



**Working together:  
CQC and Overview  
and Scrutiny  
Committees**

1

Today we will:

- Share our ideas for working together
- Learn about CQC plans for assessing health and social care
- Discuss how you would like to give us your views and experiences of services

2



All providers of health and adult social care are required to register with us:

- NHS providers registered from April 2010
- Adult social care and independent healthcare from October 2010
- Primary medical and dental services and others from 2011

We have been given stronger enforcement powers

## We will also drive improvements



**Periodic reviews** assess the performance of organisations that commission and provide care, and making sure they work together better (this includes primary care trusts and councils)

**Special reviews** of particular services or pathways of care or themes. For example, care for families with disabled children

**Comprehensive Area Assessment** – we contribute information about care services to overall assessments of the quality of all local public services

## Voices into Action



Voices Into Action is our commitment to listening to and working with people.

We will act on behalf of local people



We promise to:

Give more weight to people's views and experiences of care

Try to make sure people are involved in decisions about their own care

Find new ways of involving people in our work, including governance and inspection

7

We will involve people....



**In all our activities**

- In our decision making
- In our assessments of services
- In our reviews and studies

**In lots of ways**

- Directly as experts by experience and as advisers
- Through surveys and consultations
- Through voluntary bodies, including LINKs and Overview and Scrutiny Committees

8

## Working Together



We both want **better care** for **local people**

Your information has already made a difference:

-97% of you commented in the annual health check 2008-9

-This covered 99% of all NHS trusts

-You gave us the most information of all the groups we invited to comment

-Your information also contained the most useful data

9

## We want to make sure Overview and Scrutiny Committees:



- know who we are and what we do
- help us develop how we regulate health and social care services
- have contact with local Care Quality Commission staff
- be encouraged to provide peoples' views and experiences about services
- know what we have done with any information they give us
- be supported by us as we work together.

10

## Using your knowledge



The information you have about health and social care services is important to us. For example:

- What local people tell you about services and their care
- What you find out from NHS managers or social care services
- The recommendations from your scrutiny reviews and other work
- Whether local services involve you in service reconfigurations and in other local developments

## Standards you can tell us about



Essential standards for health and social care providers cover, for example:

- How people are involved in their care and the information they receive
- How people get the individual care and welfare they need, including food and nutrition
- How people are looked after safely (medicines, premises, equipment)
- How people get the right care from the right staff
- Whether services are well managed and work together

## Telling us what you know



- **No need to send a commentary about the core standards for the NHS this year**
- We have a new more flexible system. Send information when you want to, in a way that suits you
- We will tell you key dates you can plan ahead for
- Meet with our local area managers to discuss your work over the next few months
- Send information to us through our website. You can fill in a form and attach your reports from December 2009

13

## Key dates



- We will use information you send us throughout the year as part of our monitoring of services
- **We are keen to hear what you know about NHS providers by the end of January 2010.** This will help us decide whether they meet essential standards to register with us
- We will invite you to tell us what you know about primary care trusts and councils who commission services over the next few months.
- We hope you will raise any urgent concerns with us straight away if local solutions are not being found.

14

## Giving you feedback



- We will give you feedback on how we used your comments in the annual health check 2008-09
- We are planning to give you feedback about what we do with any new information you send us
- We are still working out the best ways to do this – let us know what you think!

15

## Sounding board for representative groups



Overview and Scrutiny Committees can join our informal sounding board for representative groups

You can send in ideas and views about how we should work, our methods and our assessments

We will use phone, emails and occasional meetings in different parts of the country

If you are interested in helping CQC develop, let us know:

[Lucy.Hamer@cqc.org.uk](mailto:Lucy.Hamer@cqc.org.uk)   [Clare.Delap@cqc.org.uk](mailto:Clare.Delap@cqc.org.uk)

Involvement managers at CQC



OVER TO YOU!



**What else would you like to know?**

**How do you want to work with the  
Care Quality Commission?**

**How would you like to share your  
information with us?**

---

17

More information



- Go to our website at [www.cqc.org.uk](http://www.cqc.org.uk)
- Sign up for our newsletter at [www.cqc.org.uk/newsandevents](http://www.cqc.org.uk/newsandevents)
- Talk to your local area managers
- Ring or send enquiries to our National Contact Centre at 03000 616161 or [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)
- For copies of our reports, you can go to [www.cqc.org.uk/publications](http://www.cqc.org.uk/publications)
- To get involved in our work nationally, contact [Lucy.Hamer@cqc.org.uk](mailto:Lucy.Hamer@cqc.org.uk) or [Clare.Delap@cqc.org.uk](mailto:Clare.Delap@cqc.org.uk)

We hope you find this information helpful.

---

## 08/09 AHC Third party commentary examples – Overview and Scrutiny Committees

This document provides examples of two high data quality commentaries and one low data quality commentary provided by overview and scrutiny committees for the 2008/09 annual health check.

### Overview and scrutiny committee/Low data quality

#### Example 1 Low data quality

Following the meeting of the Health Scrutiny and Performance Panel held on 28th April 2009, the following comments have been made with regards to xx Health Check.

The Panel support the xx trusts' declaration of full compliance, and believe that the public perception of the service supports this, as their clients seem to be complimentary and satisfied with the service. The "can do" culture is applauded.

The panel highlighted the potential of investigating the use of the remote control light system to improve response times in the future.

Example 1 was given a low data quality rating because:

- There is insufficient detail provided to support coding decisions by analysts against core standards.
- The source of the information provided is not revealed i.e. regarding public perception of the service and client satisfaction, so the statement is vague and difficult to weigh in terms of data quality.
- Some of the language used is not easily understandable within the context of assessment of trust performance against core standards i.e. the 'can-do' culture is applauded.

### Overview and scrutiny committee/High data quality

#### Example 2 High data quality

xx Council Health Improvement Committee  
Healthcare Commission - Annual Health Check 08/09  
Commentary on Competences  
District Care Trust

Core Standard C6

Health care organisations co-operate with each other and social care organisations to ensure patients' individual needs are properly managed and met. The Committee endorsed the commentary made by the Department for Adult

Services that the level of cooperation between health care organisations and the local authority has been very positive overall, and has usually been approached from the standpoint of ensuring that the person's individual needs are properly managed and met. The commitment to work together has been evident at both senior executive and front-line worker levels.

The Health Improvement Committee heard evidence in July, September and October 2008 and February 2009 on the Strategic Review of Adult Mental Health Services, which is being implemented by the tPCT, but involves the Care Trust as a provider.

The Social Care Improvement Committee presented written evidence of good cooperation between health and social care organisations this year. In July 2008 they received a report on the Strategic Review of Services for Older People with Mental Health Difficulties which was jointly commissioned by the local authority and xx teaching PCT and was undertaken in partnership with xx District Care Trust, the voluntary and community sector and the independent sector.

This work is currently being supported by the Committee's own scrutiny of service issues relating to dementia which is being undertaken with full co-operation from both social care and health care organisations, including the xx District Care Trust.

Following the strategic review of Learning Disability Services, a formally constituted Programme is taking forward all aspects of learning disability service development in the xx district. It has been agreed to complete a self assessment report in April 2009 which will gauge how much improvement has taken place since this was first undertaken last year.

The review of Adult Mental Health and the review of mental health services for Older People represent a significant package of change, with important implications for partnership working between Adult Services and the Care Trust, and in the future for the different ways in which patients' and service users' needs will be met.

The Council and the Care Trust are revising their Section 75 agreement. The Council and BDCT have engaged legal teams to negotiate and formulate a new partnership agreement. (Section 75 of the National Health Service Act 2006 replaces section 31 of the Health Act 1999, which concerned partnership working and 'Health Act Flexibilities'). This work also relates to Standard 7a) Healthcare organisations apply the principles of sound clinical and corporate governance.

#### Core Standard C7

Health care organisations (a) apply the principles of sound clinical and corporate governance, b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources, c) undertake systematic risk assessment and risk management.

The Committee had received presentations in October 2008 and February 2009 on the Trust's application for Foundation Trust status. The committee supported their application to become a Foundation Trust but requested that a member from

xx be included on the Trust's Council of Governors.

#### Core Standard C11b

Health care organisations ensure that staff concerned with all aspects of the provision of health care

b) participate in mandatory training programmes

The Trust has indicated that it is likely to be non-compliant with this standard as not enough existing staff had attended certain mandatory courses and there was insufficient follow-up of non-attendance. The Committee questioned them on the reasons for this and were assured that crucial training on child safety and health and safety was being adequately progressed and that steps were being taken to address the problem, for example by delivering training on the wards.

#### Core Standard C22

Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities, (part a. in particular - co-operating with each other and local authorities and other organisations).

The committee welcomes the engagement with all NHS organisations in the district in improving health and addressing health inequalities through partnership working.

During the period the LSP arrangements for the district have been re-shaped, and joint working between the NHS and the Council at a strategic level has been facilitated by the formation of the Health and Well-being Partnership. The Older People's Partnership and the Strategic Disability Partnership are important joint groups that support the development of more joined up services.

An example of co-operative work addressing health inequalities in the district was the Scrutiny of Alcohol as a Health Issue. The committee appreciates the co-operation of the Care Trust to this scrutiny. The committee made a series of recommendations to the Council and its partners, including:

??? that they work ???to ensure that clear information is provided to the public on the potential harmful effects of alcohol???

??? the creation of a web and telephone based xx Alcohol Information Service

??? that all doctors and dentists receive training in 'brief interventions'

??? that service commissioners ensure that appropriate and adequate provision is available.

Example 2 was given a high data quality rating because:

- It was well structured and written, in clear, unambiguous language.
- A strong evidence base was used in support of the commentary.
- The timescales mentioned align with the 08/09 AHC assessment year.

#### **Example 3** **High data quality**

***By:xx Overview and Scrutiny Committee for Public Health***

The xx Overview and Scrutiny Committee for Public Health is pleased to offer comments on the performance of the xx Hospitals Trust within the above process. Commentary is limited to the core standards where the OSC believes it has supporting evidence as a result of contact with the trust and work undertaken during the past year.

The following comments are now offered:-

First Domain Safety.

Standard C1 a) Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

A priority for the OSC when meeting in public with the hospitals trust is to ensure a detailed overview of the management of healthcare acquired infection is provided at regular intervals. Members of the committee have been very impressed with the stringent plans and precautions that have been put in place by the trust to ensure patients' safety is uppermost across the organisation. The OSC has been provided with substantial supporting evidence indicating that the incidence of both MRSA and C Diff has reduced and that when outbreaks do occur there are robust plans in place to address the situation.

The OSC was also interested to hear that the hospitals trust has visited other trusts in both the UK and also Europe to understand best practice and to determine if learning from other organisations is transferable to the local situation.

Standard C4 a) Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

The OSC was encouraged by the transparency of information relating to hygiene standards and Healthcare Acquired Infection, presented by the trust and the acknowledgement that there are some areas needing improvement. One of these was highlighted in the hand hygiene survey that is undertaken with staff across the organisation. Generally the results were good, but the survey identified junior doctors as falling significantly short of the standard. There is a high turnover of doctors and this presents an ongoing issue for the trust who are determined to drive up the hand hygiene standards. The OSC will at its next meeting be keen to understand how this section of the workforce has been encouraged to improve hygiene standards

Standard C4d) Healthcare organisations keep patients staff and visitors safe by having systems to ensure that medicines are handled safely and securely

In a visit to the pharmacy at xx hospital members learned that an antibiotic flashcard had been developed for doctors to carry in their pocket. This is part of the hospital process to keep hospital acquired infection under control and has been a great success, with similar ones are being used in other hospitals. The flashcard is updated twice a year to cater for the use of new drugs. Audits are carried out to check that the flashcard is being used properly. Part of the success of managing when antibiotics should not be used, is the use of pharmacy teams, who physically remove all antibiotic medication on any ward so that doctors are forced to use the alternative medications.

#### Second Domain Clinical and Cost Effectiveness

Standard C 6 Healthcare organisations co-operate with each other and social care to ensure that patients' individual needs are properly managed and met

The issue of the management of Delayed Transfers of Care was raised with the OSC and a joint working group with the Adult Service OSC was established in 2008 to investigate the reasons behind the fact that partner organisations were falling behind in achieving their targets in this area.

At the time of writing this is an ongoing review, but members have seen positive moves by the PCT, acute trust, mental health and social care towards working more closely to reduce delays. The committee has been impressed with the level of management expertise that contributing to the partnership working groups at both strategic and operational levels to address the key issues. It is not clear however that patient's needs are as yet being met, as there are concerns around carer provision across the county and differing approaches in the management of delayed transfers between the xx and xx sites.

#### Third Domain - Governance

Standard C7(d) Healthcare organisations ensure financial management achieves economy, effectiveness, probity and accountability in the use of resources

In 2008 the xx hospitals trust presented the OSC with its proposals to become a Foundation Trust. Part of the criteria for achieving this status is to prove robust financial management systems are in place and that the organisation delivers a profit that can be re-invested in the business. The OSC has heard that the trust is able to demonstrate financial balance but understands the current challenges in the health economy that might have implications for the hospitals trust dependent on the financial situation of the PCT.

At a public meeting in 2008 the OSC were informed by the trust that the Midwifery Led Unit (MLU) based at the xx hospital continued to underperform and had not succeeded in encouraging sufficient women to attend the unit to give birth. The OSC has been told that the trust planned to actively promote the MLU to GPs and other groups in order to attract mothers who were not having their first baby. As it was agreed in the Shaping Health Services

consultation that the MLU would be self funding, the OSC has not to date been presented with evidence to indicate this is the case and will pursue this at its future meetings with the trust.

#### Fifth Domain - Accessible and responsive care

Standard C17 The views of patients, their carers and others are sought and taken into account in designing planning and delivering and improving healthcare services.

During 2008 the trust has spent a great deal of time and effort in engaging the public with their Foundation Trust proposals. This has been evidenced at public meetings, literature displayed in public places and via the website. The OSC was pleased to be included in this process and has formally responded to this consultation. The OSC understands that if Foundation Trust status is achieved that the membership and board of governors will provide a significant public representation but would like to hear evidence of this.

The OSC was also pleased that the trust has been proactive in engaging both the county and district councils in their plans for the future. The trust has attended full council meetings in order to do this and the OSC encourages this approach as a positive move.

Standard C18 - Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably

Last year the OSC commented in the annual health check that access to acute hospital services continues to cause concern to patients and public. The Access to Health Strategic Partnership is chaired by a PCT board director and was established as a result of OSC concerns about the lack of partnership working to improve accessibility to services for the public. The group appears to have lost its momentum The OSC does not believe that any significant progress has been made in this area.

The OSC is not aware of any recent meetings and has not been informed about any outcomes from the work streams identified by the group.

As accessibility is an issue that the committee encounters repeatedly, it was encouraging to note that at a recent meeting of County Council Cabinet members and the PCT board, the issue was flagged up as a priority, with a view towards working more closely to assess how all partners can group existing resource to improve accessibility. The OSC would particularly like to understand how partners might make best use of excess vehicle capacity across organisations to achieve improved patient transport services.

The issues of car parking facilities at both xx and xx has been raised on many occasions with the trust at both public and private working meetings. The OSC has been informed that the trust does not intend to abolish car parking charges but has not been kept up to date or included with current thinking on future plans. The OSC is mindful of the groundswell of public opinion that

opposes the current system and believes the trust should work up and communicate a clear statement to the public about this issue.

Standard 19 - Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales and all patients are able to access services within national expectations on access to services.

In public meetings, the PCT has informed the OSC of its close working with the acute trust focusing on both appropriate admissions, timely discharges and the necessity to reduce attendance at A&E. The committee understands that this is work in progress that is critical to achieving efficiencies in the health economy and the most appropriate care for patients. At its last meeting with the trust, unprecedented levels of trauma and emergency admissions were reported, reflecting the national trend. This has resulted in slight underperformance of the 4 hour A&E target. The committee is hopeful that the work alongside the PCT and GPs in reducing inappropriate referrals will in the longer term help to reduce the pressure on the system at times of high demand.

On a visit to the cardiac day unit at XX hospital members of the committee were impressed by the speed and efficiency of treatment. In the cardiac catheterisation lab members were shown the example of a patient admitted to A&E with severe chest pains who was admitted to the unit within 5- 10 minutes. A stent was successfully inserted after a further 5 minutes and the patient taken to the recovery unit and then discharged. Members were informed that previously this procedure could take up to 5 days and did not have such positive results.

In addition to these specific comments, I would like to add that I and my colleagues on the OSC have welcomed the inclusive approach the hospitals trust has continued to take towards the OSC, specifically with the invitation to the OSC Chairman to sit on the board and contribute to the meetings. I believe this is a valuable way building good working relationships and is a useful way to provide feedback on a variety of issues to members of the committee.

Example 3 was given a high data quality rating because:

- It is well structured.
- A strong evidence base is provided to support the OSC comments on trust performance against each of the core standards identified.
- The commentary is detailed, and very informative with all information of direct relevance to trust performance.
- The commentary is authoritative, and has a definite effect (positive or negative).
- Timescales are aligned with AHC year.



## Standards based assessment Feedback for Windsor and Maidenhead OSC

Thank you for your commentary on your trust's core standards declaration. We invited third parties – local involvement networks, overview and scrutiny committees, foundation trusts' boards of governors, local safeguarding children's boards and learning disability partnership boards to comment and they responded well. We really appreciate the hard work that went into providing commentaries that produced so much useful intelligence. This report is in response to requests from the third parties for individual feedback.

### How we used the commentaries

In 2009, we received 2881 comments from third parties.

#### Data quality

We make a general assessment of the evidence found in the whole commentary/declaration. Most commentaries will be given a medium score for data quality. The table below outlines the 'criteria' we use to award a higher or lower data quality score. The higher the data quality score applied to a commentary the more impact it will have, however commentaries given a low data quality score will also contribute to the overall risk assessment profile of a trust. **NB If the commentary merely states that the 3<sup>rd</sup> party has no comment to make on any of the standards, it will not be given a data quality score.**

A whole commentary is likely to be given a high, or low score if:	
<b>High</b> data quality	<ul style="list-style-type: none"> <li>• It relates to the timescale of the Annual Health Check</li> <li>• Shows regular involvement of the forum (visits or inspections)</li> <li>• Contains detailed information such as dates and outcomes</li> <li>• Makes reference to evidence to substantiate comments that can be produced if requested</li> </ul>
<b>Low</b> data quality	<ul style="list-style-type: none"> <li>• Outside of the Annual Health Check timescale</li> <li>• Evidence is unavailable or incomplete</li> <li>• Contains incomplete measures of outcomes</li> <li>• Suggests that the information on the trust performance is not based on concrete facts</li> </ul>

**In 2009, across all the 3<sup>rd</sup> parties, 8% of commentaries were given a high data quality rating, 37% a medium rating, 37% a low rating and 18% fell into the 'no comment' category.**

---

### What we did with the intelligence we extracted

In 2009 8949 items of intelligence were extracted and used because they related to one or more of the standards. These might be a single sentence or several paragraphs. **NB Not all information from the commentaries will be used; if it cannot be applied to a standard(s) or relates to a period of time outside the annual health check timescale, it will not be analysed as above.** Each item was then defined as either positive or negative intelligence in relation to the trust's compliance with the Standard. In 2009 75% of the items of intelligence were positive about a trust's compliance with a standard.

## Weighting the intelligence

Analysts then apply weighting scores to each item of intelligence according to the strength of relationship that the item has with a particular core standard, its coverage of the trust (whole/service) and how well it was supported with evidence. Again the default position is to award a medium weighting. The table below sets out the 'criteria' used to award a higher or lower weighting. The higher the weighting score applied to an item of intelligence the more impact that item will have, however items of intelligence given a low weighting score will also contribute to the overall risk assessment profile of a trust.

An item of intelligence is likely to be given high or low score if:	
<b>High weighting</b>	<ul style="list-style-type: none"> <li>• It makes specific reference to compliance or non compliance of the trust to a particular standard and has a clear evidence base for this opinion</li> <li>• The statement/intelligence covers the entire scope of the referenced standard</li> <li>• The statement is representative of the whole trust</li> </ul>
<b>Low weighting</b>	<ul style="list-style-type: none"> <li>• The statement confirms compliance or non compliance with the standard, but there is an absence of supporting evidence</li> <li>• It covers a small aspect of the standard</li> <li>• The statement is not representative of the whole trust</li> <li>• It merely quotes the standard</li> </ul>

**In 2009, across all the 3<sup>rd</sup> parties, 256 (3%) of the items were given a 'high' weighting, 5534 (62%) a 'low' weighting and 3159 (35%) a 'medium' weighting.**

Nuggets are comments that would have a significant impact on likelihood of compliance/non-compliance with a standard. In 2009 there were 20 nuggets - 10 from local children's safeguarding boards, 3 from LINK commentaries and 7 from overview and scrutiny committee commentaries. NB There were some commentaries where we were unable to extract any comments – this could be because the commentary states that the 3<sup>rd</sup> party has no comment to make, or the commentary could not be applied to any of the standards.

## Summary of the intelligence extracted from your commentary

<b>Trust</b>	RWX Berkshire Healthcare NHS Foundation Trust Provider			
<b>Care Quality Commission area</b>	South East			
<b>Data quality rating</b>	1			
<b>Number of items of information extracted</b>	1			
<b>Number of items of information strength of relationship to core standard</b>	<b>High:</b> 0	<b>Medium:</b> 0	<b>Low:</b> 1	<b>Nugget:</b> 0
<b>Core standards commented on</b>	C17			

Healthcare Commission's Annual Health Check 2008-2009 Berkshire Healthcare NHS Foundation Trust The Joint East Berkshire Health Overview and Scrutiny Committee have no specific comments to make in relation to the Berkshire Healthcare NHS Foundation Trust Annual Health Check Declaration to the Healthcare Commission for 2008/09. The Joint Committee are pleased and congratulate the Trust on their general cooperation and openness during the past year. The Trust have been regular attendees at meetings and have made positive and helpful contributions. Queries and requests for reports have been met promptly and openly discussed. With kind regards, Cllr. Simon Meadowcroft Chairman of the Joint East Berkshire Health Overview and Scrutiny Committee

# Voices into action

## Your part in our assessment of health and adult social care in 2009/10



**A guide for local involvement networks (LINKs), overview and scrutiny committees, local safeguarding children boards, foundation trusts' boards of governors, learning disability partnership boards, local voluntary organisations and representative groups**

November 2009

It is important for us to hear what people who use services have to say about their experiences. We are therefore grateful to those groups who work hard to gather comments from local people. You can now send us information when you want to about the health and adult social care issues that matter to you. This guide will explain how you can do this.

### Key messages

You do not need to write a commentary this year about your NHS trust's declaration for the NHS performance ratings in 2009/10.

To help us judge how well NHS providers meet essential standards, please send us information about any NHS provider by the **end of January 2010**.

To help us judge how well social care providers and independent healthcare providers meet essential standards, please send us information about them by the **end of March 2010**.

You can also send us information at any time of the year. We will use your information whenever you send it, as part of our ongoing checks on services.

You can now tell us about any health or adult social care service provider. You can also tell us about primary care trusts and local councils that commission services to make sure the right services are provided in your area.

You can send us information, including your own reports, using a new form on our website from 1 December. You can also share it with our local area managers.

We also encourage you to share any information with local services to help improvement.

We do not have powers to deal with individual complaints.

## What is the Care Quality Commission?

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

We promote the rights and interests of people who use services and we have a wide range of enforcement powers to take action on their behalf if services are unacceptably poor.

People who use health and social care services are at the heart of our work, so we want to make sure that their voices are heard.

You can learn more about CQC on our website, by reading *About the Care Quality Commission* at

[www.cqc.org.uk/publications.cfm?fde\\_id=10979](http://www.cqc.org.uk/publications.cfm?fde_id=10979) and more about how we plan to involve people by reading *Voices into Action* – our ‘statement of involvement’ [www.cqc.org.uk/db/documents/A4\\_Report\\_2009\\_01.pdf](http://www.cqc.org.uk/db/documents/A4_Report_2009_01.pdf)

## Which services and organisations do we check on?

We check on all health and social care services **provided** by the NHS, local authorities, voluntary organisations or private companies. These include acute and community hospitals, ambulance services, foundation trusts, services for people with mental health or learning disabilities, community nursing services, hospices, care homes, supported living services, transport by an NHS provider and substance misuse rehabilitation services. For a full list of services regulated by the Care Quality Commission go to our website: [www.cqc.org.uk/aboutcqc/whatwedo/activitiesweregulate.cfm](http://www.cqc.org.uk/aboutcqc/whatwedo/activitiesweregulate.cfm)

We also check on primary care trusts and local councils that **commission** health and social care services. Commission means that they arrange the local services that people need in their area.

## Who can send us information about health and social care services?

We want to make it as easy as possible for you to tell us about local people’s views of both health and adult social care services, and to do this at any time of the year. Anyone can send us information about their experiences of using these services. This includes representatives of people who use services, their carers and families, representatives of the public, as well as individuals themselves. We will try to use as much information as we can when we assess services.

In our first year, we are building relationships with local groups that represent people who use services. The main groups we are working with at the moment are local involvement networks (LINKs), overview and scrutiny committees and foundation trusts’ boards of governors.

We are also inviting learning disability partnership boards and local safeguarding children's boards to send information to us, building on their involvement in the NHS performance ratings in 2008/09 (known before as the annual health check).

From 2010, we will be inviting a much wider range of representative groups to contribute their views and experiences of services into our assessments. We will also be finding out the best ways to bring more individual voices and experiences into our assessments. We will tell you more about this in 2010.

### How can you send information to us?

You can tell us your views and experiences by talking to your local area manager at CQC (contact details from our National Contact Centre – see back page) and sharing reports with them, or sending your information through our website at [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices) from 1st December 2009. There is a form on the website to help you structure your information, or you can directly send us reports and surveys.

You can share information with your local area manager in whatever way suits you best. They may ask you some questions to make sure they know how many people the information covers, or whether it has been discussed with other organisations.

**You do not need to show the information you send us to any health and social care services. However, we hope that you will use it as part of your discussions with local services about making care better.**

### What can you send us information about?

We are interested in any information that will help us check up on health and adult social care services. You can give us your views and experiences of any of the services and organisations we regulate, or tell us about how they work together in your area.

You can tell us where you think a service is providing good care, as well as examples where care is poor. We are especially interested in the views and experiences of care of those people who have not been listened to, or have not received acceptable standards of care in the past.

## Do you have a complaint or concern about health or adult social care services?

The Care Quality Commission does not deal with individual complaints about services. If you have a complaint about a particular service, you should first contact the provider. For more information, go to the complaints page on our website.

If you have urgent concerns about the wellbeing of a child or vulnerable adult, which may or may not be related to the quality or safety in a particular service, you should contact your local authority children's or adult social care department. For more information, go to the safeguarding page on our website.

## Telling us about health and adult social care service providers

From April 2010, all organisations that provide health and adult social care services in England will be required to register with us to be able to operate. To do this they will have to meet essential standards of safety and quality. You can give us your views and experiences about any of these standards.

### Standards for health and adult social care service providers

#### **Involvement and information**

We are looking at how people are involved in their care

- How do people understand about the care they are getting?
- How do people receive the information they need about their care?
- How do people give their informed consent to treatment and care?
- How are people supported to say what they think about their care?

#### **Personalised care, treatment and support**

We are looking at how people are given the individual care and welfare they need

- How do people receive the food and nutrition they need?
- How do service providers cooperate with other services to meet people's needs?

#### **Safeguarding and safety**

We are looking at how vulnerable people who use services are looked after safely

- How are medicines given at the right time and in the right way?
- How are medical devices used and managed properly?
- How suitable and safe are premises?
- How safe do people feel?
- How available, safe and suitable is equipment for individuals' needs?

## Standards for health and adult social care service providers (contd)

### Suitability of staffing

We are looking at how people get the right care from the right staff

- How do services choose staff with the skills to match people's needs?
- How do services make sure that there are enough staff to do the work?
- How do services make sure staff are properly trained?

### Quality and management

We are looking at how people know they are getting the best and safest services

- How are services being made better?
- How are people supported to say how they feel?
- How are checks done to make sure that staff do their job properly?

### Suitability of management

We are looking at how people's care and treatment are being met

- Are staff registered with their professional bodies if they need to be?
- Are staff supported to do their job well?
- How do staff use what they are told to make services better?

## Telling us about primary care trusts and local councils

You can tell us what you think about primary care trusts and local councils that commission or arrange the local services in your area. These are some of the areas of performance we are looking at:

- Do they put people first, to ensure they get the care they need?
- Do they make sure that their services are safe and of a good quality?
- Are they spending their budgets sensibly, to get the best services they can for people with the money available to them?
- Do they lead the services in their area well?

## Telling us about how well services work together

You can tell us whether services work well together in your area:

- How well people are cared for when they move between services such as hospitals or care homes and community services.
- How well information about people's care or treatment is shared between different services.
- How well people's care is planned across different services.



## Giving us information for our national reviews and studies

You can also tell us about services that we are looking at in our national reviews and studies, such as our review of health and social care for families with disabled children and young people. We will let you know if there are opportunities for you to support local improvement work in services as part of these studies.

### Top tips for sending us your views and experiences

- ✓ Tell us what matters most to your group and the people in your community. What are the most important points you want to get across?
- ✓ Think about examples of good practice, as well as problems or areas that you think should be improved.
- ✓ Read about the new essential standards for quality and safety that we expect all health and social care services to meet. Try to match these standards (on pages 4 and 5 of this guide) with the information you want to give us.
- ✓ We are interested in recent experiences of care. It will help if you can give us information you have gathered since 1 April 2009.
- ✓ Try to find facts and examples to back up your information. These may include notes from a meeting or visit to a service, the results of a local survey, or a set of personal stories from individuals with dates and supporting documents.
- ✓ Please note that your information must not include any confidential or personal information, such as the names of individual patients or staff, or their contact details.
- ✓ You do not need to send us all the supporting information you have, but we may ask you to show us this to help us use your information.
- ✓ It will help us to know whether the views or experiences you tell us about are common among the people in your group or community.

**Our local area managers can offer advice on putting together your information and evidence.**

## **What we will do with the information you send us?**

Your information will become part of our profiles of health and adult social care organisations. This is where we keep all the information we have about each organisation. We will use your information:

- To help us spot problems or concerns in local services that we need to act upon.
- In our assessments and reviews of different types of organisations.
- To look at how well a service provider meets essential standards of quality and safety. This will help us decide if the service provider can register with us and be allowed to provide its services to local people.
- To help us decide if we need to ask a service provider to make improvements in some areas of its care, to show us that it will meet all these standards in future.

We may also use your information:

- To look at how commissioners of services (like primary care trusts) find out what services people need, and if money is being spent wisely to provide services in the local area.
- To help us check what local councils tell us about their own performance in their self-assessments in 2010.

Over the next few months, we will be giving you more information about how we are going to assess commissioners and how we would like to involve you in this.

## **How will we give you feedback?**

If you send us information through our website, we will send you an email to tell you that we have received it. We will also publish a report every year that says what we have done with the views and experiences of services that people have sent us. You will also get feedback from your discussions with local area managers about how we are using what you have told us.

## How else can people get involved in the work of CQC?

### Giving us advice

We have set up an advisory group and sounding board for LINKs, overview and scrutiny committees and other representative bodies to advise us on what we do and how we do it. For information about this, please contact **Clare.Delap@cqc.org.uk** or **Lucy.Hamer@cqc.org.uk** in the involvement team.

### Responding to consultations

Please see **[www.cqc.org.uk/getinvolved/consultations.cfm](http://www.cqc.org.uk/getinvolved/consultations.cfm)** for more details of our latest consultations.

### Further information

To send us information about local views and experiences of health and social care, please visit our web page **[www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices)** from 1 December 2009.

For more information, please visit our website **[www.cqc.org.uk](http://www.cqc.org.uk)**.

You can also subscribe to our monthly newsletter by visiting our website at **[www.cqc.org.uk/newsandevents/newsletter.cfm](http://www.cqc.org.uk/newsandevents/newsletter.cfm)** or by ringing our National Contact Centre on 03000 616161.

We hope you find this information useful. If you have any other issues you want to discuss with us, please contact your local area manager or email **[enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)** or ring our National Contact Centre on **03000 616161**.