix 1 – NHS Hillingdon / Hillingdon Community Health Care Quality Commission Declaration.

**NHS Hillingdon
Hillingdon Community Health**

Core Standards Declaration 2009/10

Organisation Name:	NHS Hillingdon
Organisation Code:	5AT

General Statement of Compliance

General Statement of Compliance	NHS Hillingdon and Hillingdon Community Health Board are satisfied that the signed declaration is a faithful commentary on Hillingdon Community Health's compliance with the core healthcare standards.
--	---

Core Standards Declaration

Core Standard	Level of Compliance
C1a Incidents – reporting and learning	Compliant
C1b Safety Alerts	Compliant
C2 Safeguarding children	Compliant
C3 NICE interventional procedures	Compliant
C4a Infection Control	Not required
C4b Medical devices	Compliant
C4c Decontamination	Not required
C4d Medicines Management	Compliant
C4e Clinical Waste	Compliant
C5a NICE technology appraisals	Compliant
C5b Clinical supervision	Compliant
C5c Updating clinical skills and techniques	Compliant
C5d Clinical audit and review	Compliant
C6 Partnership	Compliant
C7 a & c Corporate and clinical governance	Compliant
C7b Honesty, probity	Compliant
C7e Discrimination	Compliant
C8a Whistle blowing	Compliant
C8b Personal development	Compliant
C9 Records management	Compliant
C10a Employment checks	Compliant
C10b Professional code of conduct	Compliant
C11a Recruitment, training & skill mix	Compliant

C11b Mandatory training	Compliant
C11c Professional development	Compliant
C12 Research governance	Compliant
C13a Dignity and respect	Compliant
C13b Consent	Compliant
C13c Confidentiality of patient information	Compliant
C14a Accessible complaints procedure	Compliant
C14b Complaints and discrimination	Compliant
C14c Complaints response	Compliant
C15a Food – provision	Compliant
C15b Food – individual needs	Compliant
C16 Accessible information	Compliant
C17 Patient and public involvement	Compliant
C18 Equity, choice	Compliant
C20a Safe, secure environment	Compliant
C20b Privacy and confidentiality	Compliant
C21 Clean, well designed environment	Compliant
C22 a & c Public health partnerships	Compliant
C22b Local health needs	Compliant
C24 Emergency preparedness	Compliant

Electronic sign off – details of individuals

Hillingdon Community Health Board

Title	Full Name	Job Title
Mr.	Laks Khangura	Chair
Mrs	Betty Arrol	Non-Executive Director
Mr.	Douglas Mills	Associate Non-Executive Director
Mrs	Maria O'Brien	Managing Director Hillingdon Community Health
Dr.	Sagar Dhanani	Clinical Director, Hillingdon Community Health
Ms	Helen Willetts	Associate Director of Operations, Hillingdon Community Health
Ms	Lesley Williams	Associate Director of Human Resources, Hillingdon Community Health
Ms	Sally England	Associate Director of Finance, Hillingdon Community Health

Electronic sign off – details of individuals

NHS Hillingdon Board

Title	Full Name	Job Title
Mr.	Mike Whitlam	Acting PCT Chair
Mr.	Laks Khangura	Non-Executive Director
Mr.	Nigel Foxwell	Non-Executive Director
Mr.	Ian Hill	Non-Executive Director
Mr.	Shun Au	Non-Executive Director
Ms	Allison Seidler	Non-Executive Director
Mrs	Betty Arrol	Non-Executive Director
Cllr	David Simmonds	Associate Non-Executive Director
Professor	Yi Mien Koh	Chief Executive
Ms.	Ann Johnson	Director of Finance
Dr.	Peter Reader	Chief Medical Officer and PEC Chair
Mr.	Kevin Mullins	Director of Strategic Commissioning
Mr.	Keith Bullen	Chief Operating Officer
Mr.	Ian Adams	Director of Communications and PPE
Ms	Sue Nunney	Director of Corporate Affairs
Dr	Ellis Friedman	Joint Director of Public Health
Ms	Maria O'Brien	Observer, Managing Director of Hillingdon Community Health

General Statement of Compliance

Introduction

The Health and Social Care Act 2008 introduced a new, single registration system that applies to both health and adult social care.

The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and the Care Quality Commission (Registration) Regulations 2009. When the regulations come into force, they will replace:

- National Minimum Standards;
- Standards for Better Health.

From April 2010, the Hillingdon Hospital NHS Trust, like all health and adult social care providers who provide regulated activities, will be required by law to be registered with the Care Quality Commission (CQC). To do so, the Trust must show it is meeting new essential standards of quality and safety across all of the regulated activities it provides. The new system is focused on outcomes, rather than systems and processes, and places the views and experience of people who use services at the centre.

Registration isn't just about the initial application for registration. The CQC in partnership with the Trust will:

- continuously monitor compliance with essential standards as part of a new more dynamic, responsive and robust system of regulation
- seek information from patients and public representative groups, and from organisations such as other regulators and the National Patient Safety Agency.

2009/10 is a transitional year between the previous system and the new system of registration and performance ratings. As part of the transitional process, the Trust was required to make a mid year declaration of compliance against the 24 core standards under the Standards for Better Health in December 2009, followed by an application to register by January 29th 2010. Compliance with the core standards continues to be measured through self-assessment, with Trusts being required to submit evidence to the CQC to support their self assessment declaration.

Hillingdon External Services Scrutiny View

Each Trust has a series of processes to collate the evidence and prepare the reports checking if the self evaluation finds any areas where compliance cannot be assured. The Hillingdon Hospital NHS Trust declared compliance for all 24 standards, as indicated in Appendix 1.

Internal Audit conducted an interim core Standards for Better Health review for 2009/10 (presented to the Audit and Assurance Committee 12 Jan 2010) and concluded that the Trust has taken appropriate steps to ensure compliance with the midyear declaration required by the CQC for 2009/10. Their review of the assurance arrangements over the compliance with the core standards showed that the Trust's Committee structure is adequate for implementing and monitoring compliance with the standards and that sound plans were in place for the collection and assessment of evidence under management control. This informed the declaration of 'Full Compliance' with C11b (Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes) where previously the Trust had indicated 'insufficient assurance'.

In January 2010 the Trust Board submitted its application to be registered with the CQC from 1 April 2010 for each of its Regulated Activities, and declared full compliance with the new 16 Core Outcomes.

The Trust's Regulated Activities are:

- personal care
- treatment of disease, disorder or injury
- surgical procedures
- diagnostic and screening procedures
- maternity and midwifery services
- termination of pregnancies
- nursing care

To demonstrate compliance with the new regulations the Trust's existing assurances (used to inform the declaration on compliance with Standards for Better Health) have been mapped against the 16 Core Regulated Activity Regulations and Outcomes, and documented (see Appendix 2). Some of the evidence that has been used to demonstrate compliance with the previous core standards can be used for the new standards. This process has been recognised by the CQC as an acceptable assessment method of compliance assurance for the first registration by NHS Trusts. Executive leads are allocated to each regulation and have confirmed that they are sufficiently assured through the evidence available, that the Trust is compliant with the regulations.

In February 2010, as part of the annual health check for 2009/10, all NHS Trust were requested by the CQC to inform them if there were any significant lapses/non compliance had occurred since the mid year declaration in December 2009. The Trust is able to confirm that there have not been any significant lapses or non compliance and therefore a return does not need to be made.

The Trust is expecting to be advised shortly of the CQC's registration decision.

Sue Manthorpe
Assistant Director, Corporate Governance

David Searle
Executive Director of Corporate Development

22 March 2010

Trust Mid year Core Standards Declaration

Core Standard	Level of Compliance
C1a Incidents – reporting and learning	Fully compliant
C1b Safety alerts	Fully compliant
C2 Safeguarding children	Fully compliant
C3 NICE interventional procedures	Fully compliant
C4a Infection control	Fully compliant
C4b Safe use of medical devices	Fully compliant
C4c Decontamination	Fully compliant
C4d Medicines management	Fully compliant
C4e Clinical waste	Fully compliant
C5a NICE technology appraisals	Fully compliant
C5b Clinical supervision	Fully compliant
C5c Updating clinical skills and techniques	Fully compliant
C5d Clinical audit and review	Fully compliant
C6 Partnership	Fully compliant
C7 a & c Corporate and clinical governance	Fully compliant
C7b Honesty, probity	Fully compliant
C7e Discrimination	Fully compliant
C8a Whistle blowing	Fully compliant
C8b Personal development	Fully compliant
C9 Records management	Fully compliant
C10a Employment checks	Fully compliant
C10b Professional code of conduct	Fully compliant
C11a Recruitment, training & skill mix	Fully compliant
C11b Mandatory training	Fully compliant
C11c Professional development	Fully compliant
C12 Research governance	Fully compliant
C13a Dignity and respect	Fully compliant
C13b Consent	Fully compliant
C13c Confidentiality of patient information	Fully compliant
C14a Accessible complaints procedure	Fully compliant
C14b Complaints and discrimination	Fully compliant
C14c Complaints response	Fully compliant
C15a Food provision	Fully compliant
C15b Food – individual needs	Fully compliant
C16 Accessible information	Fully compliant
C17 Patient and public involvement	Fully compliant
C18 Equality, choice	Fully compliant

C20a Safe, secure environment	Fully compliant
C20b Privacy and confidentiality	Fully compliant
C21 Clean and well designed environment	Fully Compliant
C22 a & c Public health partnerships	Fully Compliant
C23 Public Health Cycle	Fully Compliant
C24 Emergency Preparedness	Fully Compliant

**The Mapping process of the Core Standards for Better Health with the new 16
Regulatory Outcome Measures**

Outcome	Standards for Better Health Mapping
Section 1: Involvement and information	
1.1 Respecting and involving people who use services (Regulation 17)	Strong links - C13a C16 Some links C7e, C17, C18, C23
1.2 Consent to care and treatment (Regulation 16)	Strong links C13b Some links C12
1.3 Fees etc. (Regulation 30)	No links with St4BH
Section 2: Personalised care, treatment and support	
2.1 Care and welfare of people who use services (Regulation 7)	Strong links C5a Some links C1a, C1b, C3, C7a&c, C23, C24
2.2 Meeting nutritional needs (Regulation 14)	Strong links C15 a & b
2.3 Cooperating with other providers (Regulation 22)	Strong links C6 Some links C13c, C22a&c, C24
Section 3: Safeguarding and safety	
3.1 Safeguarding vulnerable people who use services (Regulation 9)	Strong Links C2, C7e
3.2 Cleanliness and infection control (Regulation 12)	Providers of services comply with the requirements of regulation 12, with regard to the <i>Code of Practice for health and adult social care on the prevention and control of infections and related guidance.</i>
3.3 Management of Medicines (Regulation 13)	Strong links C4d Some links C1a, C1b, C12
3.4 Safety and suitability of premises (Regulation 15).	Strong links C20a, C20b Some links C1a, C1b, C4e, C21
3.5 Safety, availability and suitability of equipment	Strong links C4b Some links C1a, C1b, C21
Section 4: Suitability of staffing	

4.1 Requirements relating to workers (Regulation 21)	Strong Links C10a C10b C11a
4.2 Staffing	Strong links C5b, C5c, C11a, C11c Some links C8b, C11b
4.3 Supporting workers (Regulation 23)	Strong links C5b, C5c, C8b, C11b, C11c
Section 5: Quality and management	
5.1 Statement of purpose (Regulation 12 – Schedule 3)	No links with St4BH
5.2 Assessing and monitoring the quality of service provision (Regulation 10)	Strong links C1a, C5d, C7a&c Some links C8a, C14a, C17, C23
5.3 Complaints (Regulation 19)	Strong links C14 a, b & c Some links C1a
5.4 Notification of death of a person who uses services (Regulation 16)	No links with St4BH
5.6 Notification of other incidents (Regulation 18)	Strong link C1b, C4b
5.7 Records (Regulation 20)	Strong links C9, C13c

This page is intentionally left blank

Quality Accounts 2009/10 - First Draft

London Borough of Hillingdon

External Services Scrutiny Committee - 31st March 2010

Introduction

The Darzi Report 'High Quality Care for All' set out the vision for making quality improvement the organising principle for everything done in the NHS. The report recommended that trusts should publish quality accounts to sit alongside their financial accounts and that these should be given equal prominence and weight. This recommendation has been enshrined in law (Health Act 2009). All NHS organisations are required to produce Quality Accounts details of the contents of which are set out in the NHS (Quality Accounts) Regulations 2010. The Department of Health has published a Quality Accounts Toolkit and this has been used to draft the quality accounts which follow. Once finalised the regulations require that the quality accounts are published on NHS Choices.

As a recently authorised Foundation Trust, this will be the first set of Quality Accounts that have been produced. Longer established Foundation Trusts first produced quality accounts for the period 2008/09. Monitor has also issued guidance on their requirements for the Quality Reports section of the Annual Report. These go further than the regulations and contain additional requirements. The Trust can choose whether to produce one set of quality accounts containing all requirements both of the regulations and Monitor and to send these for consultation (see below) and then publish them in their entirety on NHS Choices, or can produce 2 versions, one meeting the requirements of the regulations and a second meeting the requirements of the regulations and the additional Monitor requirements. It should be noted that the duty to liaise with and include comments from commissioners, LINKs and Overview and Scrutiny Committees only applies to the regulations and not to the additional Monitor requirements. The reporting timetables are also different with the deadline for Annual Reports (Monitor) being 8th June and the deadline for publication of quality accounts on NHS Choices being 30th June.

The draft quality accounts which follow include all of the items required by the regulations.

Royal Brompton & Harefield NHS Foundation Trust

Draft Quality Accounts for the year ended 31 March 2010

Part 1: Statement on Quality from the Chief Executive

Royal Brompton & Harefield NHS Foundation Trust aspires through its overall vision to be *'the UK's leading specialist centre for heart and lung disease'* and has set out its strategic goals of;

- Service Excellence
- Organisational Excellence
- Productivity and investment

These are underpinned by a set of key objectives of which the most important is to continuously improve the patient experience. The Trust is committed to providing patients with the best possible specialist treatment for their heart and lung condition in a clean, safe place, ensuring that evidence-based care is provided at the right time, in the right way, by the right people.

In order to achieve this we have established a robust system of integrated governance to ensure that care is provided within a system through which the Trust is accountable for continuously monitoring and improving the quality of its care and services and safeguarding high standards. The Trust benefits from a highly skilled workforce which is dedicated to pursuing the best outcomes for patients through delivery of excellent clinical care and research into new treatments and therapies.

Our outcomes in both adult and paediatric care are amongst the best in the country and we have achieved some of the lowest MRSA and *Clostridium difficile* rates in England. We were inspected by the Care Quality Commission in November 2009 and found to be fully compliant with the Code of Practice in respect of infection control. Research Activity continues to expand and we continue to ensure the safe introduction of new interventional procedures for the benefit of patients.

The Trust continues to aspire to reliably delivering high quality, safe care for all patients and ensure that failings are dealt with promptly and openly so that better and safer systems of care are developed

Signed by the Chief Executive to confirm that, to the best of his knowledge, the information in this document is accurate.

.....
Robert J. Bell

Part 2: Priorities for improvement and statements of assurance from the board

The Trust has chosen the following three priorities for improvement in 2010/11.

Patient safety – improvement of surgical site infection rates.
Clinical effectiveness – training staff in safeguarding children
Patient experience – improving the patient discharge process

The three priorities above align with the CQUIN scheme agreed with commissioners. Proposed priorities were put forward by a working party consisting of clinicians and management. These were then shared with stakeholders including local LINKs, commissioners, FT governors and Overview & Scrutiny Committees.

[how progress against priorities will be measured and monitored]

[how progress against priorities will be reported]

Review of services

During 2009/10 Royal Brompton & Harefield NHS Foundation Trust provided NHS services to adults and children in the areas of heart and lung disease.

Royal Brompton & Harefield NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services represents all of the total income generated from the provision of NHS services by Royal Brompton & Harefield NHS Foundation Trust for 2009/10.

[possible mention of patient safety walk-rounds]

Participation in clinical audits

During 2009/10, 24 clinical audits and 5 national confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides¹.

During that period Royal Brompton & Harefield NHS Foundation Trust participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust was eligible to participate in during 2009/10 are as follows:

National Clinical Audits	
Lung Cancer (LUCADA)	Blood transfusion (all)
Adult Cardiac Interventions	Cardiac Arrest
Adult Cardiac Surgery	Sudden Adult Death Syndrome
Cardiac Rhythm Management	Chronic Obstructive Pulmonary Disease
Heart Failure	Cardiac Rehabilitation
Myocardial Ischaemia (MINAP)	Potential Donor
Congenital Heart Disease	Intensive Care National Audit RC (all)
Paediatric Intensive Care (PICANet)	Major Complications of Airway Management
Transcatheter Aortic Valve Implantation (TAVI)	Health Promotion
Pulmonary Hypertension	Surgical Site Infection Surveillance System (SSISS)
Adult Thoracic Surgery	UK Transplant (Cardiothoracic)
UK Cystic Fibrosis Registry	Endocarditis
National Confidential Enquiries	
Deaths in Acute Hospitals	Surgery in Children
Parenteral Nutrition	Peri-operative Care Study
Emergency and Elective Surgery in the Elderly	

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust participated in during 2009/10 are as follows:

National Clinical Audits	
Lung Cancer (LUCADA)	Blood transfusion (all)
Adult Cardiac Interventions	Cardiac Arrest
Adult Cardiac Surgery	Sudden Adult Death Syndrome

¹ Please note: National Clinical Audits have been determined from the projects listed by the Healthcare Quality Improvement Partnership <http://www.hqip.org.uk/national-clinical-audit/> and include relevant projects from both the 'National Clinical Audit and Patient Outcomes Programme' and 'Other national clinical audits and other registries'

National Clinical Audits	
Cardiac Rhythm Management	Chronic Obstructive Pulmonary Disease
Heart Failure	Cardiac Rehabilitation
Myocardial Ischaemia (MINAP)	Potential Donor
Congenital Heart Disease	ICNARC (all)
Paediatric Intensive Care (PICANet)	Major Complications of Airway Management
Transcatheter Aortic Valve Implantation (TAVI)	Health promotion
Pulmonary Hypertension	Surgical Site Infection Surveillance System (SSISS)
Thoracic Surgery	UK Transplant (Cardiothoracic)
UK Cystic Fibrosis Registry	Endocarditis
National Confidential Enquiries	
Deaths in Acute Hospitals	Surgery in Children
Parenteral Nutrition	Peri-operative Care Study
Emergency and Elective Surgery in the Elderly	

The national clinical audits and national confidential enquiries that Royal Brompton & Harefield NHS Foundation Trust participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Clinical Audits²			
Lung Cancer (LUCADA)	98%	Blood transfusion (all)	100%
Adult Cardiac Interventions	98%	Cardiac Arrest ³	Starting in Mar 10
Adult Cardiac Surgery	98%	Sudden Adult Death Syndrome	98%
Cardiac Rhythm Management	98%	Chronic Obstructive Pulmonary Disease	98%
Heart Failure	98%	Cardiac Rehabilitation	98%
Myocardial Ischemia (MINAP)	98%	Potential Donor	100%
Congenital Heart Disease	98%	ICNARC (all)	100%
Paediatric Intensive Care (PICANet)	98%	Major Complications of Airway Management	100%
Transcatheter Aortic Valve Implantation (TAVI)	98%	Health promotion	100%
Pulmonary Hypertension	98%	Surgical Site Infection Surveillance System (SSISS)	98%
Thoracic Surgery	98%	UK Transplant (Cardiothoracic)	100%
UK Cystic Fibrosis Registry	98%	Endocarditis	98%
National Confidential Enquiries			
Deaths in Acute Hospitals	100%	Surgery in Children	On-going
Parenteral Nutrition	71%	Peri-operative Care Study	only started 01/03/10
Emergency and Elective Surgery in the Elderly	100%		

² The minimum dataset will be submitted for: LUCADA, Cardiac Rhythm Management, Thoracic Surgery, Heart Failure. For all other audits, the full dataset has been/will be submitted. All registries have had data routinely submitted throughout the year, and a year-end submission will be made by the cut-off date of 3rd May 2010. Therefore, 100% is the expected submission – 98% has been quoted as an estimated value to allow for minor discrepancies.

³ The first submission will be in March 2010. Once the upload facility is provided by the national sponsor for this audit, the remaining cases for 2009-10 will be submitted. This facility is expected to be launched in April/May 2010

The reports of top 10 national clinical audits were reviewed by the provider in 2009/10 and Royal Brompton & Harefield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Please note: a further 11 national clinical audit reports were reviewed and details of these can be provided on request.

National Clinical Audits	Actions to be taken
6 th National Adult Cardiac Surgical Database Report	<p>Routine monitoring of all cardiac surgery outcomes has been amended to take into account the new groups and recalibrated euroscore which were first published in this report</p> <p>In addition, reporting compares Trust outcomes against the latest national rates published in this report</p>
National Audit of Congenital Heart Disease Report 2009	<p>Survival outcomes have been incorporated into routine reporting.</p> <p>Reporting is being amended to incorporate funnel plots, mirroring the style of reporting found here</p>
Angioplasty and Stents to treat Coronary Artery Disease 2008	<p>Data completeness has improved to 100% of cases submitted, and over 90% completeness for all key fields.</p> <p>Submission of data is now on a monthly basis.</p> <p>The style of Trust reporting has been amended to incorporate the national benchmark data</p> <p>Focus on the patient pathway for primary angioplasty has improved the door-to-balloon time to be one of the best in the country.</p> <p>Focus is now on reducing the overall length of stay below the national median</p> <p>Mortality results are routinely reported in the Trust in-line with the national benchmarks</p>
National Heart Failure Audit 2008/09	<p>The national rates provided in this report are to be incorporated into routine outcomes reporting within the Trust, allowing benchmarking against other organisations.</p> <p>The fields which have been mapped to NICE and NSF requirements are now being routinely monitored to demonstrate compliance with these.</p>
National Lung Cancer Audit 2009	<p>Trust has moved to electronic data collection for all thoracic surgery on both sites, which will improve the speed and quality of the returns.</p> <p>This will also more easily allow routine monitoring of outcomes for patients undergoing surgery for lung cancer</p> <p>Having regular access to this data will allow benchmarking and identify areas for improvement across the patient pathway</p>
National Sentinel Stroke Audit 2008	<p>The Trust is not eligible to participate in this national audit.</p>

National Organisational Stroke Audit 2009	<p>However, the findings have been reviewed, and as a result we have now setting up our own monitoring programme for patients who develop neurological injuries. This has 2 parts:</p> <ul style="list-style-type: none"> a) All patients who develop a neurological injury have their case reviewed by a panel of clinicians to identify any preventative measures or improvements in care that could be taken b) For patients who develop a stroke, we monitor whether our care meets the national standards as outlined in this report, which are applicable to our services c) We are about to review whether our organisational structure for provision of care of patients which neurological injury is appropriate – benchmarked against the Organisational Audit report
Caring to the End?	<p>All recommendations have been reviewed in a clinical-led meeting.</p> <p>The relevant recommendations have been feedback to the Trustwide project responsible for reviewing the running of the hospital through the day and at night</p> <p>PAR scoring has been introduced in 2009, to ensure compliance with the monitoring of vital functions and recognising deterioration recommendations</p> <p>Anaesthesia recommendations are being taken forward at a local level</p>
Adding Insult to Injury	<p>All recommendations have been reviewed in a clinician-led meeting. Most recommendations were already met.</p> <p>A local audit has been conducted to demonstrate that electrolytes are routinely checked on admission</p> <p>The recommendations relating to handover have been feedback to clinical teams and are to be incorporated into a Trustwide project</p>
Heart of the Matter	<p>A detailed review of all the recommendations has been undertaken by Cardiac Surgery, involving several local audits of practice. This has demonstrated that the Trust is now compliant with all the recommendations.</p>
National Health Promotion in Hospitals Audit 2009	<p>We participated in this audit, generally scoring highly compared to the national average. This work has now been incorporated into the Essence of Care benchmark for Health Promotion. A webpage has been launched to collect further information form staff on what health promotion they are giving. Following this, a detailed plan for where health promotion could be improved will be devised</p>

The reports of the top 20 local clinical audits were reviewed by the provider in 2009/10 and Royal Brompton & Harefield NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Please note: a further 78 local audits were conducted and details of these can be provided on request.

Local Clinical Audits	Actions to be taken
Chest drain audit 2009	<p>To demonstrate compliance with the NPSA alert.</p> <p>Although results showed that radiological imaging was not always used, there were no complications following this procedure and a high % of staff had been trained in the procedure.</p> <p>Recommendations were for training to be maintained, and radiological use to be considered by consultants where appropriate.</p>
Post-operative bleeding	<p>Audit of reasons for re-operation for post-operative bleeding. This audit was conducted as routine monitoring of outcomes had suggested that this rate was higher than expected.</p> <p>A detailed consultant-led audit on both sites has demonstrated that the results are reasonable, but this has led to the development of a trustwide protocol on 'the management of surgical haemostasis'</p> <p>The re-audit is scheduled for April 2010</p>
Peri-operative Hypothermia	<p>Audit of NICE guidance on Perioperative hypothermia, demonstrated poor compliance in several areas. Recommendations included:</p> <ul style="list-style-type: none"> a) Continuous temperature monitoring b) Increased use of Bair Huggers c) Increased use of blankets d) Future audit proposed for September 2009 e) Pre operative temperature now recorded <p>Re-audited 4 months later demonstrating significant improvement in all areas.</p> <p>Regular auditing now occurring every quarter.</p>
Consent Audit 2009	<p>To improve completion of consent form via refresher training at Clinical Governance sessions (specifically areas identified in recommendations 1-4)</p>
	<p>To remove all HH generic consent forms and replace with consent forms 1,2,3 and 4</p>
	<p>To identify staff from the audit time period who still require consent training via training records from risk management and L&D</p>
	<p>To enrol the outstanding staff identified onto consent training</p>

Local Clinical Audits	Actions to be taken
	Carry out a re-audit against the consent policy
Device Audit 2009	To introduce computerised system for data collection so that information is available in a few clicks
Diabetes Audit 2009	<p>Although not legible to participate in the National In-patient Diabetes Audit, we used the same tool to conduct our own local audit.</p> <p>This has demonstrated a reasonable level of diabetes management, recommendations include:</p> <p>To apply for funding for near-patient testing of HbA1c – so that patients can have their diabetes control assessed and improved at pre-admission clinics</p> <p>To encourage the incident reporting of insulin-related medication errors</p> <p>To review the current specialist support for diabetes and consider the need for further specialist diabetes nurses</p>
Discharge Planning Audit 2009	Nursing staff need to be reminded to start assessment of education needs as early as possible, re-assess when appropriate and follow up on any needs identified - Ward managers and practice educators need to re-enforce this amongst their ward teams
	Make the second section of the discharge planner more prominent in the ICPs
	The Cardiology ICPs need to include section on assessment of the ability to take medication – to amend cardiology ICP
	Better information to be given to patients about their discharge medicines - Implementation of the electronic discharge letter to provide this information
	Estimated discharge dates – need for staff to record these dates - Ensure that all wards have a white board in the ward office which has a column with the date of discharge on.
Familial Hypercholesterolaemia Audit 2009	More patients to be reviewed when the re-audit takes place
Health Promotion Audit '09	To disseminate national NHPHA report from Stockport when published in 2010
	Remind staff the importance of documentation of all patient data and ensure compliance
	To consider gathering feedback from patients and staff on health promotion in the Trust

Local Clinical Audits	Actions to be taken
	To consider adding another section to all ICPs to capture health promotion and related data
Information Governance Toolkit 2009 - Comparison of Patient Registration Sheet Data with Data on PAS	Appointment of new medical records manager
	All data items included on patient registration sheet should be located on a single PAS screen
	New frontsheet is printed for every patient admission/attendance - Review and revise current process
Omalizumab audit 2009	100% compliance was found against the standards set by NICE – no actions
Patient Identification Audit 2009	Audit just being written up now. Actions will be finalised by end of March 10.
Records Management - adult heart division	To remind admin and ward staff of their obligation to file and not send loose notes to MRL
	To provide training to admin / ward staff on how to file correctly if required - To establish need for further training
	To ensure all clinical sheets have the minimum patient identifiers if a label is not available - To remind all relevant staff of requirements
Records Management - Children's Services	To provide training to admin / ward staff on how to file correctly if required - To establish need for further training
	To ensure all clinical sheets have the minimum patient identifiers if a label is not available - To remind all relevant staff of requirements
	To remind admin and ward staff of their obligation to file and not send loose notes to MRL
Records Management - Harefield 2009	To present/discuss ward findings to relevant staff - Forward audit results to Heads of Departments in Division and Disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings
	All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to send as loose documents to medical records
	To establish whether further training is required by administration/secretarial staff on how to label clinical sheets and file notes logically and correctly
	When paper documents are printed for the notes to ensure they are securely filed in the notes and not just inserted in the front of the folder

Local Clinical Audits	Actions to be taken
	To improve on filing within the notes in the right section
	Repeat audit at annual intervals (to reassess frequency once improvements made)
Records Management - Respiratory Medicine 2009	Forward audit results to Heads of Departments in Lung Division at fortnightly meeting
	Disseminate to all senior medical secretaries and administration staff for discussion at regular team meetings
	All administration and secretarial staff to be reminded of their obligation to file notes in the ward/office environment and not to post as loose documents to medical records
	To establish whether further training is required by administration/secretarial staff on how to file notes logically and correctly
	Work with Clinical Audit to produce results/report and recommendations to disseminate to divisions
Thoracic epidural anaesthesia '09	To become part of routine monitoring and reporting.
Tracking of Clinical Records RBH 2009	All relevant staff in Lung and Adult Heart Division to be reminded of their responsibility to track records in their possession
	To establish whether further training is required by relevant staff on how to track records
	To repeat the audit in other divisions on a rotational basis - Repeat audit in each division at annual intervals
Transfer between Critical Care and Ward 2009	Develop ability to print a summary of transfer info from ICIP/CAREVIEW system
	Develop a standardised transfer document for incorporation into the integrated care pathway documentation.
Usage of blood products in paediatric cardiac surgery '09	To include heparin monitoring intra CPB to guide accurate protamine dosing post CPB.
Audit on peri-operative ACE-I use	To continue use in patients with low ejection fraction
	To write a policy on peri-operative ACE-I use
	To re-audit focusing on patient factors such as ejection fraction and surgical complexity

Research

As a specialist NHS Foundation Trust, research is a core part of our mission. During 2009/10 the number of Trust patients that were recruited into research approved by a research ethics committee was 1842⁴ (1504 into NIHR portfolio studies plus 338 into industry studies). Twenty-seven percent of these patients were entered into cardiovascular research studies and 73% into respiratory research studies.

Compared to the previous 12 month period, this reflected an 11% increase in recruitment into NIHR portfolio studies. This continued increase in recruitment into research studies demonstrates the Trust's commitment to improving the health and outcomes of the patients we treat. It should be noted that the ability of the Trust to engage in portfolio studies is determined by the specialist patient population for which it provides care. The majority of the NIHR portfolio studies undertaken in the Trust are therefore initiated and led by our own staff.

In addition, the Royal Brompton & Harefield NHS Foundation Trust is home to two NIHR Biomedical Research Units; (one for respiratory disease and one for cardiovascular disease). Both Units are focussed on increasing the throughput of new therapies from the laboratory to the clinic in advanced and complex cardiovascular and respiratory disease in collaboration with Imperial College London. The new facilities that this funding provides will significantly enhance our research capability and our patients' research experience when they open in summer 2010.

Goals agreed with commissioners

A proportion of Royal Brompton & Harefield NHS Foundation Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Royal Brompton & Harefield NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2009/10 and for the following 12 month period are available on request from the Director of Service Development, Harefield Hospital, Hill End Road, Harefield, UB9 6JH

⁴ These accrual figures are 12 months estimates extrapolated from actual accrual figures between April 09 and January 10

Statements from the Care Quality Commission (CQC)

Royal Brompton & Harefield NHS Foundation Trust is required to register with the CQC. A registration application has been made, the outcome of which is currently pending. All trusts will be notified of the outcome of the registration process by 1st April 2010. Once finalised the registration status will be published in this section of the Quality Accounts, together with details of any conditions imposed by the CQC.

Royal Brompton & Harefield NHS Foundation Trust is subject to periodic review by the CQC and the last review was for the year 2008/09. This review used the information and the methodology inherited from the Healthcare Commission and was published by CQC in October 2009. The CQC's assessment of Royal Brompton & Harefield NHS Foundation Trust following that review was excellent for both quality of services and quality of financial management.

Royal Brompton & Harefield NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Data quality

NHS Number and General Medical Practice Code Validity

Royal Brompton & Harefield NHS Foundation Trust submitted records during 2009/10 to the Secondary Uses service for inclusion in the Hospital Episodes Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:

90.8% for admitted care patients;
96.9% for out patient care; and
accident and emergency care – not applicable

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

99.8% for admitted care patients;
99.9% for out patient care; and
accident and emergency care – not applicable

Information Governance Toolkit attainment levels

Royal Brompton & Harefield NHS Foundation Trust's score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit is forecast to be 75% for the items selected by the Department of Health for inclusion within the Quality Accounts. All Toolkit requirements scored level 2 or above.

Clinical coding error rate

Royal Brompton & Harefield NHS Foundation Trust carries out a Payment by Results Clinical Coding Audit every year. The error rates reported in the 2009/10 Payment by Results Clinical Coding Audit for diagnoses and treatment coding (clinical coding) were:

Primary Diagnoses Incorrect	6%
Secondary Diagnoses Incorrect	2%
Primary Procedures Incorrect	4%
Secondary Procedures Incorrect	3%

Part 3: Review of Quality Performance

Quality Account Indicators February 2010

This report gives an update on the current results for the indicators chosen for inclusion in the Quality Account for 2009-10. Those in *italics* are also CQUIN measures. Where available, data for previous years has been provided.

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10 YTD	Score 2008-09	Score 2007-08	Overall result / comments
Patient Safety							
1. Surgical Checklist	Implementation of WHO Surgical Checklist	National target: Implemented by 1 st February 2010	By 1 st Feb 2010	HH: ✓ RBH: ✓	n/a	n/a	Achieved
2. Pressure Ulcers	Number of patients who develop pressure ulcers in-hospital per 100 bed-days	Internal target: 0.5 or below	Apr-Dec 09	0.2	n/a	n/a	no target for 2009-10 – using this year to set benchmark as no national figures available
3. Patient At Risk	Compliance with PAR tool	Internal target: 90% or above	Apr-Dec 09	91%	n/a	n/a	Achieved

Standard	Criteria	Target for 2009-10	Time Period	Score 2009-10 YTD	Score 2008-09	Score 2007-08	Overall result / comments
4. Catheter-related bloodstream infection	Compliance with the CRBSI care bundle	Internal target: 90% or above	Apr-Dec 09	HH: 86% RBH: 89%	n/a	n/a	Almost achieved Expected to be above 90% on both sites by year-end
5. Ventilator acquired pneumonia	Compliance with the VAP care bundle	Internal target: 90% or above	Sep-Dec 09	HH: 72% RBH: 70%	n/a	n/a	Almost achieved Data collection only started in Sep 09, and is compliance is improving – should be close to 90% by end of year
6. Surgical Site Infection⁵	% of patients who develop a surgical site infection following a CABG procedure via sternotomy (SSISS data)	5.86 or below - Reduction of 25% from Trust baseline score (calculated as Q1 2009-10)	Apr-Dec 09	7.78	7.81	n/a	Underachieved - the rate has decreased slightly from the baseline score (calculated as Q1 2009-10)

⁵ Surgical Site Infection data comes from the Health Protection Agency national surveillance programme (SSISS)

Patient Outcomes							
7. Hospital Standardised Mortality Rate (HSMR)⁶	Standardised mortality relative risk	Internal target: In top 20 hospitals nationally	Apr-Dec 09	66.4 (19th)	60.2 (12 th)	61.6 (10 th)	Achieved
8. In-hospital Mortality Rates for Benchmark Procedures⁷	1 st time, isolated, elective CABG	National rate for 2007-08: 1.0% or below	Apr 06-Dec 09	0.9%	0.9%	1.0%	Achieved
	1 st time, isolated, elective AVR	National rate for 2007-08: 2.0% or below	Apr 06-Dec 09	1.7%	1.8%	1.7%	
	All PCI's	National rate for 2008: 2.0% or below	Apr-Dec 09	1.8%	1.6%	1.5%	
	All paediatric congenital procedures	National rate for 2006-07: 1.4% or below	Apr-Dec 09	1.0%	1.1%	1.2%	
	1 st time heart transplant (30 day	National rate for 2007-08:	Apr-Dec 09	9.6%	33.3%	6.4%	

⁶ HSMR comes from the Dr Foster data

⁷ Mortality rates come from the national audit results published by the Central Cardiac Audit Database and the Societies

	mortality)	15.0% or below					
	1 st time lung transplant (30 day mortality)	National rate for 2007-08: 6.0% or below	Apr-Dec 09	4.1%	5.9%	5.9%	
9. Heart Attack Treatment Times⁸	Median time from call for help to angioplasty	National target for 2009-10: <150 mins for 75% <165 mins for 100%	Apr-Dec 09	80.2% 88.4%	n/a	n/a	Achieved Almost achieved
	Median time from entering hospital to angioplasty	National average for 2008-09: 46 mins	Apr-Dec 09	22	23	n/a	Achieved
	Mortality following primary angioplasty	National rate for 2008-09: 6%	Apr-Dec 09	5.2%	5.3%	5.2%	Achieved
10. Neurological injury	% of patients with a neurological injury started on a Care Pathway	Internal target: 90% or above	Apr-Dec 09	84.6%	n/a	n/a	Almost achieved

⁸ Heart attack treatment times come from the Myocardial Ischemia National Audit Programme (MINAP)

Patient Experience ⁹							
12. Patient Satisfaction with their stay	% of patients who would recommend this hospital to their family/friends	National rate for 2009-10: 95%	2009	99%	99%	99%	Achieved
13. Food and Nutrition	% of patients who were offered a choice of food	National rate for 2009-10: 79%	2009	91%	92%	91%	Achieved
	% of patients who always had enough help with eating meals	National rate for 2009-10: 66%	2009	79%	75%	78%	Achieved Better than national average, but could improve
14. Dignity and Respect	% of patients who felt they were treated with dignity and respect	National rate for 2009-10: 80%	2009	91%	92%	90%	Achieved
15. Hospital cleanliness	% of patients who felt that the room or ward was clean or very clean	National rate for 2009-10: 96%	2009	100%	99%	98%	Achieved
16. No. of complaints	No. of complaints per 1000 patient contacts	Internal target for 2009-10: <4	Apr-Dec 2009	3.2	4.0	3.8	Achieved

⁹ All these indicators come from the NHS Inpatient Survey 2009

Staff Experience ¹⁰							
17. Annual Turnover	% turnover rate	Internal target: 12%	Apr-Dec 09	10.3%	12.0%	14.6%	Achieved
18. Staff Sickness	% of staff sickness	Internal target: 3% or below	Apr-Dec 09	2.45%	2.98%	3.11%	Achieved
19. Staff Survey*	Staff satisfaction with quality of work and standard of care given to patients	National rate for 2009: 73%	2009	93%	80%	n/a	Achieved
	Recommendation of trust as a good place to work	National rate for 2009: 56%	2009	75%	71%	n/a	Achieved
	Fairness and effectiveness of reporting of errors, near misses or incidents which could hurt patients	National rate for 2009: 3.43	2009	3.58	3.55	n/a	In 2008-09, trust scored 96%

¹⁰ All these indicators come from the NHS Staff Survey 2009

Statements from Local Involvement Networks, Overview and Scrutiny Committees and Primary Care Trusts

[must insert if received]

Agenda Item 8

2009/10 WORK PROGRAMME

Contact Officer: Nav Johal
Telephone: 01895 250692

REASON FOR ITEM

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

OPTIONS AVAILABLE TO THE COMMITTEE

1. To confirm dates for meetings
2. To make suggestions for future working practices and/or reviews.

INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

Meetings	Room
16 th June 2009	CR 4
9 th July 2009	CR 5
2 nd September 2009	CR 6
14 th October 2009	CR 6
4 th November 2009 <i>starting at 5:15pm</i>	CR 3
17 th November 2009	CR 6
16 th December 2009 <i>starting at 6 pm</i>	CR 4
28 th January 2010	CR 4
16 th February 2010	CR 4
25 th March 2010	CR 4
22 nd April 2010	CR 4

Social Services, Health & Housing Policy Overview Committee

2009/10 Work Programme

Meeting Date	Item
16th June 2009	Aims & Challenges
	Transformation Agenda - Presentation
	Brief update report on Hillingdon Independent Living Centre (HILC)
	Work Programme for 2009/10
	Cabinet Forward Plan

9th July 2009	Quarterly Performance and Budget Report
	Major Reviews in 2009/10 - Scoping Reports
	Work Programme
	Cabinet Forward Plan

2nd September 2009	
	Major Reviews in 2009/10 – First Review Witness Session 1
	Annual Complaints Report - ASCH&H
	Cabinet Forward Plan
	Work Programme

14th October 2009	
	Major Reviews in 2009/10 – First Review Witness Session 2
	Safeguarding Vulnerable Adults – Annual Report including update on the POC review recommendations
	HCIL – Update report
	Cabinet Forward Plan – Item 356

	Work Programme Mental Health Assessments – <i>verbal update</i>
--	--

4th November 2009	<i>Additional meeting</i>
	Major Reviews in 2009/10 – First Review Witness Session 3

17th November 2009	Major Reviews in 2009/10 – First Review Witness Session 4
	Cabinet Forward Plan
	Work Programme (including discussion of possible second review)

16th December 2009	Major Reviews in 2009/10 – First Review Draft Report
	Adult Social Care Performance Assessment 2008/09
	Cabinet Forward Plan
	2 nd Review Options Paper
	Work Programme

28th January 2010	Budget and Service Plan
	Performance report
	Major Reviews in 2009/10 – First Review Final Report
	Carers Assessments and the Disabled People's Plan – Update reports
	Cabinet Forward Plan
	Work Programme / Agree 2 nd Review Scoping report

16th February 2010	Major Reviews in 2009/10 – Second Review Witness Session 1
	Carers Assessment
	Cabinet Forward Plan
	Work Programme

25th March 2010	Major Reviews in 2009/10 – Second Review Witness Session 2
	Cabinet Forward Plan
	Disabled Facilities Grant – information report
	Work Programme

22nd April 2010	Major Reviews in 2009/10 – Draft Final Report
	Cabinet Forward Plan
	Valuing Employment Now – information report
	Care Quality Commission Report
	Work Programme

CABINET FORWARD PLAN

Contact Officer: Nav Johal
Telephone: 01895 250692

REASON FOR ITEM

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

OPTIONS OPEN TO THE COMMITTEE

1. Decide to comment on any items coming before Cabinet
2. Decide not to comment on any items coming before Cabinet

INFORMATION

1. The Forward Plan is updated on the 15th of each month. An edited version to include only items relevant to the Committee's remit is attached below. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

SUGGESTED COMMITTEE ACTIVITY

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

This page is intentionally left blank

The Cabinet Forward Plan

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<small>ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services</small>									
<h2 style="text-align: center;">CABINET - 15 APRIL 2010</h2>									
443	Report of the Children and Young People who Abuse their Parents & Carers Working Group	The report to Cabinet will present recommendations from the External Services Scrutiny Committee following the report from the Working Group of Councillors. The recommendations stem from the witness sessions and seek to ensure that the range of activities to tackle parent abuse are co-ordinated. The report will also outline the case for tackling parent abuse in Hillingdon.	All		Cllr Philip Corthorne / Cllr David Simmonds	Nikki Stubbs, Democratic Services	Various external witnesses		NEW
444	Supporting People Programme and Sheltered Housing	Cabinet will receive a report considering the tendering of housing support services in sheltered housing.	All		Cllr Philip Corthorne	Barry Newitt			NEW
445	Ascott Court - Conversion of Disused Dining Centre	Due to the value, this report seeks Cabinet approval to progress with the refurbishment of the disused dining centre at Ascott Court. This involves rolling the programme into the existing HRA new build project and using the consultants and contractors that have previously been approved by Cabinet on 15 October 2009 to manage the programme.	Northwood Hills		Cllr Philip Corthorne	Mark Hall			NEW
447	Triscott House Extra Care Housing Scheme	Recently the Council was successful in attracting £4m worth of funding approval from the Homes and Communities Agency (HCA) to redevelop Triscott House sheltered housing scheme, in Hayes to construct a brand new extra care housing scheme. The proposal is for 47 extra care units under a design and build contract. In order to proceed, the Cabinet will be asked to appoint a contractor following a tender exercise under OJEU rules.	Townfield		Cllr Philip Corthorne	Mazhar Ali			NEW

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services									
412	New Years Green Lane Civic Amenity Site	This report to Cabinet will be for the acceptance of tender for the principal contractor for the re-development of this Civic Amenity Site.	Harefield		Cllr Jonathan Bianco	P&CS Bill King			
437	National HRA Review Implications for Hillingdon Council	The Department for Local Government and Communities have been reviewing the Housing Revenue Account financing model over the past few years with a view to making changes. One of the possible changes was for local authorities to buy their way out of the HRA subsidy scheme by agreeing to take on additional debt as part of a national re-allocation. In return, local authorities would be able to keep all proceeds from rents and other charges. For those LAs who currently have to pay back subsidy to DCLG as part of the annual settlement (termed negative subsidy) this would cease, with the additional income being used to finance the additional debt repayments. Hillingdon is one such authority and such a move could be beneficial to this authority. A consultation paper in 2009 suggested that local authorities would be invited by DCLG to opt out of the subsidy system in the first half of 2010. The invitation to opt out is expected in March 2010 and this report details the impact on the HRA within Hillingdon, recommending appropriate action depending on the detail of the offer made.	All		Cllr Philip Corthorne	Maqsood Sheikh			

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services									
440	Disabled People's Plan - update	Cabinet will receive an update on the Disabled People's Plan & Action Plan approved by Cabinet in July 2009. The plan was developed this by disabled people to give them opportunity to influence the changes that will improve their health, wellbeing and quality of life.	All		Cllr Philip Corthorne	ASCH&H Gary Collier x0570	Disabled People's Champion, Cllr Peter Kemp, all service managers, partners, disabled groups, disabled people's assembly and all caring groups		
SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
CABINET MEMBER DECISIONS - APRIL 2010									
446	Conversion of 27 Horton Road to residential accommodation	Due to the value, this report seeks Cabinet Member approval to progress with the refurbishment of the disused shop at 27 Horton Road, Yiewsley. This involves rolling the programme into the existing HRA new build project and using the consultants and contractors that have previously been approved by Cabinet on 15 October 2009 to manage the programme.	Yiewsley		Cllr Philip Corthorne	Mark Hall			NEW
CABINET - 27 MAY 2010									

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
-----	--------------	---------------------	---------	------------------------	-------------------------------	-----------------	--------------	----------------------	----------

ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services

435	Single Conversation Agreement including the Local Investment Plan for engagement with the Homes and Communities Agency	The report seeks approval for a Single Conversation Agreement including a Local Investment Plan (LIP), a document which the Homes and Communities Agency (HCA) requires to assist in their funding allocation decisions for housing and regeneration in Hillingdon. The HCA is the government's housing and regeneration agency and the council benefits from significant amounts of their funding for affordable housing. The LIP is intended to capture all the councils investment priorities for places and communities in one document. This will form the basis of an ongoing process of future engagement with the HCA called the "Single Conversation". Eventually a Local Investment Agreement will be developed between the council and the HCA as a result.	All		Cllr Philip Corthorne	Marcia Gillings			
-----	---	--	-----	--	-----------------------	-----------------	--	--	--

Page 132

SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
----	--	---	-----	--	----------------	--------------------------	--	--	--

CABINET MEMBER DECISIONS - MAY 2010

SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
----	--	--	---------	--	-----	--------------------------	---------	---------	--

CABINET - 24 JUNE 2010

SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
----	--	---	-----	--	----------------	--------------------------	--	--	--

CABINET MEMBER DECISIONS - JUNE 2010

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services									
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
CABINET - 15 JULY 2010									
SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed.	TBC		as appropriate	DCEO Democratic Services			
CABINET MEMBER DECISIONS - JULY 2010									
SI Page 133	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
CABINET MEMBER - LIST OF STANDARD ITEMS CONSIDERED EACH MONTH									
SI	Extension of Leasehold Interests of flats under the 1993 Act	To consider an extension of the leasehold interests for several flats where the Council as freeholder has received an application under the Leasehold Reform Housing and Urban Development Act 1993. The report will recommend grant of the extensions in each case where the Notice is valid and in accordance with legislation.			Cllr Jonathan Bianco and Cllr Philip Corthorne	P&CS Mike Paterson 01895 250925			
SI	Supporting People Update Report on a Quarterly Basis	Regular report to the Cabinet Member on what the Council is doing in respect of the "Supporting People" agenda. The SP programme seeks to provide the delivery of a quality of life and promotion of independence for vulnerable people.			Cllr Philip Corthorne	ASCH&H Barry Newitt 01895 277323			

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<small>ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services</small>									