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| Meeting | Health and Well-Being Board |
| Date | 26 July 2012 |
| Subject | Health Services in North Central London (NCL) – Quality and Safety |
| Report of | Vice Chair NHS Barnet |
| Summary of item and decision being sought | To update the board on assessments of Quality and Safety in health services in Barnet and North Central London |

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| Officer Contributors | David Riddle, Chair of Quality and Safety Committee |
| Reason for Report | Regular update from the Quality and Safety Committee of NCL for the Health and Well-being Board |
| Partnership flexibility being exercised | N/A |
| Wards Affected | N/A |

Contact for further information: David Riddle, Vice Chair, NHS Barnet
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1. RECOMMENDATION

1.1 That the Health and Well-Being Board receives and notes the attached report:

- **Quality and Safety Committee – Chairs Report**

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 The Health and Well-Being Board previously received a verbal report on the NCL Quality and Safety Committee meeting on 22 September 2011, 19 January 2012 and asked to be updated regularly

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY STRATEGY; COMMISSIONING STRATEGIES)

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 A key aspect of NCL's approach to Quality and Safety is to address inequalities.

5. RISK MANAGEMENT

- 5.1 Quality and Safety programmes are designed to mitigate risk and specific risks are addressed in more detail in the attached reports.

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 The Health and Social Care Act 2008 established the Care Quality Commission (CQC) which is responsible for the registration, review and inspection of health and social care services in England. The CQC began operating on 1 April 2009 as the independent regulator of health and adult social care services in England including those provided by the NHS, local authorities, private companies or voluntary organisations. It also protects the interests of people detained under the Mental Health Act. It replaced three earlier commissions: the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

- 6.2 The CQC is responsible for ensuring that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

- 6.3 All partners need to ensure that the standards for quality and safety in the provision of health and social care services are adhered to in order to avoid enforcement action by the CQC.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 None specifically within the purview of the Board. Individual implications for NCL are addressed within the attached report.

- 7.2 Any financial implications will be managed within the Health budgets.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

8.1 NCL Quality and Safety committee has a programme of engagement with patients and the public, and works in liaison with the LiNKs across the five boroughs.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

9.1 In the NHS the primary responsibility for quality and safety rests with providers, and NCL as commissioner holds them to account and works with them to secure improvement.

10. DETAILS

10.1 As set out in appendix A.

11 BACKGROUND PAPERS

11.1 None.

Legal – HP
CFO – JH