Brunswicks’ Healthcare Review

refreshingly modern, reassuringly traditional
I am always pleased to receive reader feedback.

One correspondent last week observed:

“ It is interesting that you have to qualify a report in the Times on comments made by Labour Party members as 'unashamedly Conservative Party leaning' when I have never noted similar qualifications on the political bias of your frequent quotes from the Guardian. Does your newsletter have a political message?”

My reply was:

“You make a valid point.

“I hope that you will have seen me challenge all of the political parties over time. The reason I made the comment that I did is that there seemed to me to be little other explanation for the material.

“Thanks for getting in touch, and for making your point.”

If readers disagree with issues, comments or content in this publication I am very pleased to receive it, as, ultimately, it can only lead to improved debate and, I hope, better information and more informed opinion.

Having reflected further the pithy comment was directed at the co-related article published by the Daily Mail!

Do continue to provide your comments and views - they always help to inform debate, from which I always learn something.

Finally, look out for the report from Sir Robert Francis QC on treatment of whistleblowers in the NHS. Its expected today.
Care Home Open Day
19 June 2015

For the third year in a row, care homes across the UK will be taking part in Care Home Open Day. This has been such a successful event, and it continues to grow each year. We are hoping that this year, ALL Care England members will sign up to get involved and reinforce connections in their local communities.

We want to create some positive media coverage to counteract the negative headlines we see in the press and to showcase the excellent care being provided across the care home sector.

This year, we are suggesting two themes for care homes to use on the day, the Arts and Valuing Staff. There are several organisations already doing great work bringing the arts into care homes, and we would like to encourage you to connect with them and get them involved in planning your activities for the day.

Valuing Staff is a fantastic way to showcase just how excellent your staff are and to highlight the quality care they provide on a day-to-day basis.

Please visit www.nationalcarehomeopenday.org.uk to register your home to take part on 19th June 2015 and to find out more about Care Home Open Day.

On the website you will find lots of helpful information as well as a “Tips & Advice” booklet for you to download, with lots of suggestions, ideas and contact information; there are templates for you to use to help you promote what you are doing on the day to your local community, and logos for you to download and use on your promotional material. The sooner you start promoting your event, the more people in your community will know about it!

Don’t forget, this initiative wouldn’t be the success it is if it wasn’t for all the care homes and the amazing staff & residents, who all put in the extra work to showcase just how great their care home is. We hope you have all started planning for what you are going to do this year.

If you have any further questions or need any help, please email Leonie Purvis on info@nationalcarehomeopenday.org.uk
Abuse/Dignity

1. DBS customer research 2015
02 February 2015 - DBS
Your feedback will help improve DBS services and the experiences you have with it.

In the coming weeks, Ipsos MORI will contact some of you on our behalf to ask about your experiences when using the services of DBS. The survey will focus on how it delivers services, the impacts they have and customer satisfaction overall.

We look forward to telling you how the survey went and what plans DBS has in the coming months.

Business News

2. Public Accounts Select Committee
02 February 2015 - Parliament
Subject: An update on Hinchingbrooke Health Care NHS Trust
Witness(es):
- Richard Douglas, Director General for Finance and the NHS, Department of Health,
- David Flory, Chief Executive of the NHS TDA,
- Steve Melton, Chief Executive Officer, Circle Holdings,
- Hisham Abdel-Rahman, Chief Executive, Hinchingbrooke Hospital,
- David Behan, Chief Executive, Care Quality Commission and
- Maureen Donnelly, Chair, Cambridgeshire and Peterborough CCG

To view the proceedings go to http://www.parliamentlive.tv/Main/Player.aspx?meetingId=17182

Ed. Having watched the Committee in this hearing some of it tends towards 'blood-sports'. For those interested in CQC and the views of some MPs towards it start at 42 minutes into the session.

In relation to the CQC report on Hinchingbrooke Hospital, CQC accepted that there were about 200 factual inaccuracies in the draft report but that the conclusions stand. This will be an approach which is all too familiar to social care providers.

3. Hospital inspectors made errors
03 February 2015 - The Times
Stitch-up hospital report riddled with 200 errors
03 February 2015 - Daily Mail
Item following the appearance of David Behan and others before the Public Accounts Committee, CQC inspectors who condemned the Circle-run NHS Hinchingbrooke Hospital – Stewart Jackson MP called the report “a farrago of sloppy unprofessional anecdotes.” Dr Abdel-Rahman said accusation was that staff shouted at a patient, which was because he was deaf...

4. LNT secures £30m debt facility from Omni Capital
03 February 2015 - HealthInvestor
Omni Capital has provided LNT Care Developments with a £30 million committed debt facility over four and a half years.

5. Ramsay wins NHS orthopaedic contract
03 February 2015 - HealthInvestor
NHS Vale of York Clinical Commissioning Group has awarded Ramsay Health Care UK a new contract to continue providing orthopaedic services from Clifton Park Hospital.

6. CMA publishes statement of issues over lubricants merger
03 February 2015 - CMA
The inquiry group of Competition and Markets Authority (CMA) panel members must decide whether a relevant merger situation has been created and, if so, whether the creation of that situation has resulted, or may be expected to result, in a substantial lessening of competition within any market or markets in the UK for goods or services. The inquiry group must report by 23.06.2015.

Reckitt Benckiser (RB) and Johnson & Johnson (J&J) supply personal lubricants to a number of retailers, including grocery retailers and national pharmacy chains under the Durex and K-Y brands respectively. RB agreed to purchase the K-Y brand from J&J on 10 March 2014.

The issues statement identifies clearly for all interested parties the key questions which the inquiry is examining. The issues statement does not imply that the inquiry group has yet identified any competition
concerns. The full issues statement is available on the [investigation case page](#) along with all other published information relating to the investigation.

Anyone wishing to respond to the issues statement should do so in writing, by no later than 17:00hrs on 20.02.2015. Please email [ReckittBenckiser.K-YBrand@cma.gsi.gov.uk](mailto:ReckittBenckiser.K-YBrand@cma.gsi.gov.uk) or write to:

Project Manager  
Reckitt Benckiser / K-Y Brand merger inquiry  
Competition and Markets Authority  
Victoria House  
Southampton Row  
London  
WC1B 4AD

Ed. I am a shareholder in both companies.

### Care Homes

**7. Medication safety in care homes**

**02 February 2015 - Care Agenda, Care England**

In March 2012, the Department of Health commissioned an NCF led partnership, in which Care England participated, to produce resources for supporting the safe use of medications in care facilities. The partnership was made up of representatives from a range of professional bodies, plus a number of health and social care professionals working in and with care homes. Their joint knowledge and expertise helped develop a range of practical solutions and tools which would help residents and care home staff as well as doctors and pharmacists to reduce the incidence of medication errors and near misses in care homes.

### 8. Proposals on the extension of licence exemption of nursing care

**02 February 2015 - Care Agenda, Care England**

Providers of adult social care services are currently not regulated by Monitor and do not require a licence to provide social care services. Currently providers of only NHS Continuing Healthcare (CHC) and NHS-funded nursing care (FNC) services are exempt from the requirement to hold a licence until 1 April 2015, unless the services are designated as Commissioner Requested Services.

Commissioner Requested Services are those services which commissioners consider would need to continue if a provider became financially unsustainable because removal of the services would cause harm to patients, and there are no alternative providers. Providers of Commissioner requested services are subject to Monitor’s licence conditions that secure continuity of services.

### 9. Vegetarians - info

**Vegetarian for Life** – the advocacy and educational charity working on behalf of older vegetarians and vegans – has produced a new free publication that is suitable for care homes.

‘Easter treats’ features delicious and decadent recipes donated from the likes of Demuths Cookery School, the Vegetarian Society, and the Viva! Cookbook. With substantial ‘Sunday dinner’ type meals – such as Rose Elliot’s Pine Nut & Carrot Roast with Mushroom Sauce, and Stuffed Squash with Two-riced, Cranberry & Porcini Mushroom Filling – through to indulgent Pink Rhubarb and Mascarpone Puddings and Black Cherry and Kirsch Truffle Desserts, there’s something to cater for most palates. Though published to support people catering for older vegetarians and vegans, the recipes are sure to have wider appeal.

To order a free copy, simply call Vegetarian for Life on 0161 4458064 or visit [www.vegetarianforlife.org.uk](http://www.vegetarianforlife.org.uk)

### 10. Guidance: Acute respiratory disease: managing outbreaks in care homes

**02 February 2015 – Gov.uk**

Managing seasonal influenza: identifying pathogens and transmission routes for acute respiratory disease in care homes. Now added is a supplementary guidance for health protection teams involved in prevention and control of influenza and other respiratory viral infections among care home residents.


Ed. Nothing to do with inoculating the public with an almost useless vaccine this winter?

### 11. Norfolk care home is rated as Inadequate by CQC

**02 February 2015 – CQC**

CQC has told Salisbury Residential Home in Great Yarmouth that it must make improvements or face enforcement action.

During an unannounced inspection in November, inspectors found that the home was failing to provide care which was safe, effective, caring, responsive or well led.

A full report of this inspection has been published on CQC’s website and can be found at: [www.cqc.org.uk/content/norfolk-care-home-rated-inadequate-cqc](http://www.cqc.org.uk/content/norfolk-care-home-rated-inadequate-cqc)
12. Solent Grange Nursing Home, Isle of Wight, rated as Inadequate by CQC  
02 February 2015 – CQC  
CQC has told London Residential Health Care Limited that it must make urgent improvements at Solent Grange Nursing Home, Wootton, Isle of Wight.

During an unannounced inspection in October, inspectors found that the home in Staplers Road was failing to provide care which was safe, effective, caring, responsive to people’s needs or well led. As a result of the inspection, CQC took action to place a condition on the registration of the home to prevent further admissions.

A full report from the inspection has been published on the CQC website: www.cqc.org.uk/location/1-115624977.  
http://www.cqc.org.uk/content/solent-grange-nursing-home-isle-wight-rated-inadequate-cqc

13. Rosecroft Residential Care Home, Bromley, rated as Inadequate by CQC  
02 February 2015 – CQC  
CQC has told Rosecroft Residential Care Home in Bromley, Kent, that it must make improvements or face enforcement action.

During an unannounced inspection in July 2014, inspectors found that the home, in Plaistow Lane, was failing to provide care which was safe, effective, caring, responsive to people’s needs or well led. As a result of the inspection, CQC took action to place a condition on the registration of the home to prevent further admissions.

A full report from the inspection has been published on the CQC website: www.cqc.org.uk/location/1-112238270.  
http://www.cqc.org.uk/content/rosecroft-residential-care-home-bromley-rated-inadequate-cqc

14. Jansondean Nursing Home, Beckenham, rated as Inadequate by CQC  
02 February 2015 – CQC  
CQC has told Sage Care Homes (Jansondean) Limited that it must make urgent improvements at Jansondean Nursing Home, Beckenham, Kent, or face further enforcement action.

During an unannounced inspection in November, inspectors found that the home, in Oakwood Avenue, was failing to provide care which was safe, effective, caring, responsive to people’s needs or well led. As a result of the inspection, the provider was issued with four warning notices.

A full report from the inspection has been published on the CQC website: www.cqc.org.uk/location/1-191454293.  
http://www.cqc.org.uk/content/jansondean-nursing-home-beckenham-rated-inadequate-cqc

15. Penzance’s John Daniel Centre had ‘faeces on toilet walls’  
03 February 2015 – BBC News  
A serious case review found that a care home in Cornwall had faeces on toilet walls and used-incontinence pads piled in a corner.

Investigators also said a lack of scrutiny at Cornwall Council’s John Daniel Centre had led to bullying and “wilful neglect” of residents.

An inquiry was ordered after whistleblowers raised concerns in 2011.  
http://www.bbc.co.uk/news/uk-england-cornwall-31115213

Ed. That is something of a 'slow-burn' concerns in 2011, report of investigation 2015!

16. Great Yarmouth Salisbury Residential Home fails five major categories  
03 February 2015 – BBC News  
A residential home in Norfolk was branded "inadequate" on five major counts by CQC inspectors.

Salisbury Residential Home in Great Yarmouth failed to provide services that were safe, effective, caring, responsive or well led, according to the inspection.

The CQC inspected the home in November and has now told its owners to improve or face enforcement action.

The home said it had already been working on an improvement plan.  
http://www.bbc.co.uk/news/uk-england-norfolk-31115484

17. CQC guidance on use of surveillance cameras in care homes  
05 February 2015 - ICO  
The Care Quality Commission (CQC) has published new guidance on the use of surveillance cameras by health and social care providers.

The ICO has advised the regulator on the data protection issues that health and social care providers must consider before using these cameras. The guidance explains that the introduction of surveillance cameras must be a justified, necessary and proportionate response to the circumstance they were set up to address.

The CQC’s guidance also covers other issues, such as the need for adequate staffing levels and training and supervision.
18. A day in the life of England's bad care homes
05 February 2015 – Telegraph
Want to know what it could be like if you spend the day in a bad care home?

19. Ellesmere House care home rated 'inadequate' by watchdog
05 February 2015 – BBC News
A Shropshire care home was rated as "inadequate" by a health watchdog.
CQC criticised the way medicines were managed and the risk of infection at Ellesmere House, in Ellesmere;
the report also said two deaths at the home over the past year had not been reported to the watchdog.
Owners Best Care Ltd were going to release a statement responding to the CQC report, once they had spoken to the home's manager.
http://www.bbc.co.uk/news/uk-england-shropshire-31154066

20. Southsea care home shut down after major failings
07 February 2015 – Portsmouth News
A care home in Southsea was shut down by inspectors who found major failings in the way its residents were being treated.
A random inspection by CQC found the people at the Angelus Nursing Home in Merton Road were, among other things, not getting proper food and drink.

21. Council hunts mole who exposed care home sex abuse
08 February 2015—The Sunday Times
Somerset County Council has hired external lawyers to investigate the source of the ‘leak’ last year that a member of its staff was under investigation for allegedly having sexual intercourse with a vulnerable teenage girl.
The lawyers contacted The Sunday Times in an attempt to identify the whistleblower.
Ed. Some people may think that rather than spending the public’s money on such an investigation the money would be better directed to improving the care which the Council provides.

22. Take care now to meet the cost of caring later
08 February 2015—The Mail on Sunday
A page on the cost of care and the care cap which will come into effect in April 2015 under the provisions of the Care Act 2015.
See item 208 in this issue of BHCR under 'Miscellaneous' post.

23. One in five care homes 'failing standards'
08 February 2015 – BBC News
A report has suggested that one in five care homes for older people in England fail to meet set national standards for safety and care.
Research by healthcare analysts LaingBuisson examined inspection records for almost 10,000 care homes, and found 20% had failed to meet at least one key quality measure.
5 live found cases of residents washed in cold water or left with scabies.
CQC said that the figures were "disappointing".
http://www.bbc.co.uk/news/health-31173451
Ed. I wonder whether the declining standards in care homes, which seem to be on the increase, has anything to do with reduced fees...

Case Reports

Law Reports

24. Essex County Council v RF & Ors
CoP jurisdiction and powers – Damages - Not so fluffy: counting the cost of non-compliance
[Ed. This case was briefly reported by me in BHCR Vol. 10, Issue 4, item 20].

Summary
This judgment from District Judge Mort provides some useful guidance on the level of damages to be awarded in Court of Protection proceedings for unlawful detention.

P was 91 year old gentleman, a retired civil servant, who had served as a gunner with the RAF during the war. He had lived alone in his own house with his cat Fluffy since the death of his sister in 1998. He was described as being a very generous man ready to help others financially if he believed they needed it, as well as making donations to various charities.

He had dementia, and other health problems including difficulty in mobilising, delirium and kidney injury caused by dehydration.
In May 2013 P was removed from his home by the local authority and placed in a locked dementia unit. It was not clear that P lacked capacity at the time and he was removed without any authorisation. The local authority eventually accepted that P had been unlawfully deprived of his liberty for a period amounting to approximately 13 months. A compromise agreement which included £60,000 damages for P’s unlawful detention was agreed between the parties.

In considering the level of compensation to which P was entitled, District Judge Mort made a distinction between cases involving procedural breaches and those involving substantive breaches:

“72. Procedural breaches occur where the authority’s failure to secure authorisation for the deprivation of liberty or provide a review of the detention would have made no difference to P’s living or care arrangements.

73. Substantive breaches occur where P would not have been detained if the authority had acted lawfully. Such breaches have more serious consequences for P.”

This case involved a substantive breach of P’s rights. If it hadn’t been the unlawful actions of the local authority, P would have continued to live at home with support arrangements in place. The deprivation of P’s liberty during given the late stage of his life compounded its poignancy.

District Judge Mort considered two previous cases involving damages for unlawful detention. In London Borough of Hillingdon v Neary [2011] EWHC 3522 (COP), a period of 12 months’ detention resulted in an award of £35,000 (no judgment being made public to accompany the consent order approved by the High Court). In A Local Authority v Mr and Mrs D [2013] EWCOP B34, District Judge Mainwaring-Taylor approved an award of £15,000 (plus costs) to Mrs D for a period of 4 months unlawful detention (together with £12,500 to her husband, together with costs). In Mr and Mrs D, District Judge Mainwaring-Taylor had noted that this was towards the lower end of the range if the award in the Neary case was taken as the bench mark.

Taking these cases into account, District Judge Mort gave an indication that the level of damages for the unlawful deprivation of an incapacitated person’s liberty was between £3,000 and £4,000 per month.

District Judge Mort was also invited to consider the other terms of the compromise agreement, which included:

• A declaration that the Council unlawfully deprived P of his liberty for period of approximately 13 months;
• The Council would waive any fees payable by P to the care home in which he was detained for the period of his detention (a sum of between £23,000 and £25,000);
• The Council to exclude P’s damages award from means testing in relation to P being required to pay a contribution to his community care costs;
• The payment of all P’s costs, to be assessed on the standard basis.

The judge approved the compromise agreement as representing a fair and reasonable award so far as a monetary award can compensate him for the loss of his liberty in the circumstances.

Comment
There are currently very few public judgments giving guidance as to the level of damages to be awarded for unlawful deprivations of liberty. This judgment is a welcome addition to the sparse examples available. The guideline of £3,000 to £4,000 per month is a useful indicator for COP practitioners seeking to advise on quantum of damages likely to be recovered for an unlawful deprivation of liberty and for parties seeking to agree a compromise agreement where liability is admitted.

In this case, the approved award appears to lie at the higher end of the spectrum. P was unlawfully deprived of his liberty for a minimum of 13 months (which was conceded by the local authority) and arguably for 17 months. The £60,000 award would place the level of damages at between £3,500 and £4,600 per month. There were a number of factors which made this case particularly serious. P was removed from his home of 50 years and locked in a dementia unit against his wishes. Subsequent assessments concluded that P had capacity to return home and should be assisted to return home but were ignored by the local authority. Moreover, the local authority maintained their resolute opposition to P returning home until the last possible moment. The local authority’s actions were — entirely understandably on the basis of the judgment — described by the judge as “reprehensible,” “substandard” and “inexcusable.”

Ed. We reported on this case in Vol. 10, Issue 4, item 20.
25. LB Hillingdon v PS and CS
*Practice and Procedure – Other - A rare contest as to permission*

**Summary**
The dispute in this case concerned whether it was in PS’s best interests to have no contact with a friend, M. The local authority had become involved through its safeguarding procedures, and had attempted to resolve the dispute without recourse to the court. The local authority had concluded that it was in PS’s interests not to have any contact with M, a view that was recommended by PS’s doctor. M did not agree with that view, and the local authority issued proceedings so that the question of contact to be resolved. PS’s son and PS’s attorneys under an Enduring Power of Attorney opposed the grant of permission to the local authority, arguing that:

- the local authority had no role in PS’s life, and since M had not issued an application, it had no standing to bring proceedings;
- the application was an abuse of process, since the local authority was attempting to use the Court of Protection to insure its own best interests decision;
- that there was no benefit to P of the application, and
- that it was a disproportionate use of P’s funds.

District Judge Marin rejected these arguments and granted permission to the local authority to bring proceedings, holding that it had a sufficient connection with P for the purposes of s.50(3)(a) MCA 2005, and that there was obviously a dispute which required resolution. It was to P’s benefit for that dispute to be resolved, but that should be done in a cost-effective way, through the filing of witness statements, no fact-finding hearing, and the instruction of a Court Visitor to report on P’s wishes and feelings, followed by a final hearing.

**Comment**
This decision is of interest in view of the very small number of judgments addressing the question of permission (the only other one of which we are aware being *NK v VW*). It is perhaps unsurprising that the court would grant permission where there was an unresolved dispute as to whether P could have contact with a long-standing friend. One can sympathise with the concerns of P’s son and attorneys as to the likely costs of proceedings, particularly where the only contact in fact sought by M was a weekly social visit – but, as DJ Marin observed, there was an obvious way for those costs to be avoided – through further discussion and negotiation.

26. Re M (Republic of Ireland) (Child’s Objections)(Joinder of Children as Parties to Appeal)
*Practice and Procedure – Other - A litigation friend is not a guardian*

**Summary**
This case concerning the 1980 Child Abduction convention is of note for the discussion of the Court of Appeal as to the role of a litigation friend when acting on a behalf of a child in 1980 Convention cases, Black LJ laid down a statement of seemingly wider principle:

“155. *Children need to know that their views are being listened to and that their particular concerns are not being lost in the argument between their parents but it must be recognised that direct participation in proceedings can be harmful for children. As Lord Wilson said in §48 of *Re LC*, ‘[t]he intrusion of the children into the forensic arena….can prove very damaging to family relationships even in the long term and definitely affects their interests’. I therefore contemplate that it may be necessary for a litigation friend to guide and regulate the child’s own participation in the proceedings, just as a guardian would. He or she will no doubt determine which documents filed in the proceedings should be shown to the child and take decisions, in consultation with the child, about whether the child should attend the court hearing. In the very unlikely event that an intractable issue arises between the litigation friend and the child, there may be no alternative but to ask the court to give directions, but I would expect such a situation to be extremely rare. What I do not think a litigation friend can do is decide whether to order that a litigation friend is not necessary.”

Noting the absence of guidance as to how a litigation friend should proceed when acting on behalf of a child in 1980 Convention cases, Black LJ laid down a statement of seemingly wider principle:

“155. *Children need to know that their views are being listened to and that their particular concerns are not being lost in the argument between their parents but it must be recognised that direct participation in proceedings can be harmful for children. As Lord Wilson said in §48 of *Re LC*, ‘[t]he intrusion of the children into the forensic arena….can prove very damaging to family relationships even in the long term and definitely affects their interests’. I therefore contemplate that it may be necessary for a litigation friend to guide and regulate the child’s own participation in the proceedings, just as a guardian would. He or she will no doubt determine which documents filed in the proceedings should be shown to the child and take decisions, in consultation with the child, about whether the child should attend the court hearing. In the very unlikely event that an intractable issue arises between the litigation friend and the child, there may be no alternative but to ask the court to give directions, but I would expect such a situation to be extremely rare. What I do not think a litigation friend can do is decide whether to order that a litigation friend is not necessary.”

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will no doubt assess the case and guide and support the child in their approach to the litigation, as any solicitor would do for an adult client.”

Comment
A guardian cannot be appointed to act for a child in proceedings in the Court of Protection (or, indeed, under the CPR, save, possibly in the circumstances considered in Re M, where a child had not been joined at first instance to proceedings under the FPR but was to be joined on appeal, where Black LJ contemplated that such might potentially be allowed by CPR r.52.10(1)). However, the distinction between a litigation friend and a guardian outlined by Black LJ is of some importance in outlining what a litigation friend cannot do when acting on behalf of a child under the CPR – and, it is suggested, the COPR.

Whether it can also be said that a litigation friend acting on behalf of either P or an adult protected party before the Court of Protection should be guided by the same principles set down by Black LJ at paragraph 155 is a rather different question. We suggest, though, that whatever else a litigation friend can and cannot do, it is clear that they cannot provide a welfare assessment for the court in relation to P as if they were the guardian appointed for a child joined to proceedings under the FPR.

We would suggest that a careful eye is kept by practitioners on the question of the role of litigation friends in light of:

1. the appeal in the Re X litigation to be heard in the middle of February before the Court of Appeal; and
2. the deliberations of the Court of Protection Rules Committee on these (and other topics) which should bear fruit in the very near future now that Royal Assent to the Criminal Justice and Courts Bill is imminent, resolving, inter alia, a technical problem with appeal routes from decisions before the Court of Protection.

27. LB Tower Hamlets v TB and ors
Mental capacity – sexual relations - You can refuse – capacity to consent to sexual relations revisited

Summary
This is the latest judgment in long-running proceedings concerning the best interests of a Bangladeshi woman with a moderate learning disability. In 2010 and 2011, orders were made in the family court providing for the permanent adoption of TB’s four children. In those proceedings, TB’s husband had been found to have physically assaulted TB.

In 2012, the Court of Protection made interim declarations that it was in TB’s best interests to live in supported accommodation rather than with her husband and his (polygamous) second wife, and their child. TB’s placement did not prove successful – much as in the property she lived in with her husband, she spent hours lying on the sofa watching TV. Supervised contact took place between TB and her husband, which the court found was generally worthwhile for TB, although her husband had attempted to induce her to say she wanted to return to live with him.

The court held that it was not in TB’s best interests to return to live with her husband, and directed the local authority to use its best endeavours to find an alternative placement for her, in line with the recommendations of the court-appointed expert, or, if that was not possible, to replace TB’s care team with people able to promote TB’s social life and integration into the community.

The court also made a final declaration that notwithstanding TB’s previous pregnancies, she lacked capacity to consent to sex. In doing so, Mostyn J reviewed the authorities addressing what the relevant information is that must be understood, retained and used to make a decision whether to consent to sexual relations. Mostyn J concluded that understanding the risk of pregnancy was not a separate issue, as previous authorities had stated, but that it formed part of understanding “that there are health risks involved.”

He did not appear to accept an argument that since TB had an IUD fitted (the same having previously been authorised by the court), there was no need for her to understand the risk of pregnancy. Mostyn J further rejected the analysis of the Official Solicitor that the ability to say yes or no to sex is not a concept that must be understood as part of the relevant information, preferring the approach of Hedley J in Re H [2012] EWHC 49 (COP), who had held that a relevant question was “does the person whose capacity is in question understand that they do have a choice and that they can refuse?”

Thus, Mostyn J held, the relevant information was:

1. the mechanics of the act; and
2. that there are health risks involved; and
3. that he or she has a choice and can refuse.

In adopting this approach, Mostyn J both made clear that he had been persuaded that the more nuanced approach adopted by Hedley in Re H was to be preferred to the approach that he himself had adopted in Re AB, and that this more nuanced approach aligned the civil and criminal law (see in this regard R v Azanzi).
Mostyn J also took the opportunity to comment on his decision in *Rochdale Metropolitan Borough Council v KW* [2014] EWCOP 45, saying that “[t]he state is obliged to secure the human dignity of the disabled by recognising that ‘their situation is significantly different from that of the able-bodied.’ Thus measures should be taken “to ameliorate and compensate for [those] disabilities,” and that characterising those measures as state detention was “unreal.”

Comment

There are three interesting features of this case.

1. First, the court made a negative best interests declaration – that it was not in TB’s best interests to live with her husband – rather than a positive choice between two identified alternatives. The court felt able to rule out the option of a return home, even though the current living arrangements for TB were not ideal, and to direct the local authority to improve them. It will be interesting to see how that approach fits into what the Court of Appeal says in the ACCG appeal in due course.

2. Secondly, there is now yet another statement about what the information relevant to a decision about sexual relations is. Although a consensus seems to be emerging, difficult questions such as what the extent of knowledge about health risks must be, and whether a risk that does not exist in the particular factual scenario is relevant, remain.

3. Thirdly, the judge’s further comments on the vexed issue of deprivation of liberty explain in more detail the difficulty many people have in seeing how the intensive support and care that a person requires to meet their needs could engage Article 5 ECHR. With the abrupt end to the *Rochdale* case, these questions will remain unanswered by the higher courts at this stage.

Ed. As ever, I would like to express my thanks and gratitude to specialist barristers:

Alex Ruck Keene
Victoria Butler-Cole
Neil Allen
Anna Bicarregui
Simon Edwards (P&A)

for their permission to reproduce the above case summaries which first appeared in Mental Capacity Law Newsletter, February 2015, published by 39 Essex Chambers.

28. The Mental Health Trust, The Acute Trust & The Council v DD (By her litigation friend, the Official Solicitor) and BC

The case in the Court of Protection concerned DD, a 36 yr old woman with Autistic Spectrum Disorder and borderline learning disability; she also has an attachment disorder. She had six children all with permanent substitute carers. DD has never demonstrated the desire or capacity to engage with the level of support needed to assure a child’s safety in her care.

DD is in a long term relationship with BC who has a significant learning disability.

The Court of Protection had been required on five occasions to make welfare decisions about DD’s current pregnancy.

This application was seeking a therapeutic sterilisation as DD has a “paper thin uterus”; it involved significant and grave ethical, legal and medical issues and amounted to an exceptional interference with DD’s right under Article 8 European Convention on Human Rights.

Cobb J, said:

“I have set out my reasons for my decision fully in the judgment below. I have concluded, on what is clear evidence, that DD lacks capacity to litigate; I have further concluded that she lacks capacity to make decisions about contraception and sterilisation, notwithstanding the considerable efforts which have been made to enable her to make the relevant decisions. Moreover, I have reached the view, though not without the most thorough consideration of the complex issues involved, that it is in her best interests that she be sterilised; the Applicants propose that this be achieved by laparoscopic application of Filshie clips across the fallopian tubes to occlude them, while DD is under general anaesthetic.

This case is not about eugenics. This outcome has been driven by the bleak yet undisputed evidence that a further pregnancy would be a significantly life-threatening event for DD. The Applicants’ obstetric, gynaecological and contraceptive experts strongly recommend this treatment for DD, jointly expressing themselves in these stark terms: “The risk to [DD] of a future pregnancy, especially if concealed, is highly likely to lead to her death.”

“Orders

For the reasons set out above, I propose to declare:

i) pursuant to section 15 of the 2005 Act that DD lacks capacity to litigate in relation to the relevant issues;

ii) pursuant to section 15 of the 2005 Act that DD lacks capacity to make decisions in respect of contraception;
iii) pursuant to section 15 of the 2005 Act that it is lawful and in DD's best interests to undergo a therapeutic sterilisation and authorise the applicants' staff to do so, together with the provision of all ancillary care and treatment;

Further, iv) subject to certain safeguards (more fully set out in the care plan and reflected in the proposed draft order) being required, I propose to authorise the applicants to remove DD from her home and take steps to convey her to hospital for the purposes of the sterilisation procedure, and authorise the use of reasonable and proportionate measures to ensure that she is able to receive the said treatment even if any deprivation of liberty is caused by the same;

vi) I authorise the applicants to take such necessary and proportionate steps to give effect to the best interests declarations above to include, forced entry and necessary restraint, and authorise that any interferences with DD's rights under Article 8 of the ECHR as being in her best interests."

Disciplinary cases

29. Marion Fitzgerald - Social worker struck off for withdrawing service user monies without reason

03 February 2015 - HCPC

Social worker Marion Fitzgerald has been struck off the HCPC Register on grounds of misconduct after withdrawing service users monies on six occasions despite not being their social worker, whilst employed with Leeds City Council.

A panel of the HCPC Conduct and Competence Committee heard that in August 2012, concerns were reported regarding Marion Fitzgerald’s withdrawal of £100 belonging to Service User A. Subsequently in September 2012, further concerns were reported in relation to the withdrawal of monies belonging to Service User B. Further investigation revealed that Ms Fitzgerald had withdrawn approximately £900 of Service User B’s monies in five separate withdrawals between May 2012 and August 2012.

The Panel further heard that in a meeting of 01.10.2012, Marion Fitzgerald was asked about the £900 and how it had been spent. Unable to give any clear explanation, she was invited to check her records at home but never returned to the office again. Further to a criminal investigation and internal disciplinary investigation, Ms Fitzgerald was dismissed from her employment.

The Panel decided the only appropriate and proportionate sanction was to strike the name of Marion Fitzgerald from the Register.

Marion Fitzgerald was not present or represented at the hearing.

30. Desmond Estephane - Scientist suspended for a further six months for failing to declare convictions of driving whilst disqualified and assault

04 February 2015 - HCPC

Biomedical scientist Desmond Estephane has been suspended from the HCPC Register for a further six months following a review of a suspension order imposed in 2014 as a result of dishonesty and misconduct.

A panel of the HCPC Conduct and Competence Committee conducted a first review of Mr Estephane’s suspension from the register which came into force on 5 March 2014. He was originally suspended whilst employed with the Barking, Havering and Redbridge University NHS Trust for failing to declare convictions of driving whilst disqualified and common assault, along with making discriminatory remarks about a work colleague.

Further to Mr Estephane’s lack of insight into his conduct and behaviour, the Panel could not be satisfied that there was no risk of repeated offence.

The suspension order comes into effect on the expiry of the existing order on 05.03.2015.

Desmond Estephane was present and represented at the hearing.

Cases in the news

31. ‘Serious errors’ in boy’s heart care at Leeds General Infirmary

02 February 2015 – BBC News

A hospital has apologised to the family of a boy who died after serious errors were made during heart surgery.

Bradley Brough, 11, from York, died following three operations in two days at Leeds General Infirmary in 2010.

A letter from the hospital trust was seen, admitting errors were made and saying that “confused messages” were given out.

http://www.bbc.co.uk/news/uk-england-leeds-31036612

32. ‘High risk’ pensioner killed himself after leaving care home

02 February 2015 – BBC News

An inquest has heard that a pensioner who was deemed a “high risk” of taking his own life, killed himself after he was sent home from a care home.
George Taylor, 80, was admitted to the Royal Cornwall Hospital on 24.06.2013 after taking an overdose. There were no beds available at Longreach mental health unit, Redruth, so he was sent to The Brake Manor care home in St Austell.

He asked to leave and was later found dead in his home in Probus. [http://www.bbc.co.uk/news/uk-england-cornwall-31098490]

33. NHS surgeon's private home circumcision 'misconduct'
02 February 2015 – BBC News
A fitness to practise hearing has heard that an NHS paediatric surgeon carried out private home circumcisions which failed to meet hygiene and safety standards.

Muhamad Siddiqui was employed by the University Hospital Southampon NHS Foundation Trust and it is alleged he was also paid to carry out circumcisions in family homes.

On one occasion, a child had to be taken to hospital because of mistakes he made, the Medical Practitioners Tribunal Service panel was told.

Mr Siddiqui admits carrying out the circumcisions but denies the allegations around them. [http://www.bbc.co.uk/news/uk-england-hampshire-31096693]

34. Myles Bradbury: Addenbrooke's cancer unit investigated
03 February 2015 – BBC News
An independent investigation is to take place into at Addenbrooke’s Hospital unit where a paedophile doctor worked as a children’s cancer specialist.

Myles Bradbury, 41, was jailed for 22 years, after admitting abusing 18 victims between 2009 and 2013.

The investigation will look at how the paediatric oncology unit was run and how Bradbury was able to go undetected.

An external body will be carrying out the investigation. [http://www.bbc.co.uk/news/uk-england-cambridgeshire-31114966]

35. When informality is inappropriate
03 February 2015 - Mental Capacity Law Newsletter

Summary
The Local Government Ombudsman report into the case of Mr N, a complaint against Cambridgeshire County Council makes, yet again, depressing reading. We take what follows from the summary on the LGO website, but the report should be read in full, and indeed used as a case study for training.

An elderly man, Mr N, who had been diagnosed with dementia in 2011, lived with his wife at home until April 2013, attending a day centre one day a week. His needs began to increase substantially at the start of 2013, and by June 2013 his case was a high priority. The LGO’s report sets out in admirable detail the entirely inadequate process of assessment as regards whether he should be placed in a nursing home (and if, so which) that ensued thereafter.

In consequence of this, Mr N was moved to a nursing home some 14 miles away from his marital home after his needs increased considerably in June 2013, against both the man and his family’s wishes, who wanted him closer to home. This meant that his wife had to take two buses there and back to visit him. The man’s wife, daughter and brother were told the police would be called if they tried to move him from the home. Because the man and his family made repeated requests for him to return home, the Council’s Deprivation of Liberty Safeguarding (DoLs) team should have been contacted, but never were.

Social workers completed a Mental Capacity and Best Interest Decision Record in July 2013, but the LGO found that the record was incomplete, failed to include some formal requirements and did not go into adequate detail to explain the reasoning behind the decision.

Following the investigation, the LGO found that the Council failed to consider properly whether the man’s placement in the nursing home amounted to a deprivation of liberty. The LGO also noted that Mr N’s family were never given information about how they could appeal [sic] the decision to the Court of Protection.

The LGO asked Cambridgeshire County Council to apologise to the family to acknowledge the impact the faults have had on them and assure them that the situation will not happen again. The LGO also recommended that the Council should also provide refreshers training for social care staff on mental capacity assessments, best interest decisions, deprivation of liberty, and the role of the Court of Protection and how to advise people of their rights. This may involve the council reviewing the current status of residents who may be deprived of their liberty without proper authorisation. It finally recommended that the Council should pay the family £750 in recognition of the distress and time and trouble they had been put to in making the complaint.

Comment
Reading this report alongside the judgment in Essex County Council v RF, it is difficult not to have the impression that Cambridgeshire County Council
escaped very lightly, at least in financial terms. This was undoubtedly a Neary case, and the lawfulness of the deprivation of Mr N liberty is – at best – highly questionable (as was the lawfulness of the undoubt-ed interference with his Article 8 rights, and those of his wife).

For present purposes, we want to pick out the follow-ing points of particular wider importance:

1. The LGO was highly critical of the informality of the decision-making process (both as to capacity and best interests) an informality that the Council continued to defend even during the course of the LGO investigation. The LGO emphasised the importance of complying not merely with the principles of the MCA 2005 but also the provisions of the Code of Practice in undertaking a structured approach to these vital questions;

2. The LGO rejected the Council’s contention that it was the care home’s responsibility to notify their DOL team of the potential deprivation of liberty (which the Council considered only arose where the person continued to express a desire to return home). The LGO noted that “under s25(7) of the Local Government Act 1974 [relating to authorities under investigation by the LGO], any action taken by the home is considered to be taken on behalf of the Council and in the exercise of its functions. Furthermore, the DoL Code is clear that if a healthcare or social care pro-fessional thinks that an authorisation is needed, they should inform the managing authority.” In this case, the Council was acutely aware of the circumstances of and objections to the placement.”

3. The LGO was highly critical of the Council’s – acknowledged – failure to give information to Mrs N about her options in terms of taking matters to the Court of Protection;

4. The LGO was also at pains to point out the importance of the Choice of Accommodation Directions even in a case said to be of urgency, and criticised the Council by reference to these Directions for its failure both to given sufficient consideration to closer options and to give written reasons for rejecting them.

In part because we are getting somewhat depressed ourselves by reporting upon cases such as these (especially ones where the excuse of the novelty of the MCA 2005 cannot properly be given), we would like to invite our readers to submit examples of good practice in circumstances such as these that we can highlight in a subsequent newsletter. They can, of course, be anonymous.

Ed. This matter was reported in BHCR Vol. 10, Issue 5; item 43.

36. Hospital is condemned after charity worker, 27. Kills herself on the ward
04 February 2015 - Daily Mail
A Coroner condemned care staff at Wythenshawe Hospital, Manchester for the lack of care of a Kim Lindfield who had a history of attempted suicide and who told the staff that she would “try it again” there was no referral for psychiatric help. Overall the Coroner found that neglect had played a part in the death of Ms Lindfield, he said that there were “significant failures” in her care and went on to describe the NHS investigation as “lamentable”.

Ed. Sadly, yet another example of the appalling way that many NHS investigations are undertaken, as has been commented upon by the PHSO – see item 152 in this issue of BHCR under ‘Miscellaneous’. The case is very similar to another death, a man in the next but one item.

37. Rotherham council ignored child abuse by Asian gangs because of 'misplaced political correctness', report concludes
04 February 2015 – Telegraph
A damning report into the Rotherham child sex exploi-tation scandal has found the council riven by “bullying, sexism, suppression and misplaced political correctness”.

The damning report, written by former Victims’ Com-missioner, Louise Casey, laid bare the true extent of the council’s failings and accused those in charge of deliberately trying to cover up scandal and silence whistle-blowers.

Minutes after the report’s findings were published the entire Labour Cabinet of Rotherham Council resigned and Communities Secretary Eric Pickles announced he was sending in Government Commissioners to run things until new elections could be held next year. http://www.telegraph.co.uk/news/uknews/crime/11391314/Rotherham-child-sex-abuse-scam-landed-on-the-council-not-fit-for-purpose.html

38. Disabled mum of 6 to be sterilised against her will
05 February 2015 - Daily Mail
Mother of six 'can be sterilised' - court ruling
04 February 2015 – BBC News
Report that Mr Justice Cobb, sitting in the Court of Protection, granted an exceptional order authorising the unnamed woman to be forcibly removed from her home, use necessary restraint, to take her to hospital for sterilisation. The procedure was judged as necessary as her uterus is “tissue paper thin” and another pregnancy is likely to kill her. The woman is autistic and has a mild learning disability. Her children have
all been removed and five adopted; she has shown no interest in the children.
http://www.bbc.co.uk/news/health-31128969

Ed. This case is subject of a formal law report – see summary in this issue of BHCR, item 28 - The Mental Health Trust, The Acute Trust & The Council v DD (By her litigation friend, the Official Solicitor) and BC - ante

39. Man With Mental Health Issues Dies After Failings By Two NHS Trusts
05 February 2015 - PHSO
A vulnerable patient with suicidal thoughts was found dead in a river after being let down by two trusts in East Anglia, an investigation by the Parliamentary and Health Service Ombudsman found.

The man went to Norfolk and Norwich University Hospitals NHS Foundation Trust, with his partner, because he was feeling suicidal and admitted as an acute patient. He was on the ward for more than 16 hours without adequate support.

He was eventually assessed by a doctor and then waited all night for the crisis team from the neighbouring trust, Norfolk and Suffolk NHS Foundation Trust, to see him and they did not attend until 09:00hrs the following morning. He was assessed by a mental health nurse who discharged him and recommended he attend his GP surgery and get counselling.

He was found dead three days later.

Parliamentary and Health Service Ombudsman Julie Mellor said:

“It is unacceptable that a vulnerable man received such little support when he so desperately needed it.

“A bit more time, care and attention by the Trusts may have resulted in a different outcome for him.”

The Parliamentary and Health Service Ombudsman found the initial treatment completed by the Norfolk and Norwich University Hospitals NHS Foundation Trust was inadequate. However the decision to not detain the man under the Mental Health Act was reasonable.

Norfolk and Suffolk Trust’s crisis team’s failure to attend the man was unreasonable particularly given the length of time he waited to be assessed. The eventual assessment and discharge completed by the mental health nurse was not comprehensive.

The man’s partner, Trezza Azzopardi said:

“Norfolk and Norwich Hospital Trust’s behaviour has been arrogant, dismissive and shambolic. They have compounded my distress by their complete lack of respect for me or my partner.

“They would have continued to ignore me if not for the fact that I contacted the Ombudsman Service. In its findings, the Ombudsman Service has vindicated me in my belief that the Trusts had failed my partner and myself.”

The Ombudsman Service recommended both Trusts apologise to the woman and tell her the lessons they learned from her complaint. They were asked to submit action plans to meet their obligations under the NHS Mental Health Crisis Concordat – a set of standards patients should receive in crisis care.

Julie Mellor said:

“It is absolutely crucial both Trusts learn from their mistakes and implement our key recommendations.”

The Parliamentary and Health Service Ombudsman investigates complaints from individuals about UK government departments, and other public organisations, and the NHS in England. It carries out adjudications independently, without taking sides, providing a final decision on people’s complaints. The Ombudsman Service investigates 4,000 cases a year and upholds around 42%.

40. Doctor cleared in first trial for genital cutting
05 February 2015 - The Times
Dr Dhanuson Dharamasena, 32, was accused of illegally stitching a young mother after she gave birth – in effect redoing a female genital modification which she had undergone as a child in Somalia. The doctor’s advocate said that he was a scapegoat for the failings of Whittington Hospital, North London. After a two week trial the jury returned a verdict very quickly – seen as a mark of disapproval of the jury that the case was brought to court.

41. Doctor raped young girls at the same hospital as Jimmy Savile
07 February 2015 - Daily Mail
Michael Salmon, 80, has been convicted of two rapes and a series of indecent assaults on seriously ill patients in Stoke Mandeville Hospital, Bucks.

Police are examining links between Mr Salmon, Mr Savile and a plastic surgeon, now dead, at the hospital.
Children and Youths

42. Urgent Question on child and adolescent mental health services
02 February 2015 - Parliament
Shadow Minister for Public Health, Luciana Berger is to ask an Urgent Question on child and adolescent mental health services, at 15.30hrs on 02.02.2015 in the House of Commons.

To read more and to access links to the debate/question go to item 286 in ‘Parliament’ post

Bids will be assessed against a range of criteria and allocated to ensure urgent needs are met.

Increased demand
A further fund of £2.85 million is available to non-statutory organisations that provide support to all victims of sexual abuse, and are currently experiencing increased demand. This will be administered in parallel with the Child Sexual Abuse Inquiry Fund.

Organisations are able to make bids for either or both of the available funds providing they meet the qualifying criteria.

Funds are being administered by the Office of the Police and Crime Commissioner for Norfolk, supported by the Home Office.

Home Secretary Theresa May said:
“Child sexual abuse is a despicable crime which this government is absolutely determined to eradicate. Once largely hidden, this is an issue we cannot, and must not, ignore.

“We have established a child sexual abuse Inquiry to get to the truth of what has happened in the past, and ensure it can never be repeated.

“Service providers are under considerable pressure. This funding will ensure that victims of child sexual abuse receive the support they need, when they need it.

“We know more victims are coming forward and reporting the abuse they have suffered as public confidence increases that these allegations will be taken seriously, treated sensitively and pursued vigorously.”

Bids must be submitted by e-mail to OPCCNGrants@norfolk.pnn.police.uk, and the bidding template and assessment criteria are available online.

Bidding will close on 02.03.2015. The investment will run to the end of the 2015/16 financial year.

Rise in offences
There has been a 40% increase in child sexual offences recorded by police in the last two years.

43. Child sexual abuse Inquiry: Bidding opens for victims fund
03 February 2015 - Home Office
Almost £5m now available for organisations who have seen surge in work due to Inquiry.

Organisations reporting an increase in demand on their services prompted by the child sexual abuse Inquiry can now bid for shares of a £2 million fund.

All non-statutory organisations which have seen a surge in demand from child sexual abuse survivors for their services, as a direct result of the announcement of the Inquiry, can apply for a share of the fund as of 02.02.2015.

44. Consultation outcome: Better inspection for all
03 February 2015 – Gov.uk
Proposals for a new framework for the inspection of schools, further education and skills providers and registered early years settings. Now includes a report on the responses to the consultation.
https://www.gov.uk/government/consultations/better-inspection-for-all

45. Transparency data: Adoption scorecards
03 February 2015 – Gov.uk
Data showing the amount of time local authorities take to place children in need of adoption with a family. Now updated with ‘Adoption scorecards: December 2014’ and ‘Adoption scorecards: underlying data - December 2014’ documents to correct the average length of care proceedings.
https://www.gov.uk/government/publications/adoption-scorecards
46. Child abuse payout plan submitted to Europe is unfair, claims campaigner
04 February 2015 - Irish Times

State accused of failing to be upfront about amount of compensation

Children's rights campaigner Louise O'Keeffe has accused the Irish Government of behaving like an Irish government of the 1930s by failing to tell Europe what exactly it is proposing by way of settlement offers to children sexually abused in primary schools.

Ms O'Keeffe said the State’s updated action plan failed to disclose how it proposes to compensate the victims of abuse in primary schools.

The plan was lodged last week with the Council of Europe in response to Ms O'Keeffe’s victory in the European Court of Human Rights (ECHR) last year. She compared the Government’s approach to that of the Cumann na nGaedheal government in 1931, which opted not to publish the Carrigan report because it didn’t want to highlight the extent of child sexual abuse in the country.

“This Government is behaving in almost the same way because it doesn’t want Europe to know the settlement they are offering those abused in primary schools,” Ms O'Keeffe said. “They're hiding it from Europe because they have not spelled it out clearly in their updated action plan.”

“We are 12 months on from judgment in my case and the State is telling Europe that it has been unable to enact legislation on child protection because some legislative amendments were necessary... There seems to be no urgency at all to ensure our children are protected.”

47. Committee to hold pre-appointment hearing for the Chair-designate of the statutory inquiry into child sexual abuse
04 February 2015 - Parliament

The Home Affairs Committee to hold pre-appointment hearing for the Chair-designate of the statutory inquiry into child sexual abuse

Witness
11.02.2015, Venue to be confirmed
At 14.00hrs
The Honourable Justice Lowell Goddard, Chair-designate of the Statutory Inquiry into Child Sexual Abuse

48. Statement: Independent Panel Inquiry into Child Sexual Abuse
04 February 2015 - Parliament

Home Secretary, Theresa May, made a statement in the House of Commons on 04.02.2015, on the Independent Panel Inquiry into Child Sexual Abuse.

She has appointed New Zealand High Court Judge Lowell Goddard.

Shadow Home Secretary, Yvette Cooper, responded on behalf of the Opposition.

Watch Parliament TV: Statement: Independent Panel Inquiry into Child Sexual Abuse
Read current Parliamentary material in Topics: Child care

Transcripts of proceedings in the House of Commons Chamber are available three hours after they happen in Today's Commons Debates.

Related Information
House of Commons Library analysis
The House of Commons Library produces briefing papers to inform MPs and their staff of key issues. The papers contain factual information and a range of opinions on each subject, and aim to be politically impartial.

The Library has published a briefing paper on general background information about the Independent Panel Inquiry into Child Sexual Abuse which was estab-
lished in July 2014 by the Home Secretary, Theresa May.

House of Commons Library Paper: Background to the Independent Panel Inquiry into Child Sexual Abuse

49. New Zealand judge Lowell Goddard to lead abuse inquiry
04 February 2015 - bbc.co.uk/news
New Zealand High Court judge Lowell Goddard has been named as the head of a new inquiry into historical child sex abuse in England and Wales.

The inquiry will have statutory powers and a new panel, Home Secretary Theresa May told the House of Commons.

Mrs May said she was determined to "expose despicable crimes".

Justice Goddard, who was appointed to the New Zealand High Court in 1995, said that she is "committed to leading a robust and independent inquiry".

The Auckland-born judge has previously led an inquiry into police handling of child abuse cases in New Zealand.

04 February 2015 - Parliament
Secretary of State for Communities and Local Government, Hilary Benn, made a statement in the House of Commons on 04.02.2015, on Rotherham Metropolitan Borough Council.

Shadow Secretary of State for Communities and Local Government, Hilary Benn, responded on behalf of the Opposition.

Watch Parliament TV: Statement: Rotherham Metropolitan Borough Council

Transcripts of proceedings in the House of Commons Chamber are available three hours after they happen in Today's Commons Debates.

Minister considering appointing Commissioners to replace the Council Cabinet...

Ed. I should expect so, too. The Council and a number of its officers have been absolutely shambolic, if it were not for the 1,400-or-so children who have been dreadfully sexually abused, it would be faintly amusing.

Rotherham cabinet resigned en masse in response to the report.

51. Rotherham: politicians and police ‘abused girls’
04 February 2015 - The Times
Front page item about the accusations that two politicians and a police officer had sexual intercourse with victims of the child sex abuse scandal in Rotherham. A second police officer is accused of neglect of duty after receiving information about his colleague.

52. Government in Rotherham Council takeover after abuse inquiry
04 February 2015 – BBC News
Government commissioners have been told to intervene at Rotherham Council where a culture of "complete denial" over child sexual exploitation in the town was exposed.

A report commissioned by Communities Secretary Eric Pickles said the authority was "not fit for purpose".

http://www.bbc.co.uk/news/uk-england-31130750

53. New Zealand judge Lowell Goddard to lead abuse inquiry
04 February 2015 – BBC News
New Zealand High Court judge Lowell Goddard was named as the head of a new inquiry into historical child sex abuse in England and Wales.

The inquiry will have statutory powers and a new panel, as stated by Home Secretary Theresa May to the House of Commons.

Mrs May said she was determined to "expose despicable crimes".

http://www.bbc.co.uk/news/uk-england-31130805

54. Cap on care costs for young adults proposed
04 February 2015 – BBC News
The Government in England is proposing a cap on care costs to be applied to younger adults.

Ministers have already said people aged 65 and over will have their care costs limited to £72,000 over their lifetime from 2016, but that cap will also be applied to people who develop care needs from the age of 25, according to the Department of Health.

Those needing care before the age of 25 will get it free forever.

The proposals will now be consulted on until the end of March.

http://www.bbc.co.uk/news/health-31134754
55. Child abuse investigations
04 February 2015 – BBC News
This article shows the main ongoing investigations and inquiries into historical abuse allegations in institutions around the UK.
http://www.bbc.co.uk/news/uk-28194271

56. Goddard inquiry: Northern Ireland will not be included in child abuse investigation
04 February 2015 – BBC News
Northern Ireland is not to be included in the new statutory inquiry into historical child sexual abuse being set up by the Government in Westminster.

Home Secretary Theresa May told the House of Commons that the inquiry will be confined to England and Wales.
http://www.bbc.co.uk/news/uk-northern-ireland-31132564

57. Justice Lowell Goddard will 'enhance' child abuse inquiry
04 February 2015 – BBC News
Campaigners for a child abuse inquiry have welcomed the appointment of New Zealand judge Justice Lowell Goddard as chairwoman of the independent panel.
http://www.bbc.co.uk/news/uk-31126005

58. New Zealand high court judge named as new chair of child abuse inquiry
05 February 2015 - The Guardian
New Zealand high court judge, Justice Lowell Goddard, 66, is to be the new head of the Statutory Inquiry into Child Sexual Abuse, the home secretary, Theresa May, announced in the House of Commons on 04.02.2015.

Justice Goddard has previously conducted an inquiry into the police handling of child abuse in New Zealand, said she says that she is well aware of the scale of the "crucial inquiry" that faces her.

"The inquiry will be long, challenging and complex," she said. "The many, many survivors of child sexual abuse, committed over decades, deserve a robust and thorough investigation of the appalling crimes perpetrated on them. It is vitally important that their voices are now being heard."

Goddard, will arrive in Britain next week when she will face a confirmation hearing before the Home Affairs Select Committee, said she is committed to "leading a robust and independent inquiry that will act on these matters without fear or favour and will hold those responsible to account."

She added: "The outcome of the inquiry must ensure that the children of today and the future will not only be protected from such dreadful exploitation but empowered to combat it."

59. Rotherham: finally the truth behind the lies
05 February 2015 - The Times
Culture of bullying, sexism and bias towards ethnic minorities
05 February 2015 - The Times
Councillors turned a blind eye to evidence
05 February 2015 - The Times
‘Kingpin who had influence over police’
05 February 2015 - The Times
Justice won’t be done until more abusers stand trial

Front page plus two further pages devoted to the findings of Louise Casey in her 160 page report into the conduct of Rotherham Council after the revelations of child sexual abuse across the town.

60. Shame of grooming cover-up
05 February 2015 - Daily Mail
Nobody took me seriously, says victim, but they all knew what was going on
05 February 2015 - Daily Mail
Whistleblowers bullied out of their jobs
05 February 2015 - Daily Mail
Fear that meant police and officials simply did nothing

Two pages about the rotten core of Rotherham Council as revealed in Louise Casey’s 160 report which said that, even now, the Council is “still in denial” about the sexual abuse of children which may have been up to 2,000 in total.

South Yorkshire Police has said that it will investigate a number of potentially criminal acts revealed in the report.
Ms Casey found that there was a culture in the Council of “bullying, sexism, suppression and misplaced political correctness”,

61. How I was branded a racist for exposing the truth
05 February 2015 - Daily Mail
Journalist Sue Reid writes of her experiences of the child sex abuse taking place in Rotherham and her treatment when she began to expose them some six years ago.

Ed. Of deep concern is that Ms Reid was shown abusers in Rotherham who appear still to be carrying on as before. Justice Lowell Goddard and her inquiry team have a great deal of urgently pressing business to transact quickly.

62. Child sex abuse inquiry 'must not drag on', says new head
05 February 2015 - BBC News
The new chairwoman of the historical child sex abuse inquiry in England and Wales must not "drag on" and will have achievable goals.

New Zealand High Court judge Lowell Goddard said she would run a "very effective" investigation so that it could protect children in the future.

The independent inquiry into how public bodies dealt with allegations of child sex abuse may last until 2018.

63. Rotherham abuse scandal: Key dates
05 February 2015 - BBC News
An independent report has found that at least 1,400 children were sexually exploited in Rotherham by gangs of men who were predominantly of Pakistani origin between 1997 and 2013.

It spoke of the "collective failures" of political, police and social care leadership over the first 12 years the inquiry covered.

64. Rotherham Council chief executive Jan Ormondroyd apologises for failure to act
05 February 2015 – BBC News
Jan Ormondroyd, the interim chief executive of Rotherham Council has apologised for its failure to act over the scandal of child sexual exploitation in the town.

She said the council "should have done more in the past" and apologised for the "devastating impact" it had had on people in Rotherham.

65. David Cameron says cash available for Rotherham child sex abuse victims
05 February 2015 – BBC News
Prime Minister David Cameron says that cash will be provided to help victims of child sexual abuse in Rotherham.

His announcement came a day after the resignation of Rotherham Council’s leader and cabinet.

Government commissioners were lined up to intervene after a report said the authority was "not fit for purpose".

66. Guidance: Ofsted safeguarding policy
05 February 2015 – Gov.uk
Updated policy on identifying and responding to concerns regarding the safeguarding and protection of children, young people and vulnerable adults.

67. These child abuse failures show that Rotherham is probably not alone
06 February 2015 - The Guardian
Gaby Hinsliff wrote:

For well over a decade, hundreds of vulnerable children were sexually exploited and abused by men from whom they should have been protected, not just in secret but sometimes in plain sight. What happened in Rotherham was a terrible, extraordinary thing. But what is so unsettling about Louise Casey’s report on the aftermath of the scandal is that this was made possible by the most ordinary of things.

It’s trite and misleading to portray Labour-led Rotherham as a bunch of loony lefties hamstrung by political correctness, terrified of going after mainly Asian abusers in case it looked racist. As Casey makes clear, some witnesses did describe pressure not to say that most of the perpetrators were Asian men, or to raise a perceived link with local taxi drivers, many of Pakistani origin. But others expressed openly racist views. Politicians’ attitudes towards women were so bullying and chauvinistic that one officer said the very idea of the council being too PC was laughable. The report paints a portrait of people who, far from being overly sensitive to others’ feelings, aren’t nearly sensitive enough; who even now are deep in denial about the damage done.

Several councillors nipped at the estimate of 1,400 victims, as if things would be fine had [there] been fewer.

One officer complained that Alexis Jay, whose damning inquiry first exposed the scale of grooming for abuse in Rotherham, had got their job title wrong – as if this mattered in the larger scheme of things, or somehow disproved accounts of girls being raped...
with broken bottles. Several councillors nitpicked at Jay’s estimate of 1,400 victims, as if things would be fine had it been a few hundred less. Others grumbled about the story being exposed by the “Murdoch press”. The wrong people were complaining, apparently. You wonder if some aren’t even now privately dismissing Casey because she works for that bloody Tory, Eric Pickles.

... What Casey describes is the sort of petty tensions, difficult personalities and averagely lousy management most of us will experience at least once in our working lives – which isn’t an excuse for failure so much as a worrying sign that Rotherham probably isn’t alone.

... All institutions need faintly oddball, stubborn, counter-cultural people who will ask the questions others don’t.

To read the full item, go to http://www.theguardian.com/commentisfree/2015/feb/05/child-abuse-failures-rotherham-management

68. Fury as Rotherham council boss refuses to say sorry to child abuse victims: Deputy leader shouts ‘absolutely not’ when asked if he wants to apologise

06 February 2015 - Daily Mail

- Growing outrage over failures to protect 2,000 girls by Rotherham Council
- Former deputy leader of council refused to apologise to the abuse victims
- Ex-head of children’s services yelled abuse when questioned by a reporter
- Pakistani gangs abused girls over 16 years but the council failed to act
- Whole cabinet resigned over scandal but many walked into jobs elsewhere

HOW PAID-OFF OFFICIALS WALKED INTO NEW JOBS

Joyce Thacker: Mrs Thacker earned £115,000 a year as strategic director of children and young people’s services at Rotherham.

She was deputy director from 2006, taking over the top post in 2008 and holding it until last year. In that time hundreds of children are now known to have been targeted by Pakistani grooming gangs. But the scandals on her watch did not prevent her from being handed a £40,000 pay-off when she resigned last year.

Dr Sonia Sharp: Dr Sharp was Mrs Thacker’s immediate predecessor as strategic director of children and young people’s services from 2005 to 2008, when shocking sexual abuse was rampant and the ethnic dimension of the abuse covered up.

Since leaving, she has advised officials in Malaysia responsible for child protection on ‘best practice’. She now works in Australia in education.

Ged Fitzgerald: He was the chief executive from 2001 to 2003 and was accused of allowing one report warning of child sex grooming to be suppressed and another ignored. The 53-year-old is now the £199,500 a year chief executive of Liverpool City Council.

Jackie Wilson: She was a senior manager with responsibility for safeguarding children in Rotherham during the years when widespread sex grooming crimes were going unpunished. But today as the £90,000-a-year assistant director for children and families at the council in nearby Donaster, Mrs Wilson is again entrusted with the safety of young people.

Martin Kimber: The £160,000-a-year chief executive from 2009 to 2014 refused to sack a single senior officer at Rotherham, despite damning evidence of failure and incompetence. Last September he was handed a £26,000 pay-off to go two months early.

Mark Edgell: The council leader from 2000 to 2003, he was accused of failing to give child sexual exploitation enough attention or resources. Despite this, he is now principal adviser on children’s services at the Local Government Association.


Ed. The individuals who have been caught in the headlights of the press and Parliament, and others whose names are not (at present) known widely, should carefully reflect on their conduct. The more abusive and self-justifying they become, the more difficult they will find their conduct difficult to explain when they come to be examined and cross examined before Justice Lowell Goddard and the Inquiry into Child Sex Abuse.

69. Councillor who ‘stifled talks’ on child abuse faces inquiry

06 February 2015 - The Times

The report by Louise Casey into Rotherham Council following its abject failure to address the sexual abuse of children its area has prompted the resignation of the Council Cabinet. Mahroof Huddsain, 46, is reported to be under investigation by the Labour Party after he was accused of bullying and “suppressing discussion” of issues which might upset community relations.
70. Child watchdog was too timid over Asian culprits, say MPs
06 February 2015 - The Times
Former MP Ann Cryer, and MP John Mann have each criticised Sue Berelowitz, deputy children's commissioner, of being too timid to speak out about the sexual abuse of children by British men of Paki-stani origin because she feared being labelled a rac-ist.

Ed. I expect that Ms Berelowitz will be called to give an account of herself in these matters, if not by the Home Affairs Select Committee then by Justice Lowell Goddard’s Inquiry into Historic Child Sex Abuse. Perhaps, before matters get to that point she should consider her position.

71. CYP Issues
06 February 2015 - LGO Newsletter
Fragmented and Reactive Response

Mr and Mrs R have two adopted daughters, Evie and Sally. They adopted Sally when she was five. Sally had suffered abuse and neglect in her early years and had spent time with foster carers before she was adopted. Sally is now 16 years old.

Sally’s challenging behaviour was a problem. This behaviour got worse after Sally was sexually assault-ed in November 2011.

Mr and Mrs R complained about the council’s failure to protect their daughter Sally from sexual exploita-tion. The council’s response was fragmented, reactive rather than proactive, not provided with the ur-gency needed and not regularly reviewed. The coun-cil identified that Sally was at risk of serious harm. But it then:

- failed on four occasions to conduct a section 47 investigation when Sally was at serious risk of harm
- delayed in arranging a multi-agency meeting, ex-posing Sally to further risk which resulted in her being detained in police protection
- delayed in involving the Child Sexual Exploitation service, and
- failed to use the risk assessment matrix or case management template created by the Local Safeguarding Children Board specifically for children at risk of sexual exploitation.

These failings are all fault.

A further complaint from Mr and Mrs R related to the council’s handling of allegations that they had harmed their children. We found that the council followed the correct procedures when making the decision to investi-gate these allegations. However we found the council failed to present a fair and balanced report to the Child Protection Conference and it some cases gave inaccurate and misleading information.

The council agreed to:

- make sure that all staff who deal with vulnerable children are aware of the robust procedures and follow them where a child appears to be at risk of sexual exploitation
- apologise for the distress caused by the lack of urgent response and for not following the correct procedures when assessing the risk of harm to Sally
- pay £2,500 to the family for the lack of effective support which placed a strain on the whole family, and
- review its handling of the allegations that Mr and Mrs R harmed their children with a view to repair-ing the damage done to its relationship with Mr and Mrs R.

There are more case studies in this edition of ‘CYP issues’ published by the Local Government Ombuds-man. To access the publication click here http://www.lgo.org.uk/news/2015/jan/cyp-issues/

72. Rotherham child abuse scandal: What next for a council in limbo?
07 February 2015 - bbc.co.uk/news
Dan Johnson reports.

A damning new report, Casey report, into Rotherham Council following the child sex abuse scandal has branded the town’s council “not fit for purpose”. Its leader has left and confidence in its ability to protect children remains low. Where does the town go from here?

Rotherham Council is in limbo. It is currently without a leader following the resignations of the leader and the cabinet in the wake of the Casey report's damning criticism. It will take at least two weeks for the Gov-ernment to appoint its Commissioners to take over and the Council has admitted that it needs help.

In the meantime, the deputy leader and the interim chief executive are making the decisions.
When a team was sent in to turn around neighbouring Doncaster Council in 2010, it was four years before local politicians took back control.

To read full report, go to http://www.bbc.co.uk/news/uk-england-south-yorkshire-31172939

73. Sex abuse in Rotherham and why we British women of ALL faiths must make a stand against the bigots who betray Islam

07 February 2015 - Daily Mail
Sarah Vine writes an essay – Islam is a feminist issue – in which she writes of the jihadist dogma that non-Muslim women are whores, and how the conduct of people in passions of power in Rotherham allowed political correctness to preclude proper analysis of the reports of child sex abuse.

74. Mother in 'new Baby P' case is a killer on the run

07 February 2015 - Daily Mail
Haringey Council is facing questions over why it failed to place a baby, known as 'Baby O', on its children at risk register following concerns from both police and a hospital. Baby P’s mother is Polish and who had a baby in my local maternity unit. Charlie was born at Whiston Hospital, the son of Tony Shepherd, 42, and his fiancée Viola. He was a healthy baby and when he went home an officious Midwife called to undertake a heel prick test. Mr Shepherd asked what it was for, he wasn’t told so he refused.

The matter escalated over a few days and resulted in the parents being branded potential child abusers, the police became involved and Charlie underwent two internal examinations. Ultimately, at Alder Hey Children’s Hospital after 8½ hours they left.

75. Doctors and nurses to record FGM concerns on children’s NHS records

07 February 2015 - The Guardian
Medical professionals will be asked to make a note on a child’s health record if they are potentially at risk of female genital mutilation, amid fears that doctors will be wary of treating patients who have undergone the procedure following the highly-criticised trial of a doctor who was found not guilty on Wednesday of performing FGM.

The Royal College of Nursing (RCN) has also updated its guidance to ensure that all nurses and midwives who suspect that a woman or child is at risk should report it as they would with any other suspected abuse.


76. Branded potential child abusers by NHS ‘bullies’…for simply refusing a heel prick test on our newborn baby

08 February 2015 - The Mail on Sunday
A page about a couple who live in my neck of the woods and who had a baby in my local maternity unit. Charlie was born at Whiston Hospital, the son of Tony Shepherd, 42, and his fiancée Viola. He was a healthy baby and when he went home an officious Midwife called to undertake a heel prick test. Mr Shepherd asked what it was for, he wasn’t told so he refused.

77. Brain tumour boy Ashya ‘could soon be walking unaided’

08 February 2015 - The Mail on Sunday
Heartwarming update on Ashya King who became subject to a ‘man-hunt’ after his parents removed him from hospital in England for treatment not available in the UK (proton beam therapy), via Spain where the family rested before treatment in the Czech Republic. The NHS has now ordered two Proton machines – but, its the old technology!

Conferences & Events

78. Care Act learning events

Courses from 27 January to March 2015
London & Cambridge ‘overview’ bookings closing soon!
Bookings for SCIEs two Care Act overview events in London and Cambridge, being held this week, will be closing shortly so please book now. These will be useful for local authority and care provider staff.

More Care Act learning events

SCIE plans several other learning events, covering the major issues of the Care Act such as commissioning, assessment and eligibility and safeguarding adults. They will be held from the 27.01.2015 through to March 2015 in London, Leeds, Bristol and Cambridge. Take the opportunity to learn and share with local authority staff, people who use services, carers and care providers. SCIE is offering a discount for organisations booking more than ten places on the overview events.
79. Care Act learning events from January 2015

A reminder that SCIE is running a series of learning events on the Care Act for local authority staff across England. The events will be delivered by SCIE’s Care Act experts and will be held in London, Bristol, Cambridge and Leeds from January to March 2015. The events will include opportunities to learn and share with other local authority colleagues, people who use services and carers. The overview sessions may also be of interest to care providers.

The sessions focus on areas of SCIE’s expertise including:

- **Care Act overview** - half day introduction to the main duties within the Care Act aimed at all staff within local authorities and their partners.

- **Care Act: Commissioning** – a full day learning event for commissioners of adult care and support, including commissioners of advocacy services.

- **Care Act: Assessment and eligibility** – a full day learning event for social work team leaders, heads of service, assistant directors.

**SCIE can also provide bespoke Care Act Training and consultancy. Request a quote by email train-ingandconsultancy@scie.org.uk or call 020 7535 0917**

**To receive the Care and support reform bulletin, please email:** CareBillReform@local.gov.uk

77. 17th & 18th February 2015, DSDC, University of Stirling

17th & 18th February 2015, DSDC, University of Stirling
3rd & 4th March 2015, Dublin
11th & 12th March 2015, Cardiff
21st & 22nd April 2015, DSDC, University of Stirling
5th & 6th May 2015, London
9th & 10th June 2015, DSDC, University of Stirling

**80. Best practice in dementia care**

17–18 February 2015 – Stirling

Four different programmes available for all frontline staff working within public, private and third sector care organisations

- In care home and day care settings
- In hospitals and day hospital settings
- In domiciliary, re-ablement team, home care and community settings

**NEW** - In emergency/A&E departments and minor injury units

DSDC trains a member of your staff team. This facilitator then delivers DSDC’s uniquely designed and tested course material over 6 months in their own workplace with regular support from our professional development team.

The course covers:
- the person and dementia
- person-centred care and building meaningful relationships
- communication and behavior
- support for the person with dementia, family and carers
- health and well-being
- legal aspects and issues in relation to dementia

**Forthcoming facilitator training**

The 2 day facilitator training takes place across the UK and the next scheduled dates are:

- 17th & 18th February 2015, DSDC, University of Stirling
- 3rd & 4th March 2015, Dublin
- 11th & 12th March 2015, Cardiff
- 21st & 22nd April 2015, DSDC, University of Stirling
- 9th & 10th June 2015, DSDC, University of Stirling

**81. Is a 'postcode lottery' in health justified?**

RCS Lecture Hall: 19 February 2015; 16:00-18:00 followed by a drinks reception

In a period of constrained budgets, the question of which treatments and services to fund has become an increasingly tough set of choices for national and local commissioners, and policy-makers. Is it inevitable that more rationing will take place and what is the best way of making these difficult decisions? The Nuffield Trust in partnership with the Royal College of Surgeons (RCS), will examine the issues.

Panellists include Dr David Jenner, NHS Northern, Eastern and Western Devon Clinical Commissioning Group; Ben Page, Ipsos MORI; Professor Karol Sikora, University of Buckingham; Nigel Edwards, Nuffield Trust; and Clare Marx, RCS.

**Book your place:** [http://www.eventbrite.co.uk/e/is-a-postcode-lottery-in-health-justified-tickets-14921670117](http://www.eventbrite.co.uk/e/is-a-postcode-lottery-in-health-justified-tickets-14921670117)

**Register to view online:** [https://www.eventbrite.co.uk/e/is-a-postcode-lottery-in-health-justified-tickets-14921670117](https://www.eventbrite.co.uk/e/is-a-postcode-lottery-in-health-justified-tickets-14921670117)
82. Understanding Ageing – A one day workshop
24 February 2015; 10:00 - 16:00 (Lunch will be provided)
ILC-UK, 11 Tufton Street, Westminster, London, SW1P 3QB
A one day workshop to help individuals and organisations to maximise their understanding of the impact of our ageing society.

This workshop will incorporate expert presentations and discussion on:

- How our society is ageing? [Understanding demographic change]
- What are the implications of ageing for our economy? [older consumers; macro-economic impact of ageing; older workers]
- How are policymakers and companies responding to the challenges of ageing?
- The future opportunities and challenges of ageing?

The interactive workshop will be limited to 15 participants to allow for discussion. Discussion time will provide an opportunity for you to discuss and consider the impact of demographic change on you and your organisation.

Who should attend?
Individuals or organisations:
- Interested in working with older people
- Interested in a rapid introduction to ageing policy and research
- Interested in marketing to older consumer
- Interested in how the ageing society will impact on society
- Interested in managing an older workforce

This course will be suitable for people completely new to ageing and to those who want to develop their knowledge and thinking on the issues and challenges ahead.

Cost
Attendance at workshop:
£400+VAT (corporate)
£250+VAT (not for profit)
Free (ILC-UK Partners Programme Members)

83. The Mental Capacity Act & Advance Care Planning Training

The Mental Capacity Act Training (morning workshop)
This half day workshop will give you a clear and user friendly guide to applying the Mental Capacity Act (MCA) in practice. The session will focus on the guiding principles of the Act using real practice examples. You will also get the opportunity to use case study examples in guided exercises to support learning and application to practice.

This workshop is aimed at all staff who are required to apply the MCA in practice.

Advance Care Planning Training (afternoon workshop)
This half day workshop will explore the challenges of advance care planning conversations and guide staff towards knowledge and skills which help open, and continue conversations with people as they approach the end of their lives.

This workshop is aimed at staff who are in a role which includes supporting people with long term and life limiting conditions in any setting.

The facilitators:
Elaine Bramhall is the Managing Director of Effective Communication Matters, comes from a health professional background with first-hand experience of the many challenges of providing high standards of care.

Julie Foster was appointed by the Department of Health as the Mental Capacity Act Implementation Lead for the North West following a number of years working as a Learning Disability Nurse.

Half day (1 workshop)
Subscriber rate £100 please call 020 7697 1520 if you need your online login
Non-subscriber rate £150
Click here to become an NCPC subscriber

Full day (2 workshops plus lunch)
Subscriber rate £180 please call 020 7697 1520 if you need your online login
Non-subscriber rate £270
Click here to become an NCPC subscriber

To book
Please click on the relevant link below:
*each workshop is limited to 20 places

24th February
The Mental Capacity Act (9.30 - 12.30)
Advance Care Planning (13.30-16.30)
Full day combining both workshops (9.30 - 16.30 including lunch)
25th February
The Mental Capacity Act (9.30 - 12.30)
Advance Care Planning (13.30-16.30)
Full day combining both workshops (9.30 - 16.30 including lunch)

24th March
The Mental Capacity Act (9.30 - 12.30)
Advance Care Planning (13.30-16.30)
Full day combining both workshops (9.30 - 16.30 including lunch)
http://www.ncpc.org.uk/mca-acp

84. SAVE THE DATE
26 February 2015 – The Renaissance Hotel, Manchester, M3 2EQ
An annual conference packed with informational key speakers, dynamic learning experiences and great networking opportunities for delegates.

SPEAKERS CONFIRMED!
Deborah Westhead, Deputy Chief Inspector for the North - The Care Quality Commission (CQC) will be speaking on the future of regulation and the new quality ratings system.
Roger Harcourt, Partner - Shakespeares Legal LLP will give a market outlook presentation looking at trends and opportunities within the sector.

THE DAY WILL INCLUDE:
Keynote presentations - from two main perspectives, provider and commissioner.
Interactive panel discussions with the speakers - they will be on hand to answer any questions you may have in relation to their presentations plus any other issues that you may have.

Series of workshops - designed to highlight specific issues that providers might require guidance on from a range of experts in their fields.

‘Live’ Business Clinic - your opportunity to discuss the challenges and opportunities affecting your business with a panel of industry experts.

Exhibition - take a look around our exhibition of service providers and products.

WHY SHOULD YOU GET INVOLVED?
Too many conferences leave delegates with more questions than answers. This is where CMM Insight differs. CMM Insight has built a reputation for insightful presentations that really connect with delegates' interests and needs. Our intention is to leave you with actionable ideas to develop your business.

We also have sponsorship and exhibiting opportunities available. If you would like more information on either of these, please contact Paul Leahy direct on: 01223 207770.

Keep an eye on our website for updates on this event: www.caremanagementmatters.co.uk

85. Westminster Health Forum Keynote Seminar
Next steps for mental health: funding, resources, and policy priorities
26 February 2015 – Central London
with
Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England; Dr Alison Braban, National Clinical Advisor for SMI (IAPT), NHS England and Consultant Clinical Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust; Gregor Henderson, Director, Wellbeing and Mental Health, Health and Wellbeing Directorate, Public Health England; Professor David Kingdon, Professor of Mental Health Care Delivery, University of Southampton and Honorary Consultant Psychiatrist, Southern Health NHS Foundation Trust; Professor Steve Pilling, Director, NICE National Collaborating Centre for Mental Health and Dr Laurence Mynors-Wallis, Registrar, Royal College of Psychiatrists and
Ian Callaghan, My Shared Pathway; Dr Phil Moore, NHS Kingston Clinical Commissioning Group and NHS Clinical Commissioners and Dr Matthew Patrick, South London and Maudsley NHS Foundation Trust and London Mental Health Strategic Network

Chaired by:
Baroness Hollins, Secretary, Mental Health All-Party Parliamentary Group

This event is CPD certified
Website | Book Online | Live Agenda

This seminar will look at the future for mental health service delivery - and policy priorities for the next Parliament.

Delegates will consider next steps for ensuring mental and physical health are valued equally, with the government planning to introduce waiting time targets for people with mental health problems from April 2015, and warnings from the Care Minister that mental health services for young people in England are “stuck in the dark ages”.

Further planned sessions focus on increasing access to services for those with severe mental illness, progress on providing local commissioners with intelligence, research and evidenced best practice in light
of the introduction of the Mental Health Dementia and Neurology Intelligence Networks, and the potential for e-mental health in improving service user experience.

Overall, areas for discussion include:

- Challenges for Health and Wellbeing Boards, Clinical Commissioning Groups and NHS England in effectively utilising resources;
- Priorities for integrating mental health services;
- Addressing social determinants of mental health and wellbeing;
- Children’s mental health and managing the transition to adult care;
- Next steps for personal budgets in mental health;
- Improving outcomes in severe mental illness; and
- Opportunities for e-mental health in enhancing service user experience.

The agenda has been structured following consultation with officials at NHS England. The draft agenda is available to download here.

Speakers
There will be keynote addresses from: Dr Alison Brabban, National Clinical Advisor for SMI (IAPT), NHS England and Consultant Clinical Psychologist, Tees, Esk and Wear Valleys NHS Foundation Trust; Gregor Henderson, Director, Wellbeing and Mental Health, Health and Wellbeing Directorate, Public Health England; Professor David Kingdon, Professor of Mental Health Care Delivery, University of Southampton and Honorary Consultant Psychiatrist, Southern Health NHS Foundation Trust; Professor Steve Pilling, Director, NICE National Collaborating Centre for Mental Health; Dr Laurence Mynors-Wallis, Registrar, Royal College of Psychiatrists and Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England.

Further confirmed speakers include: Ian Callaghan, National Service User Lead, My Shared Pathway; Dr Phil Moore, Deputy Chair (Clinical), NHS Kingston Clinical Commissioning Group and Board Member, NHS Clinical Commissioners and Dr Matthew Patrick, Chief Executive, South London and Maudsley NHS Foundation Trust and Director, London Mental Health Strategic Network.

Baroness Hollins, Secretary, Mental Health All-Party Parliamentary Group has kindly agreed to chair part of this seminar.

Booking arrangements
To book places, please use the online booking form.

86. The National Autistic Society's Professional Conference 2015
03 & 04 March 2015 - Harrogate
We have been extremely saddened this year by the loss of Dr Lorna Wing, one of the founders of the NAS. Dr Wing developed the concept of autism as a spectrum condition in the 1970s, and later coined the term Asperger syndrome. Her work revolutionised the way autism was regarded, and her influence was felt across the globe.

This year’s conference is dedicated to her memory and to her pioneering legacy of innovative and forward-thinking practice. That is why the theme for the conference this year is ‘Innovative approaches to support and intervention’.

Our experts on the Editorial Board have worked hard to develop yet another outstanding programme, drawing together examples of best practice across the different sectors. Keynote sessions given by top international speakers, including Professors Chris and Uta Frith and Gina Davies, will present an overview of the changing autism environment. Plus, our series of expert seminars will provide you with practical strategies to implement with your colleagues.

Seminar topics at this year’s conference include:

- using technology in the classroom
- implementing the SEN reforms
- sensory integration - evidence and good practice
- preventing cybercrime
- oral health care
- ASD and attachment problems.

Personal perspectives will be shared by world-famous speaker Jennifer O’Toole, creator of Asperkids LLC, and journalist and author Steve Silberman.

I am also excited that we’ll be hosting our Autism Professionals Awards again this year. Read more about the awards and how to nominate a colleague, or your own team.

I hope that by providing this forum to share the creative and innovative work being done across the UK and worldwide, we can work together to improve delivery of services and ensure that people with autism get to live the life they choose.

Carol Povey
Director of the Centre for Autism at The National Autistic Society and Chair of the Professional Conference Editorial Board
Specialist barrister Victoria Butler Cole will be speaking at the conference. Full details are available here.

87. Best practice in dementia care

03–04 March 2015 – Dublin
Four different programmes available for all frontline staff working within public, private and third sector care organisations

Forthcoming facilitator training

The 2 day facilitator training takes place across the UK and the next scheduled dates are:

- 17 & 18 February 2015, DSDC, University of Stirling
- 03 & 04 March 2015, Dublin
- 11 & 12 March 2015, Cardiff
- 21 & 22 April 2015, DSDC, University of Stirling
- 05 & 06 May 2015, London
- 09 & 10 June 2015, DSDC, University of Stirling

We have funding available for charitable organisations in Scotland.

For more information or to book a place contact Lynsey Manson by email at lynsey.manson@stir.ac.uk or on 01786 467732
http://dementia.stir.ac.uk/education/flagship-courses/best-practice-learning-programme

88. The New Shape of Regulation and Inspection

26 February 2015 – Holiday Inn, Bristol
03 March 2015 – Holiday Inn, Ashford Central (Kent)
05 March 2015 – Holiday Inn, Elstree
12 March 2015 – Holiday Inn, Eastleigh
17 March 2015 – Holiday Inn, Brentwood
19 March 2015 – Holiday Inn, Milton Keynes
24 March 2015 – Holiday Inn, Birmingham (Great Barr)
26 March 2015 – Holiday Inn, Ipswich

A Seminar for Providers and Managers of Services regulated under the Health and Social Care Act 2008

You are cordially invited to book places for our seminar on Regulation and Inspection of health and social care services by the Care Quality Commission. This Seminar (at 12 venues across England) will be of interest to Providers, Registered Managers and Practice Managers of services regulated by the CQC - care homes, domiciliary care agencies, dental and GP practices.

The agenda for the seminar may be subject to minor change in the light of developments in the relevant fields.

Session 1: The new regulations, statutory guidance and enforcement policy

This session will examine the new “fundamental standards” that will replace the existing “essential standards”. Compared with the current compartmentalised approach, how do the new rules affect the requirements on providers? Are these broadly-based regulations clear and ‘certain’? What is the legal ‘test’ of compliance? Does the new statutory guidance assist providers to understand what changes are expected of providers?

We will take a fresh look at the enforcement powers of the CQC in the light of the changes to its enforcement policy. Is there a change in the way in which non-compliance is to be judged? Will there be a change in the thresholds for warning notices, fixed penalty notices, and restrictive conditions?

Session 2: Extensions to regulatory requirements

This session will explore other areas of new and evolving provisions.

What is a “proportionate” approach to applications for authorisation for DoLs?
What is the new statutory duty of candour?
What is the scope of the new criminal offence of ill-treatment or wilful neglect, and will it overlap with the fundamental standards?
What should we expect of the proposed statutory underpinning of training standards?
What is the status of the NICE quality standards?
Inspection of medical records - When? Why? How?

The session will also look at particular regulatory risk areas such as dementia care, restraint, notifications, scope of DBS checks, CDs and the registered man-
The New Shape of Regulation and Inspection

Booking form - click on link for Word / .pdf forms, or to check venues www.hsc-prof.com/index4.html

89. Implementing the new statutory framework for Adult Safeguarding under the Care Act 2014: Revised Regulations and Guidance

02 March 2015 - London
This conference Chaired by Dr Mervyn Eastman Society Secretary and Co-Director Change AGEnts Network UK Ltd The Older People’s Participation Cooperative will focus on implementing the revised guidance in relation to safeguarding and meeting the deadline of 1 April 2015 for implementation of Part 1 of the regulations. The day will look at the new social care inspection system the legal basis for adult safeguarding, the implications of the Care Act 2014 o adult safeguarding boards, adult safeguarding thresholds, identification of safeguarding concerns, the practicalities of undertaking a safeguarding investigation, the changes to the Safeguarding Adults Review process, working with the police and information sharing in safeguarding.

http://www.healthcareconferencesuk.co.uk/courses/social-care-and-adult-protection-training

90. New Dates: Emerging Leaders Programme – Cohort 5
The Emerging Leaders Programme is for operational managers, senior managers and Heads of Service who want to become more effective leaders as well as for those with relevant experience who wish to be the senior managers, directors or Chief Executives of tomorrow.

With Cohort 4 fully booked and underway we have now moved the start date for Cohort 5 to September 2014 and we are currently inviting applications until Friday 1 August 2014.

The course is shaped by the participants through a process of shared learning, with your existing knowledge and skills being central to both how the programme content evolves, and to its success.

The programme will help learners rise to the challenges facing leaders in adult social care: doing more and meeting more complex needs for less; and introducing more flexible and innovative approaches, so that service users can have meaningful choice and control in their lives.

The content of each Emerging Leaders programme balances breadth and depth. Key topical aspects of leadership are covered in depth and other aspects introduced with further learning resources signposted.

Throughout we build on current thinking about leadership in social care, introducing a range of theories, models and ideas.

The core dates for the programme are scheduled as follows:

- Residential 3 – Leading to achieve: 3 and 4 March 2015
Costs
£2500 + VAT, member rate
£2750 + VAT, non-members

The new deadline for applications is 1 August 2014. Places are limited and allocated on a first come, first served basis once applications have been reviewed and accepted.

To find out more and download an application form visit our website

Email queries or register your interest in the programme by contacting leadership@nsasocialcare.co.uk or call 020 3011 5270

National Skills Academy for Social Care
Floor 9, One Euston Square, 40 Melton Street, London, NW1 2FD

91. Deaf awareness and Communication Tactics
121 Captions
06 March 2015 – Preston, United Kingdom

At the end of this session the participants will: (Learning Outcomes):
- Understand the diversity of deafness and hearing loss.
- Quote the numbers of deaf people in the UK.
- List a range of communication methods used by deaf people.
- Describe a range of environmental and other factors that can affect communication.
- List the factors that affect the deaf person’s choice of language and communication.
- Define discrimination and list the barriers to communication and information commonly experienced by deaf people.
- State how these barriers can be overcome through technological aids and personal knowledge.
- Experience different forms of communication support and know how to arrange a booking.
- Carry out a conversation with a deaf person using clear speech and communication skills.

https://www.eventbrite.co.uk/e/deaf-awareness-and-communication-tactics-tickets-15155200613

92. Conference looks at implementing the government response to Caldicott
10 March 2015 - London
The Chair of the UK Council of Caldicott Guardians, Christopher Fincken, will be discussing the new Health and Social Care Information Centre code of practice on confidential information at a conference taking place in London.

The conference will look at how organisations should be working to implement Caldicott2 and the new code of practice. The ICO’s Strategic Liaison Group Manager, Dawn Monaghan, will be presenting to discuss the data protection issues that organisations working across the health service need to be aware of when changing the way they handle personal information.

Further information about the event, including details of how you can register to attend, can be found on the conference website

94. Best practice in dementia care
11–12 March 2015 – Cardiff
Four different programmes available for all frontline staff working within public, private and third sector care organisations

In care home and day care settings
In hospitals and day hospital settings
In domiciliary, re-ablement team, home care and community settings
NEW - In emergency/A&E departments and minor injury units
DSDC trains a member of your staff team. This facilitator then delivers DSDC’s uniquely designed and tested course material over 6 months in their own workplace with regular support from our professional development team.

The course covers:
the person and dementia
person-centred care and building meaningful relationships
communication and behavior
support for the person with dementia, family and carers
health and well-being
legal aspects and issues in relation to dementia

Forthcoming facilitator training
The 2 day facilitator training takes place across the UK and the next scheduled dates are:
10 & 11 February 2015, The Mount Conference Centre, Belfast
17 & 18 February 2015, DSDC, University of Stirling
03 & 04 March 2015, Dublin
11 & 12 March 2015, Cardiff
21 & 22 April 2015, DSDC, University of Stirling
05 & 06 May 2015, London
09 & 10 June 2015, DSDC, University of Stirling

We have funding available for charitable organisations in Scotland.
For more information or to book a place contact Lynsey Manson by email at lynsey.manson@stir.ac.uk or on 01786 467732
http://dementia.stir.ac.uk/education/flagship-courses/best-practice-learning-programme

95. DoLS Assessors Conference
12 March 2015 - London
Edge’s next conference for DoLS Assessors will be held on 12.03.2015 at Lincoln’s Inn, London. The conference may be used as part of the annual refresher training for either BIAs or Mental Health Assessors and a certificate will be provided for each delegate according to their role.

Speakers:
- Alex Ruck Keene of 39 Essex Street chambers and an Edge trainer will provide a DoLS case law update
- Law Commission a speaker will provide an update on the review of DoLS and deprivation of liberty outside of the DoLS regime
- Steven Richards an Edge director will provide a ‘news flash’ on the latest DoLS news and statistics
- Javeda Jafri an Edge trainer who was previously a lead practitioner for implementation of the MCA across health and social care in Hertfordshire and had a lead role in establishing their Supervisory Body will discuss the practice issues resulting from the ‘surge’ in DoLS Applications in the first quarter after Cheshire West. Hertfordshire had 1729 applications in the first quarter post Cheshire West.
- Questions to the Speakers- delegates will have the opportunity to put their questions to the speakers in a dedicated plenary session.

All course materials, a certificate, sandwich lunch and refreshments will be provided.

Full details are available here.

96. GMC Conference 2015
16 March 2015 - London
The GMC conference next year will be on 16.03.2015 in London and will focus on how to create a culture of openness, safety and compassion. Registration will open in January.

To be kept informed, please email events@gmc-uk.org.

Take a look at the report from the 2013 conference in Manchester.

97. Conference puts UK’s role in global healthcare in the spotlight
19 March 2015
High profile ‘Exporting Healthcare’ conference will outline opportunities for UK organisations to contribute to global health.

The Exporting Healthcare conference will bring together important representatives from government, the NHS, academia, charities and providers to debate issues connected with health around the world. The conference will tackle a range of topics. It will not only be forum for healthcare businesses and organisations to put the role of the UK in global healthcare under the spotlight, but they will also share information on what opportunities and challenges lie ahead in an international context.

George Freeman MP, Minister for Life Sciences, will open the conference with a keynote address on developing healthcare solutions for international partners.

Healthcare UK is supporting the event which is being organised by Westminster Briefing.

Managing Director of Healthcare UK, Howard Lyons, said:

“Building on the success stories which exemplify the UK’s contribution to global health – from support for Ebola prevention to training healthcare professionals overseas – we need to forge even stronger ties between the wide range of British organisations at the heart of international activity.

“In this context, Healthcare UK is delighted to be supporting the Exporting Healthcare conference, which will consider the UK’s role in global health and the extent to which we can develop and refine domestic
partnerships in order to collaborate with countries across the world.

“The participation of top health professionals in the event will be crucial to its success. This debate is about bringing together representatives from across the NHS, private, government and third sectors.”

Conference programme
The conference takes place in London on March 19, 2015 and will cover a wide range of topics:

- the international market developing healthcare solutions for a global audience
- health systems development ensuring quality throughout systems
- training and education up-skilling the global health workforce
- high-quality clinical services and achieving the best results for patients
- primary and community care to reduce reliance on acute care
- care of the elderly
- prevention and public health
- reducing health inequalities

Ed. A discount was offered to those who booked places on the course two days before the press release was issued!

98. Leadership and management in dementia care
28–29 April and 9–10 June 2015 – Stirling
This innovative programme has been developed by experienced professionals from diverse practice environments with proven success in bringing about significant changes in services. This has resulted in people with dementia experiencing increased quality of life since the inception of the programme. Participants will be supported by DSDC to carry out a workplace analysis using strategies which meaningfully engage and include the views of people with dementia. Following on from this, participants will formulate and submit a transformational action plan for change in their own workplace to DSDC.

The course takes place in two parts. Two days of introduction to leadership concepts is followed by a practical workplace project. Delegates are asked to reflect upon their workplace analysis and submit a reflective account. Delegates return 4-6 weeks later for a final two day workshop presenting their analysis to their peers.

Following the 4 days attendance, participants are asked to undertake a SWOT analysis, formulate an action plan in order to achieve excellence in the support people with dementia experience. Delegates are also asked to submit a final reflective account.

The programme includes a self-study accompanying guide which can be used for on-going service improvement.

Further details
The course commences with personal contact from the course leader/s to discuss your individual requirements. This ensures the best possible outcomes for all participants.

This learning programme can also be offered at a location of your choice.

The programme is designed to be flexible to meet the needs of your teams, services and organisations.

Previous participant groups include leaders and managers in dementia care settings across health and social care, local authorities/councils, housing support services, private organisations and the third sector. http://dementia.str.ac.uk/education/training-directory/leadership-and-management-dementia-care-aspiring-excellence

99. Best practice in dementia care
05–06 May 2015 – Camden, London
Four different programmes available for all frontline staff working within public, private and third sector care organisations

In care home and day care settings
In hospitals and day hospital settings
In domiciliary, re-ablement team, home care and community settings

NEW - In emergency/A&E departments and minor injury units
DSDC trains a member of your staff team. This facilitator then delivers DSDC’s uniquely designed and tested course material over 6 months in their own workplace with regular support from our professional development team.

The course covers:
- the person and dementia
- person-centred care and building meaningful relationships
- communication and behavior
- support for the person with dementia, family and carers
- health and well-being
- legal aspects and issues in relation to dementia

Forthcoming facilitator training
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05 & 06 May 2015, London
09 & 10 June 2015, DSDC, University of Stirling

We have funding available for charitable organisations in Scotland.
For more information or to book a place contact Lynsey Manson by email at lynsey.manson@stir.ac.uk or on 01786 467732
http://dementia.stir.ac.uk/education/flagship-courses/best-practice-learning-programme

100. Care England and the RCN to run a joint conference
29 May 2015 – London
Improving the care pathways for older people is high on the agenda for health and social care. To generate a greater understanding of how both sectors can work more effectively together, Care England and the Royal College of Nursing are joining forces for a high level conference for leading figures from the NHS and social care.

This exclusive, invitation only event, ‘All together now! Breaking the boundaries of care’, will take place on 29 May 2015 at the Royal College of Nursing in Cavendish Square, London. The day’s programme will feature a line-up of informed and influential speakers, including Andrea Sutcliffe, Chief Inspector, Adult Social Care, Care Quality Commission, Jane Cummings, Chief Nursing Officer, NHS England, Dr Peter Carter, Chief Executive, Royal College of Nursing and Professor Trish Morris-Thompson, Barchester Healthcare Ltd.

Professor Martin Green, Care England Chief Executive and also one of the keynote speakers, explains the thinking behind the event. ‘Our long term aim is to break down the barriers between sectors, so this conference will enable delegates to consider ways they can work together and further improve the care given to older people.’

Delegates at the conference will also take part in discussion workshops and view a small exhibition of products and services from leading sector suppliers.

Further information is available from www.careengland.org.uk or info@careengland.org.uk.

101. Becoming an adult - Building the best future for young people with additional needs
Essential conference and exhibition for professionals and parents supporting young people with additional needs into adulthood.

This annual, one day conference and exhibition, explores the essential aspects of a young person’s transition to adulthood when they have additional needs.

The conference identifies and shares best practice, delegates will receive practical guidance to allow them to achieve the best possible transition for those they support. Main stage presentations will include representatives from central government, housing and support providers, researchers and professionals with first-hand experience of achieving the best for young people in transition.

The day comprises of three parts, the main conference, practical workshops and an exhibition of service providers and products. Delegates are free to explore all aspects of the day to ensure the event is tailored to their needs.

Register your interest by emailing cheryl.yardley@carechoices.co.uk

102. Westminster Health Forum Keynote Seminar
Improving care for older people: funding, integration, and implementing the Care Act
09 June 2015 – Central London
with Andrea Sutcliffe, Chief Inspector of Adult Social Care, CQC
Professor John Young, National Clinical Director for Integration and Frail Elderly, NHS England and
Dr José-Luis Fernández, Senior Research Fellow and Deputy Director, Personal Social Services Research Unit, London School of Economics; Tom Wright, Chief Executive, Age UK and Professor Robin Means, Past President, British Society of Gerontology and Professor of Health and Social Care, University of the West of England and
Aileen Jackson, London Borough of Richmond & Richmond Clinical Commissioning Group; Claire McIntyre, Central London Community Healthcare NHS Trust; Jonathan Zuluet, Central London Community Healthcare NHS Trust; Councillor Glenise Morgan, Bristol Health and Wellbeing Board; Richard Pantlin, techUK and Dr Mark Temple, Royal College of Physicians
This timely seminar will be an opportunity to assess policy priorities and next steps for the delivery of health and social care services for older people.

Sessions will focus on the Department of Health and NHS England’s £400 million programme for vulnerable older people, including an assessment of the early impact of policies to make GPs responsible for out-of-hospital care around the clock, and for the delivery of individual care plans. Delegates will also examine key challenges for funding and how outcomes across primary, secondary and domiciliary care can be improved.

The conference includes keynote addresses from: Andrea Sutcliffe, Chief Inspector of Adult Social Care, CQC and Professor John Young, National Clinical Director for Integration and Frail Elderly, NHS England.

Further confirmed speakers include: Aileen Jackson, Commissioning Manager, Joint Commissioning Collaborative, London Borough of Richmond & Richmond Clinical Commissioning Group; Claire McIntyre, Westminster Falls Team Lead, Central London Community Healthcare NHS Trust; Councillor Glenise Morgan, Member, Bristol Health and Wellbeing Board; Richard Pantlin, Member, Health & Social Care Council, techUK; Dr Mark Temple, Future Hospital Officer, Royal College of Physicians; Tom Wright, Chief Executive, Age UK and Jonathan Zulueta, Falls Specialist Physiotherapist, Central London Community Healthcare NHS Trust.

Overall, areas for discussion include:

- Addressing the challenges of an aging population: the impact of redesign on delivery of care;
- Regulating older people’s care;
- Financing the delivery of care for older people: implementing the cap on care costs;
- Integration, service redesign and the Better Care Fund;
- Residential care for older people: promoting independence, reducing isolation and increasing provision;
- Long-term conditions, personalisation, and supporting self-care;
- End of life care and ‘one chance to get it right’: moving from policy to reality; and
- The NHS Five Year Forward View: policy priorities for older people.

The draft agenda is available to download here.

Speakers
We are delighted to be able to include in this seminar keynote addresses from: Dr José-Luis Fernández, Senior Research Fellow and Deputy Director, Personal Social Services Research Unit, London School of Economics; Professor Robin Means, Past President, British Society of Gerontology and Professor of Health and Social Care, University of the West of England; Andrea Sutcliffe, Chief Inspector of Adult Social Care, CQC and Professor John Young, National Clinical Director for Integration and Frail Elderly, NHS England.

Baroness Barker, and Lord Best, President, Local Government Association have kindly agreed to chair this seminar. Additional senior participants are being approached.

Booking arrangements
To book places, please use our online booking form.

103. Westminster Health Forum Keynote Seminar
Improving outcomes in diabetes care
10 June 2015 – Central London

with
Professor Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England; Stewart Doyle, Health Improvement Specialist (Physical Activity), County Durham and Darlington NHS Foundation Trust; Bridget Turner, Director of Policy and Care Improvement, Diabetes UK and Jamie Waterall, National Lead, NHS Health Check Programme, Public Health England and Lesley Jordan, INPUT Patient Advocacy; Mike Merritt-Holmes, Big Data Partnership and Dr Nick Morrish, East of England Cardiovascular Strategic Clinical Network

Chaired by:
Lord Collins of Highbury, Member, All-Party Parliamentary Group for Diabetes

Seminar supported by AstraZeneca

This event is CPD certified

Website | Book Online | Live Agenda

This seminar will be an opportunity to discuss next steps for prevention and treatment of diabetes.
With Public Health England outlining plans to develop a preventative programme in its five year strategy, delegates will consider national and local initiatives to reduce the prevalence of diabetes, and how GPs, hospitals and other healthcare professionals can coordinate to improve the quality of life for service users.

Further planned sessions focus on managing comorbidities and reducing complications, next steps for personalised care, and the role of the pharmaceutical industry in delivering better outcomes.

Overall, areas for discussion include:

- Challenges for NHS England, Clinical Commissioning Groups and local authorities in preventing and treating diabetes while providing value for money;
- Progress on NHS Health Checks in identifying risk;
- Supporting healthcare professionals in ensuring diabetes is treated safely;
- Putting NICE guidelines on early diagnosis, insulin therapy and bariatric surgery into practice;
- Disseminating best practice in managing diabetes following the launch of Healthier Lives; and
- A case study on preventing diabetes at a local level.

The draft agenda is available to download [here](http://www.brunswicks.eu).

Speakers
We are delighted to be able to include in this seminar keynote addresses from: Stewart Doyle, Health Improvement Specialist (Physical Activity), County Durham and Darlington NHS Foundation Trust; Bridget Turner, Director of Policy and Care Improvement, Diabetes UK; Professor Jonathan Valabhji, National Clinical Director for Obesity and Diabetes, NHS England and Jamie Waterrall, National Lead, NHS Health Check Programme, Public Health England.

Further confirmed speakers include: Lesley Jordan, Chief Executive, INPUT Patient Advocacy; Mike Merritt-Holmes, Chief Executive Officer, Big Data Partnership and Dr Nick Morris, Consultant Diabetologist, Bedford Hospital NHS Trust and Clinical Lead for Diabetes, East of England Cardiovascular Strategic Clinical Network.

Lord Collins of Highbury, Member, All-Party Parliamentary Group for Diabetes has kindly agreed to chair a session at this seminar.

Booking arrangements
To book places, please use our [online booking form](http://www.brunswicks.eu).

**104. Westminster Health Forum Keynote Seminar**

**Developing NHS Estates: efficiency, strategic partnerships and priorities for improving GP premises**

11 June 2015 – Central London

with

Dr David Geddes, Head of Primary Care Commissioning, NHS England; Dr Brian Balmer, General Practitioners Committee Premises Negotiator and Chief Executive, North and South Essex Local Medical Committees; Conor Ellis, Author, NHS Estates Efficiency Review and Global Health Leader, EC Harris; Sam Hopkins, Partner, Real Estate, Capsticks Solicitors; Dr Sue O’Connell, Chief Executive Officer, Community Health Partnerships; Trevor Payne, Director of Estates and Facilities, Barts Health NHS Trust; Dave Sweeney, Director of Transformation, Halton Clinical Commissioning Group and Halton Borough Council and Peter Ward, Director of Healthcare Projects, John Laing

Seminar supported by Fulcrum Group

This event is [CPD certified](http://www.brunswicks.eu)

Website | Book Online | Live Agenda | Unsubscribe

This seminar will provide a timely opportunity to discuss priorities for developing NHS estates.

With the Health Secretary announcing plans to invest £1bn in community and primary care facilities in the Autumn Statement, delegates will consider next steps for improving healthcare premises to provide effective services and as work environments.

Sessions also focus on increasing efficiency and sustainability in the NHS, the potential for new strategic partnerships in raising the quality of estates, and developing facilities to support new models of care outlined in the [NHS Five Year Forward View](http://www.brunswicks.eu).

Overall, areas for discussion include:

- Commissioning new premises and the role of NHS England, Clinical Commissioning Groups and local authorities;
- Priorities for meeting primary care needs;
- Improving efficiency in NHS estates and facilities, in light of [Department of Health guidance](http://www.brunswicks.eu) on reducing costs and the selling of surplus property;
- Disseminating best practice in hospital asset management;
- Ensuring safety and security in mental health facilities;
• Collaboration and opportunities for partnerships with the private sector; and
• A case study on sustainability.

The agenda has been structured following consultation with officials at NHS England. The draft agenda is available to download here.

Speakers
There will be seminar keynote addresses from: Dr Brian Balmer, General Practitioners Committee Premises Negotiator and Chief Executive, North and South Essex Local Medical Committees; Conor Ellis, Author, NHS Estates Efficiency Review and Global Health Leader, EC Harris; Dr David Geddes, Head of Primary Care Commissioning, NHS England; Sam Hopkins, Partner, Real Estate, Capsticks Solicitors; Dr Sue O’Connell, Chief Executive Officer, Community Health Partnerships; Trevor Payne, Director of Estates and Facilities, Barts Health NHS Trust; Dave Sweeney, Director of Transformation, Halton Clinical Commissioning Group and Halton Borough Council and Peter Ward, Director of Healthcare Projects, John Laing.

Booking arrangements
To book places, please use our online booking form.

105. Westminster Health Forum Keynote Seminar
The future for health and social care commissioning: CCGs, Health and Wellbeing Boards and commissioning support
18 June 2015 – Central London
with
Bob Ricketts, Director of Commissioning Support Services Strategy and Market Development, NHS England; Dr Michael Dixon, Chair, NHS Alliance; Senior Advisor, NHS Clinical Commissioners and Chair, College of Medicine and Dr James Kingsland, President, National Association of Primary Care and
Dr Howard Freeman, NHS Partners Network; Professor Martin Green, Care England; Dr Fiona Sim, London School of Hygiene and Tropical Medicine and Hemant Patel, North East London Local Pharmaceutical Committee

This event is CPD certified

Website | Book Online | Live Agenda

This conference will be a timely opportunity to consider the post-election landscape for health and social care commissioning.

Delegates will consider progress on 5 year strategic plans for Clinical Commissioning Groups (CCGs), and next steps for commissioning primary care services, with NHS England recently publishing Next steps towards primary care co-commissioning for CCGS.

Overall, areas for discussion include:
• Challenges for commissioning across health and social care as the new Parliament begins its work;
• The future for primary care commissioning;
• The potential of Health and Wellbeing Boards in commissioning;
• Effectiveness of current commissioning support arrangements and the future for Commissioning Support Units;
• The role of GPs in the decision making process;
• Next steps for integrated commissioning; and
• A case study on outcome-based contracts;

The draft agenda is available to download here.

Speakers
We are delighted to be able to include in this seminar keynote addresses from: Bob Ricketts, Director of Commissioning Support Services Strategy and Market Development, NHS England; Dr Michael Dixon, Chair, NHS Alliance; Senior Advisor, NHS Clinical Commissioners and Chair, College of Medicine and Dr James Kingsland, President, National Association of Primary Care.

Dr Howard Freeman, Clinical Director, NHS Partners Network; Professor Martin Green, Chief Executive, Care England; Dr Fiona Sim, Research Fellow, London School of Hygiene and Tropical Medicine and Hemant Patel, Secretary, North East London Local Pharmaceutical Committee have also agreed to speak.

Additional senior participants are being approached, but if you or a colleague would like to be considered as a speaker at this seminar, please contact us at speakeroffers@forumsupport.co.uk specifying the event and session where you would like to speak and we’ll get back to you as soon as possible. If you are offering to speak yourself please don’t fill in the booking form, as this will be taken as an order and you will be charged for a place subject to our T&Cs.

Booking arrangements
To book places, please use our online booking form.
106. Westminster Health Forum Keynote Seminar
Dentistry 2015: primary care, public health, and the dental contract
07 July 2015 – Central London

with
Richard Allott, Member, Doncaster & Bassetlaw Local Dental Committee and Chair, Dental Local Professional Network, NHS England; Sampana Banga, Head of Inspection, Dentistry, CQC; Dr Helen Falcon, Chair, COPDEND and Postgraduate Dental Dean, Health Education Thames Valley; Dr Robin Mills, Vice President, British Society of Paediatric Dentistry and speakers confirmed from British Dental Association and NHS England and Professor Rebecca Harris, University of Liverpool and Royal Liverpool and Broadgreen University Hospitals NHS Trust and Rupert Hoppenbrouwers, Dental Defence Union

Chaired by:
Lord Colwyn, Vice-Chair, All-Party Parliamentary Group on Dentistry

Seminar supported by Oasis Healthcare

This event is CPD certified

Website | Book Online | Live Agenda

Delegates at this conference will assess latest developments in dentistry.

It will be a timely opportunity to discuss dental contract reform - with prototyping for the new system to start in Autumn 2015 following pilots in selected practices - as well as wider issues in dentistry, including workforce development, clinical engagement and regulation.

Overall, areas for discussion include:
- Key issues for the dental contract, including evaluating quality, improving access and rising indemnity costs
- Progress on delivering better oral health, one year on from the launch of Public Health England’s evidence-based toolkit for prevention;
- The future for primary care dentistry;
- Developments in regulation, following the introduction of CQC’s new inspection approach for dental care services;
- Latest thinking in paediatric dentistry;
- Improving oral health among the aging population; and
- Next steps for training and securing the dental workforce.

The draft agenda is available to download here.

Speakers
We are delighted to be able to include in this seminar keynote addresses from: Richard Allott, Member, Doncaster & Bassetlaw Local Dental Committee and Chair, Dental Local Professional Network, NHS England; Sampana Banga, Head of Inspection, Dentistry, CQC; Dr Helen Falcon, Chair, COPDEND and Postgraduate Dental Dean, Health Education Thames Valley; Dr Robin Mills, Vice President, British Society of Paediatric Dentistry; and speakers confirmed from British Dental Association and NHS England.

Further confirmed speakers include: Professor Rebecca Harris, Professor of Oral Health Services Research, University of Liverpool and Honorary Consultant in Dental Public Health, Royal Liverpool and Broadgreen University Hospitals NHS Trust and Rupert Hoppenbrouwers, Head, Dental Defence Union.

Lord Colwyn, Vice-Chair, All-Party Parliamentary Group on Dentistry has kindly agreed to chair part of this seminar.

Booking arrangements
To book places, please use our online booking form.

107. Care England’s Annual Conference 2015
12 November 2015, Church House, Westminster
More details will follow as the conference takes shape and more details become available.

Consultations
To follow next week

Care Quality Commission, CSSIW, Social Care and Social Work Improvement Scotland & Healthcare Improvement Scotland

108. What adult social care providers said about CQC...
02 February 2015 - CQC Newsletter

“Over 2,600 adult social care providers responded to our annual provider survey last October - thank you to everyone who took the time to share your thoughts. We have now published provisional results results from this survey on our online community. We are keen to follow up these results with providers who have had a new style inspection, and have posted a short review on the community here (login required).
109. Next independent acute health providers to be inspected

03 February 2015 - CQC

CQC has announced the next batch of independent acute health providers that we will inspect between April and June 2015.

Group 1: Full inspections of independent acute hospitals

Following pilot inspections that started in October 2014 and are due to finish in March 2015, we will be undertaking full inspections of the following independent hospitals:

- BMI Three Shires Hospital
- The Dolan Park Hospital
- Ramsay Boston West Hospital
- Southampton NHS Treatment Centre
- Spire Gatwick Park
- Transform Medical Norwich
- Transform Medical Nottingham

Following the inspection, each hospital will receive an overall rating of either: Outstanding, Good, Requires Improvement or Inadequate. We will also rate each of the core services, such as urgent care, outpatients and surgery, including cosmetic surgery, in the same way as in the NHS.

Group 2: Pilot inspections of independent single specialty acute services and non-hospital acute services

In recognition of the diversity of the independent acute sector, we are undertaking further pilot inspections of single specialty acute services and non-hospital acute services.

This is in two waves: between April and June 2015 and between July to September 2015. The following providers will be inspected during the first wave (April to June 2015):

- Frant Road Clinic (laser eye surgery)
- Marie Stopes International Reading (termination of pregnancy)
- Royal Hospitals for Neuro Disability (long term care facilities)
- InHealth Limited (diagnostic services)

As with our pilot inspections of independent acute hospitals, these providers will not receive a rating. All inspections will include announced and unannounced elements and may include inspections in the evenings and weekends when we know people can experience poor care.

Single specialty acute services

These are services that focus only or mainly on one particular specialism, such as:

- Termination of pregnancy procedures
- Haemodialysis or peritoneal dialysis
- Hyperbaric therapy
- Diagnostic imaging and endoscopy
- Diagnostic laboratory services
- Refractive eye surgery
- Fertility services
- Hair transplantation services
- Specialist inpatient services for long-term conditions.

Non-hospital acute services

The providers in this group are a diverse range of mainly single-handed practitioners providing services of a type that is considered to be more aligned to a secondary care setting than a primary care one.

110. CQC row with Circle over Hinchingbrooke laid bare

03 February 2015 – HSJ

The row between CQC and Hinchingbrooke Health Care Trust and Circle, the private company which runs the NHS hospital, was laid bare during a heated evidence session held by MPs.

111. CQC Appoints New Primary Care Lead for London

06 February 2015 - CQC

The Care Quality Commission (CQC) has appointed a new Deputy Chief Inspector for Primary Care in London.

Currently at Brent, Harrow and Hillingdon Clinical Commissioning Groups (BHH), Professor Ursula Gallagher will join CQC in May, where she will report to the Chief Inspector of General Practice, Professor Steve Field.

Ms Gallagher becomes one of four Deputy Chief Inspectors reporting to Professor Field and will play a major role in the development and implementation of...
the new approach to inspection of primary care services.

Professor Field said:

“I am delighted that Ursula will be joining CQC, particularly during such a fascinating time in the regulation of primary care.

“Ursula will play a critical role in supporting the roll out of our new approach to inspecting primary care in our capital city, highlighting the standards of practice that her team finds.

“Poor quality in primary care can have serious consequences for the health and wellbeing of a large number of people and this is one of the reasons these roles and the work of the Primary Medical Services Directorate are vitally important.

“Through regulation, we drive improvement, giving more patients good experiences of primary care.”

Professor Gallagher said:

“I’m delighted to be joining during this exciting time. I’m looking forward to working with the team and building relationships with patients and other organisations that play a role in the delivery of primary care.”

CQC started to publish ratings for all GP practices it inspects last October. These tell patients and commissioners whether the care provided is outstanding, good, requires improvement or inadequate.

Biography

Ursula Gallagher is currently the director of quality and patient safety and Governing Body Nurse member for Brent, Harrow and Hillingdon CCGs. Before that, she was director of quality and clinical governance and latterly borough director for Ealing Primary Care Trust.

She worked on the Department of Health's response to the Munro Review on child safeguarding, as well as working with the NHS Commissioning Board Authority to develop arrangements for clinical leadership in the NHS in 2012.

In 2009, she co-led the support unit for the Prime Minister’s Commission in the Future of Nursing and Midwifery.

Prof. Gallagher was a member of the Clinical Advisory Panel for The King’s Fund Inquiry into the Quality of General Practice in England.

She is also Visiting Professor in primary care leadership at Buckinghamshire New University and a trustee of the charity, Education for Health.

112. CQC Response to the Dr Foster Mortality Report
06 February 2015 - CQC

Commenting on the Dr Foster report about mortality rates, Professor Edward Baker, Deputy Chief Inspector of Hospitals, said:

“We are pleased to see the progress made by many of the original 11 hospitals placed into special measures in further reducing their mortality rates.

“It is also notable that there is a good correlation between the pattern of mortality rates and our inspection findings, with the trusts showing the strongest turnaround in mortality being the first that we recommended should come out of special measures and those that we said should remain in special measures not showing the same improvement in mortality as those that have exited.

“We are impressed by the leadership shown in many of these trusts that has led to these measurable improvements in quality.

“Our new inspection model has helped us get under the skin of hospitals so we now assess whether care is either outstanding, good, requires improvement or is inadequate. The special measures process is doing what it set out to do, and I am confident that it will lead to further improvements.”

Ed. To see Dr Foster report go to item 276 in this issue of BHCR in ‘Miscellaneous’ post.

Dementia

113. New Cross Hospital’s dementia patients unit
03 February 2015 – BBC News

A sensory garden and a relaxation room are now being used by a hospital to help patients with dementia.

New Cross Hospital, Wolverhampton, has a dedicated dementia unit, and is taking patients from across the West Midlands.

http://www.bbc.co.uk/news/uk-england-birmingham-31104772
114. 'Bird counting helped deal with mum's dementia'
07 February 2015 – BBC News
An article from a BBC Radio 4 listener who explained how counting birds has brought her closer to her mother, who has dementia.

Susan Andrews, who lives in Stratford-upon-Avon, says her mother Sheila's memory loss has impacted on the pair's relationship, but she found that watching birds together for an hour was a good way for the two to connect.

http://www.bbc.co.uk/news/health-31162364

115. DSDC Festival of Ideas
04 February 2015 - Dementia Centre, Stirling
To mark the 25th Anniversary of the Dementia Services Development Centre, The Dementia Festival of Ideas is a year-long celebration of innovation on dementia by the DSDC. It will bring together a number of self-contained but linked creative activities, such as Masterclasses on a range of topics and in different locations around the country; IdeasLabs, following the successful model of the IdeasLab event in 2014; Dementia: the Big Ask - a large-scale survey on issues about the future for frail older people; Arts events; and the International Dementia Conference at Birmingham NEC alongside the Care Show in November. The Festival of Ideas website will be fully up and running later in February but in the meantime you can sign up right now for more information/updates here.

116. Helpful hints on heating and lighting
04 February 2015 - Dementia Centre, Stirling
This publication is supported by SSE and Comic Relief. It emphasises the importance of making a safe and comfortable living environment, whilst understanding the difficulties faced by a person living with dementia, such as understanding switches and controls; articulating their discomfort when too hot or too cold. This book is being launched on the 23rd February in the Iris Murdoch Building. Book a place here.

117. One-stop guide book launch
04 February 2015 - Dementia Centre, Stirling
Professor Alistair Burns, England's Dementia Tsar describes this book as "extraordinarily useful" and "timeless" and John Humphrys, the BBC presenter and journalist says it is "Sensible advice from someone who really knows what she’s talking about".

Written by Professor June Andrews, this book is warm and funny, while giving an unflinching account of how awful hospital care can be, and how you can protect yourself and your family from the worst. Do you need to give practical advice to families, professionals and people living with dementia and Alzheimer's disease?

The book was formally launched in London on the 05.02.2015 at the The Royal Society for the encouragement of Arts, Manufactures and Commerce (RSA), and you can book your place at one of the launch events on 12.02.2015 at the University of Stirling or on 13.02.2015 in Belfast.

Booking details are here and you can read more about the book here.

118. Continuing Professional Development
04 February 2015 - Dementia Centre, Stirling
The DSDC is committed to supporting lifelong learning and through our CPD section we aim to share information sources and research on key topics. Staff can record their learning on the CPD form and store it in their professional development folders for discussion with managers during supervision and appraisal meetings.

This month the topic is Appearance and Dignity. View resources.

119. PhD research project opportunity
04 February 2015 - Dementia Centre, Stirling
Digitising the neighbourhood: Using digital technology to support understanding and development of dementia-inclusive neighbourhoods and translation into practice

Note that the stipend is double the standard amount.

Details can be found here.
120. The heartbreaking decision no family can afford to put off
04 February 2015 - Daily Mail
Two pages about the use and value of a Lasting Power of Attorney using as an example the case of Tony Smith and his partner Caroline Whitehead – who, at age 52, was diagnosed with early onset dementia. Ms Whitehead now lives in a care home – she and her partner had put in place an LPA. The article sets out the risks associated with not doing anything and what an Attorney is entitled to do.

121. Care and support for people living with dementia
06 February 2015 - The King’s Fund
With 850,000 people living with dementia in the UK and that number set to rise sharply, few people are untouched by the condition.

In his new blog, David Oliver says that despite some good progress, we still need a clear plan of action to care for people with dementia.


122. 1950s dementia day room plan for Norfolk and Norwich Hospital
07 February 2015 – BBC News
The “Golden Age” of the 1950s is to be brought to a Norfolk hospital to help elderly dementia patients.

Julie Payne, who works as a sister at Norfolk and Norwich University Hospital, wants to transform a day room to help patients “relax and reminisce” and hopes to raise £5,000 to cover the cost of period wallpaper which meets infection control guidelines.

Other decorations and items of furniture will try to make the room “look as authentic as possible”.

Many of the hospital’s dementia patients are in their 90s, and the Trust hopes the room will evoke memories and spark conversations. http://www.bbc.co.uk/news/uk-england-norfolk-31166620

Domiciliary care
123. The home care visits that last just five minutes
02 February 2015 - Daily Mail
Report that one local authority has cut care visits to as short as five minutes, and a further two attempted to reduce visits to 10 minutes.

Short ‘care slots’ were being used by 74% of local authorities in December 2014, 5% more than the previous year.

It is reported that in one case in Bradford an older person was found on the floor of their home, the carer gave the person medication and some food, but left the person on the floor. The older person is said to have remained on the floor all night.

Ed. Surely no properly trained carer would leave a person on the floor; it would be very odd if any individual would simply leave another person on the floor – without summoning help. I suspect that there is more to this story than is being disclosed.

124. Outcomes reports for community healthcare providers and Victims Services Alliance organisations
05 February 2015 - ICO
The ICO has published its latest outcomes reports looking at how community healthcare providers and Victims Services Alliance (VSA) organisations are looking after people’s information.

Outcomes reports aim to share best practice and highlight areas for improvement based on the findings of recent visits and contact with organisations in that sector.

You can see the findings and key recommendations in the community healthcare providers outcomes report and the VSA outcomes report on the ICO website.

Ireland, Scotland & Wales

Ireland
125. HIA inquiry: MLAs agree to extend deadline by one year
03 February 2015 – BBC News
The Historical Institutional Abuse (HIA) inquiry will now run for a year longer than originally planned.

The extension will add an extra £4m to the final bill, and was approved by the Northern Ireland Assembly.

The inquiry is examining allegations of child abuse in children’s homes and other residential institutions in Northern Ireland from 1922 to 1995.

It was due to deliver its final report in January 2016 but has been granted more time due to its workload. http://www.bbc.co.uk/news/uk-northern-ireland-3115876

126. RCN: District nurses’ morale at all-time low in Northern Ireland
06 February 2015 – BBC News
The Royal College of Nursing (RCN) has described morale among district nurses as being at an all-time low.
Within the past three years, district nurses have reported a total of 129 incidents of assaults or abuse.

The Department of Health declared that the assaults were unacceptable and acknowledged the pressure on all healthcare services.

http://www.bbc.co.uk/news/uk-northern-ireland-31153133

Scotland

127. MSPs questioning NHS Highland on its finances
02 February 2015 – BBC News
Last week, MSPs were questioning senior figures at NHS Highland about the health board’s finances.

The Scottish Parliament’s public audit committee was meeting with the health board’s bosses in Inverness and during a meeting of the committee in November, MSPs were highly critical of NHS Highland’s senior management handling of its then £12m deficit.

http://www.bbc.co.uk/news/uk-scotland-highlands-islands-31090050

128. Boost for campaign to improve patient experience
02 February 2015 – Scotland.gov


129. More Scots waiting longer in A&E
03 February 2015 – BBC News

New figures suggest Scotland’s A&E departments treated 91% of patients within four hours between October and December, compared to 94% in the previous quarter. It is slightly worse than England’s performance of 92.6%.

Scottish Government targets are for at least 95% of A&E patients to be seen, admitted, transferred or discharged within four hours.

http://www.bbc.co.uk/news/uk-scotland-31091696

130. Nursing leader comments on A&E figures
03 February 2015 – RCN

Theresa Fyffe, RCN Scotland Director has responded to the official A&E waiting time figures for October – December 2014:

“The longer waiting times at A&E are a symptom of a system that is struggling to cope with the ever-increasing demand it is under, so I’m glad the Scottish Government is taking steps to address this. It’s not fair for standards in patient care to suffer because the right staff and resources are not in place. This means surgery ends up being cancelled, people are admitted to the wrong ward due to a lack of beds, or end up in hospital unnecessarily because of a lack of health and social care at home or in the community.

“Nurses and the rest of the team working in our NHS are working extremely hard under great pressure, so it is imperative now that effective action is taken by the Scottish Government and health boards – alongside partners in local government and the third sector – to put the NHS and social care on a sustainable footing that meets the needs of the people they serve. Otherwise nurses and their colleagues will become more and more overburdened and patient care will continue to suffer.”


131. Funding deal prevented NHS Highland cancelling surgery
03 February 2015 – BBC News

NHS Highland has told MSPs that it might have been forced to cancel operations and cut services if the Scottish Government had not given it £2.5m.

The health board secured the funding in a deal last year.

http://www.bbc.co.uk/news/uk-scotland-highlands-islands-31110124

132. NHS Highland to take £3m of government funding early
04 February 2015 – BBC News

NHS Highland will be taking £3m of Scottish government funding meant for next year, early.

The health board’s chairman Gary Coutts said using the money early would help to prevent having to make difficult cost cutting as NHS Highland is facing a potential overspend of just under £2m in the current financial year.

http://www.bbc.co.uk/news/uk-scotland-highlands-islands-31127648

Wales

133. Welsh health boards double amount spent on agency nurses in just 12 months, new figures reveal
03 February 2015 – Wales Online

NHS agency nurse spending up 80% in one year, figures show

03 February 2015 – BBC News

New figures reveal that the amount of money spent on agency nurses within the Welsh NHS has nearly doubled in the past 12 months.

A Freedom of Information request by the Welsh Liberal Democrats, showed that over £23m was ploughed into employing agency nursing staff by the seven Welsh health boards in 2014 alone – up from £12.7m in 2103.
Since the 2010/11 financial year, more than £60m has been spent on covering temporary shortages in nursing staff.

http://www.walesonline.co.uk/news/health/amount-spent-agency-nurses-doubles-8572655
http://www.bbc.co.uk/news/uk-wales-politics-31114117

134. Welsh leukaemia patients to be offered new cancer drug on the NHS
03 February 2015 – Wales Online
Wales NHS to offer leukaemia cancer drug ponatinib
03 February 2015 – BBC News
Ponatinib - also known as Iclusig – is now to be offered if other drugs fail.

Wales will be the first part of the UK to make the drug Ponatinib routinely available for patients with all forms of chronic myeloid leukaemia (CML) and acute lymphoblastic leukaemia, after the announcement on 03.02.2015.

It is also known as Iclusig and will be offered if other drugs fail.

The Chronic Myeloid Leukaemia Support Group now wants the same opportunities to be made available to all other qualifying patients no matter where they live in the UK.

http://www.bbc.co.uk/news/uk-wales-politics-31097577

04 February 2015 – Gov.uk
Statistical Release showing information on NHS Direct Wales which is a 24 hour information line offering advice about illness, health and the NHS.


Learning Disabilities

136. CQC’s proposals for special measures for adult social care
02 February 2015 - CQC Newsletter
"Thank you to those of you who shared your views with us on our proposals for our special measures framework, which we will introduce from April 2015. We will consider this feedback, along with the feedback we have received in co-production with people who use services, their carers and families, providers, commissioners, our staff and other stakeholders, before publishing our finalised approach before April 2015"

137. Chair’s statement on care for people with learning disabilities
04 February 2015 - Parliament
A statement from The Rt Hon Margaret Hodge MP, Chair of the Committee of Public Accounts:

"People with learning disabilities, admitted to hospitals for assessment and treatment, have been badly let down by Government. More than two years since its response to the abuse of patients at the Winterbourne View hospital, it is unacceptable for Government to have failed in meeting its core commitment to move people out of mental health hospitals and into the community.

"I am appalled that the number of people with learning disabilities who are inpatients in mental health hospitals, around 2,600 in September 2014, remains unchanged since December 2013. This shows that the Department has made absolutely no progress in closing unnecessary mental health hospitals. This is hardly surprising when there is no financial incentive for local areas to bring patients home.

"The data used by NHS England to help it meet its commitments is wholly inadequate when it does not yet even accurately track the true number of people going in and out of these hospitals. It is also deeply concerning to learn that the NAO found errors in 70% of the patient records it looked at.

"Improving care in the community for people with learning disabilities who pose a risk to themselves or others is not easy, but progress in getting to grips with this has been unacceptably slow. I expect the Department and NHS England to tell my committee what they are going to do to improve this situation."
138. Ministers ‘failing’ on learning disability care pledge
04 February 2015 – BBC News
Government ‘failing’ on community care pledge
04 February 2015 – BBC News
Ministers have been accused of failing to honour a promise to move patients with learning disabilities out of institutions and into community care.

The Government made the pledge after the Winterbourne View scandal in 2011, when it came to light that vulnerable patients were the victims of serious abuse.

The National Audit Office says it has failed to stick to its word.
http://www.bbc.co.uk/news/uk-31128732
http://www.bbc.co.uk/news/uk-31123704

139. How can cookery classes help people with learning disabilities?
04 February 2015 – BBC News
A leading charity has called for more support to help adults with learning disabilities make healthier choices in their diet.

The British Institute of Learning Disabilities (BILD) told 5 Live Breakfast that people with learning disabilities find it difficult to understand the consequences of their lifestyles, so are much more likely to have diabetes, obesity, poorer health and to die younger than the general population.
http://www.bbc.co.uk/news/blogs-ouch-31115388

140. What is it like in an assessment and treatment centre?
04 February 2015 – BBC News
The BBC’s disability news correspondent was given exclusive access to one in Southampton. She was shown around by challenging behaviour pathway lead, Simon Tarrant at the Willow Assessment and Treatment Unit in Hampshire and met one of the patients.
http://www.bbc.co.uk/news/health-31137028

141. New categories for National Learning Disabilities Awards announced
04 February 2015 - The Great British Care Awards
Four new categories have been introduced to this year's National Learning Disabilities & Autism Awards.

The Making a Difference Award
We are looking for the provider or person, who has promoted inclusion and community cohesion through their work or role in the community – particularly where this has helped make a positive change happen in people’s lives. This person or team may have a learning disability or be working in the field of learning disability. We are looking for an outstanding person who works creatively and passionately to ensure people with a learning disability have equal access and involvement in their community.

The Breaking Down Barriers Award
We like it when we can see good access and easy read, as it helps to include all and encourages everyone to communicate more clearly and get around more easily. The award will celebrate an individual or organisation who have worked to make sure people get clear information and are able to contribute their views and experiences.

The Sporting Chance Award
Sport is an area where people with disabilities can be seen as achievers and winners, and participation in sport or physical activities can improve people’s health and wellbeing. We are looking for a person or team who have worked creatively to develop sporting activities in which people with learning disabilities and/or autism can choose to participate and enjoy.

The Great Autism Practice Award
The overriding goal of good autism practice is to enhance quality of life for individuals, families and supporters by making reasonable adjustments or providing support developing strategies to increase happiness and wellbeing in people with autism. This award will be presented to a team or individual who demonstrate evidence of good practice in their services and support to people with autism.

The National Learning Disabilities Show & Awards will take place on 15th May 2015 at Birmingham’s ICC. The event is being supported by the Department of Health and VODG and are being organised by Care Talk in association with the British Institute of Learning Disabilities (BILD).

The awards have been well received by the sector and are supported by the Department of Health, National Autism Society and the Care Quality Commission.

The purpose of the awards is to pay tribute to individuals or organisations who specifically support people with learning disabilities and autism and celebrate excellence in this area. Categories will range from support worker, employer, managers, trainers through to nurses and best employer of people with a disability. Nominations are being invited from across the social care sector; including private, statutory and voluntary organisations. Shortlisted finalists will be invited to attend a judging day and the winner will be announced at the gala dinner.
142. Millions wasted as disabled remain trapped in hospitals

04 February 2015 - The Times

Item which says "...hundreds of millions of pounds are still being spent on confining people with learning disabilities to hospitals after repeated failures by ministers" says the NAO; with quotes from Margaret Hodge MP of the Public Accounts Committee.

Ed. Also see item 138 in this section of BHCR.

The implication of the item is that money is being wasted in providing care in hospital; I doubt that the cost of hospital care is 'costing' society. Care in the community is likely to be more expensive overall. The better view is that people in hospitals should be helped to live in community settings if they want to. And provided always that the people are safe.

143. Care for people with learning disabilities evidence session

04 February 2015 - Parliament

The Public Accounts Committee will be holding an evidence session for the Committee's inquiry. The session will explore the issues raised in the National Audit Office report into Care services for people with learning disabilities and challenging behaviour.

Parliament TV: Care for people with learning disabilities session
National Audit Office report: Care services for people with learning disabilities and challenging behaviour
Chair's statement: Care for people with learning disabilities
Inquiry: Care for people with learning disabilities
Public Accounts Committee

Witnesses
09.02.2015, Boothroyd Room, Portcullis House
15.15hrs
• Sir Stephen Bubb, Chief Executive, ACEVO
• David Congdon, adviser to the Challenging Behaviour Foundation and former Head of Campaigns and Policy, Mencap
• Vivien Cooper OBE, Chief Executive of the Challenging Behaviour Foundation

16:00hrs
• Una O'Brien, Permanent Secretary, Department of Health
• Jon Rouse, Director General, Social Care, Local Government and Care Partnerships, Dept of Health
• Simon Stevens, Chief Executive, NHS England
• Jane Cummings, Chief Nursing Officer, NHS England

Legislation Update

144. The Health and Care Professions Council (Registration and Fees) (Amendment) Rules Order of Council 2015
03 February 2015 – OPSI

145. The General Medical Council (Maximum Period of Provisional Registration) Regulations Order of Council 2015
03 February 2015 – OPSI
http://www.legislation.gov.uk/uksi/2015/92/contents/made

04 February 2015 – Gov.uk
Factsheets accompany Part 1 of the Care Act 2014: provide an overview and the duties and powers local authorities will have in the future. Now updated with factsheet 6: reforming how people pay for their care and support and added a new factsheet 13: appeals policy proposals.

147. Ill-treatment and wilful neglect – the Criminal Justice and Courts Bill
05 February 2015 - Mental Capacity Law Newsletter February 2015 39 Essex Chambers

Although Royal Assent has yet to be given to the Criminal Justice and Courts Bill, all outstanding issues on the Bill were resolved on 21 January 2015, thereby clearing the way for the enactment of the Bill. The Bill covers much ground, including (controversially) significant limitations upon judicial review. It will also introduce amendments to appeals in relation to decisions of the Court of Protection and, importantly, new offences of ill-treatment and wilful neglect.

When the Bill becomes law, it will be an offence (under s.20) for an individual who has the care of another individual by virtue of being a care worker to ill-treat or wilfully to neglect that individual. A “care worker” is an individual who, as paid work, provides health care for an adult or a child (with certain exceptions), or social care for an adult. Significantly, a care
worker also includes those with managerial responsibility and directors (of equivalents) of organisations providing such care.

There is also a separate offence (under s.21) relating to care providers. A care provider will commit this offence where:

- an individual who has the care of another individual by virtue of being part of the care provider’s arrangements ill-treats or wilfully neglects that individual,
- the care provider’s activities are managed or organised in a way which amounts to a gross breach of a relevant duty of care owed by the care provider to the individual who is ill-treated or neglected, and
- in the absence of the breach, the ill-treatment or wilful neglect would not have occurred or would have been less likely to occur.

It should perhaps be noted in relation to what will be s.21 that this does not include those who are receiving direct payments.

Whilst we anticipate that use will be made wherever possible of the potential for using these new charges, the offence under s.44 MCA 2005 will remain of importance to cover instances of ill-treatment or wilful neglect by family members or others falling outside the category of paid care workers. In the circumstances, it is to be regretted that the opportunity was not taken in this Bill also to revisit s.44 MCA 2005 and the extremely flawed approach adopted there to capacity.

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148. The NHS under the coalition government

06 February 2015 - The King’s Fund

The Health and Social Care Act caused upheaval that has been damaging and distracting, according to our new report, which assesses the coalition government’s record on NHS reform. The report found that three years were wasted on organisational changes when the focus should have been on dealing with financial and service pressures.

It is more positive about the progress made in developing integrated care and the focus on safety and quality of patient care, which has characterised the second half of the parliament.


149. Statistics: Deprivation of Liberty Safeguards (DoLS) – Monthly Summary Statistics

Quarter 3 2014/15 (Oct-Dec)

03 February 2015 – Gov.uk

Number of DoLS applications received by Local Authorities over the period October-December 2014 (Quarter 3).


150. New DOLS forms

05 February 2015 - Mental Capacity Law Newsletter

February 2015 39 Essex Chambers

An Adass DoLS project group, led by Lorraine Currie, has carried out the unenviable task of simplifying the DoLS forms. From 32 to now 13, the new versions, available [here](#), will hopefully reduce the bureaucracy surrounding the protective regime whilst improving the quality of the assessments. Explanatory Guidance to accompany the forms is due out shortly.

The impact of Cheshire West

The latest statistics reveal that DoLS applications reached their highest level in October to December 2014. And this is only on the basis of an 83% response rate from supervisory bodies in England: the final number will be higher.

With the shortfall in best interests assessors, the government has approved a scheme which enables the College of Social Work to vet and approve BIA training courses on a temporary basis, pending the outcome of the Law Commission’s project to review the law in this area.
CQC Report on DOLS in 2013-4 (and over the past 5 years)

The CQC published on 26.01.2015 its fifth annual report on the use of the DOLS regime, covering the period 2013-4. It also takes the opportunity to reflect upon the past years since the regime came into force, as well as reporting specifically upon practice in 2013-4.

The report paints a distinctly depressing picture in many ways, although there are rays of sunshine, in particular in the examples that are given from practice where DOLS has been used to bring about positive change in a care regime.

The headline statistics as regards the impact of the Cheshire West decision (taken from an analysis of the HSCIC figures) are that the number of applications reported by most (but not all) local authorities in the first two quarters of 2014/15 (55,129) already greatly exceeds the number made by all local authorities in 2013/14 (13,220). At the end of September 2014, there were 19,429 applications where a decision was still to be made, while at the end of 2013/14 there were just 359 where a decision was still to be made.

We identify a few key points from the report below.

As the CQC notes:

“It is both striking and concerning that we have seen the same themes recurring in our reports over the last five years.

- From 2009 until the Supreme Court judgement on deprivation of liberty in March 2014, there have been consistently low numbers of Deprivation of Liberty Safeguards applications compared to the

21,000 initially predicted by the Government. This could suggest, as we highlighted in last year’s report, that providers were not recognising when someone was being deprived of their liberty, so not seeking authorization

- We continued to see regional variations in application rates. This could indicate a lack of understanding about the Mental Capacity Act (MCA). Over the last five years we have also found a wide variation in practice and training in health and social care organisations.

- Lack of understanding about, and awareness of, the wider MCA continues to be a barrier to good practice.

- Providers are failing to notify CQC when they apply for authorisation to deprive someone of their liberty [as required by Regulation 18 (4A) (4B) and (5) of the Care Quality Commission (Registration) Regulations 2009; these Regulations are not affected by the introduction of the new fundamental standards]. Since 2011, we have received notifications for just 37% of applications to supervisory bodies. This is unacceptable and we will be taking action where this problem persists.”

In respect of 6 areas, the rate of under-reporting would appear to exceed 80% for 2013-4, which is frankly astonishing. Given regional variations in applications for DOLS, it may well be that an partial explanation in respect of areas which appear to do better as regards under-reporting may not be entirely positive – it may be that providers are simply not applying in the first place.

The CQC draws attention to a number of developments, including the Chief Coroner’s Guidance issued in December 2014. The CQC does not directly comment upon the accuracy of the Guidance, which suggests that inquests are only required where there is an authorisation in place, but notes that:

“Part of the challenge in responding to the Supreme Court judgement is in raising awareness with our partners of the true nature of the Deprivation of Liberty Safeguards. For example, it is not the authorisation that causes a deprivation of liberty, rather the authorisation makes sure that any deprivation of liberty is in the best interests of the individual concerned, can be challenged, and will be regularly reviewed.

We recommend that local authority leads for the MCA and Deprivation of Liberty Safeguards create good working relationships with their local coroners. This is likely to be of great benefit to ensure that a consistent message is given to providers and so that they can work together in dealing with the considerable extra activity as a result of the Supreme Court judgement.” (emphasis in original)

Another particularly important – and depressing – area where improvement is required is in relation to the role of IMCAs challenging authorisations. As the CQC notes:

“Under section 39D of the MCA, an IMCA must be offered to the person or their unpaid RPR if they, or the local authority, feel they need support to exercise their rights and to challenge an authorisation that has already been granted. Some unpaid representatives also need support to fulfil their role and can ask the local authority to provide an IMCA to support them when required.

Local authorities told us of a range of practice in IMCA referrals, with some saying they would only instruct an IMCA if recommended by a best interests assessor. Even where there was disagreement be-
tween the person and the representative, some said they did not instruct an IMCA. This practice is to be deplored as if the RPR does not help them to challenge an authorisation, it is hard to see how many people subject to an authorisation can exercise their right to challenge it.

These differences in practice echo the findings of the most recent Department of Health report into IMCA use. These found that about a third of local authorities had not made a single section 39D referral all year, including some with over 100 Deprivation of Liberty Safeguards authorisations. The report also showed that there had been a 17% reduction in referrals for a section 39D IMCA (to help challenge an authorisation). Twenty-three percent of IMCAs in our survey said that they had been involved in appealing against an authorisation to the Court of Protection and 46% had been asked to act as a litigation friend.

IMCAs found the process lengthy and dauntingly complex. They felt that there was generally a lack of guidance for IMCAs about taking cases to the Court of Protection and because of this there were unnecessary delays. They felt that they would benefit from clear guidance about the process and how it should be used. We note that even before the rise in requests for authorisation some local authorities were not always providing the support of an IMCA or promoting their vital role in supporting the person to exercise their rights.

We recommend that local authorities and IMCA providers work together to enable IMCAs to carry out their role to support the person or unpaid RPR to challenge an authorisation to the Court of Protection when it is the person’s wish, whatever the IMCA’s views on the rightness of the authorisation.” (emphasis in original)

The CQC analysed what enforcement actions we had taken during 2013/14 with providers who were not complying with the regulations associated with the MCA and Deprivation of Liberty Safeguards. With the caveat that the statistics may not represent the entirety of the enforcement activity because of difficulties with variation in reporting by inspectors on the MCA and DOLS (a problem that itself requires work), the CQC noted that:

- Over half (19 out of 34) of all enforcement action taken under Regulation 18 (Outcome 2 – consent) contained some evidence that the provider had not complied with the MCA, including the Deprivation of Liberty Safeguards.
- Almost a quarter (23 out of 94) of all enforcement action taken under Regulation 11 (Outcome 7 – safeguarding) contained some evidence that the provider had not complied specifically with the Deprivation of Liberty Safeguards.

The CQC ”also found some common themes emerging:

- People’s capacity to make a specific decision was not being assessed.
- Decisions were being made on behalf of people without following the best interests decision making process.
- Relatives were asked to give consent without legal authority.
- The person and other people concerned with the person’s care were not always being consulted when making best interest decisions.
- There were examples of unlawful use of restraint and unauthorised deprivation of liberty.

- Lack of staff training in the MCA including the Deprivation of Liberty Safeguards.”

The CQC summarised its recommendations thus:

- Local authorities should continue to consider using advocacy services for all those subject to the Deprivation of Liberty Safeguards.
- Local authority leads for the MCA and Deprivation of Liberty Safeguards should create good working relationships with their local coroners. "This is likely to be of great benefit to ensure that a consistent message is given to providers and that they can work together in dealing with the considerable extra activity as a result of the Supreme Court judgement.”
- Local authorities and Independent Mental Capacity Advocacy (IMCA) providers should work together to enable IMCAs to support the person or their unpaid relevant person’s representative to challenge an authorisation to the Court of Protection when it is the person’s wish, whatever the IMCA’s views on the rightness of the authorisation.
- Hospitals and care homes should continue to request authorisations when they think that people are being deprived of their liberty based on the new ‘acid test’. “However, they must also continue, within the provisions of the wider MCA, to seek less restrictive options to meet the needs of each person.”
Mental Health

151. Urgent Question on child and adolescent mental health services
02 February 2015 - Parliament
Shadow Minister for Public Health, Luciana Berger is to ask an Urgent Question on child and adolescent mental health services, at 15.30hrs on 02.02.2015 in the House of Commons.

To read more and to access links to the debate/question go to item 286 in 'Parliament' post

152. Pensioner suicide: Coroner to write to health secretary
03 February 2015 – BBC News
A pensioner’s suicide has spurred a coroner to write to the Government over a "lack" of hospital beds for mental health patients in Cornwall.

George Taylor, 80, was deemed a "high risk" of taking his own life and was taken to a care home because there were no appropriate beds available.

However, less than 24 hours after being sent home from the care home Mr Taylor was found dead. An inquest jury returned a verdict of suicide. http://www.bbc.co.uk/news/uk-england-cornwall-31117564

153. Health trust shamed for dangerously restraining its patients
04 February 2015 - Daily Mail
The Norfolk and Suffolk Trust has been found by CQC to still be using a prone, hold-down restraint, despite the death of a patient, David Bennett, 38, in October 1988. Sir John Blofeld chaired an inquiry into the death in 2003 which found that restraints in the prone position were "always dangerous" and should never be used for longer than three minutes.

CQC found that the prone restraints were also used as punishments in the Norvic Clinic. It also says that it is unacceptable that some people who were secluded did not always have access to a toilet and had to use a urine bottle or bedpan.

CQC attributes the failures to the senior management and says that there is "a lack of leadership, support and awareness" in some areas.

The director of nursing says that the Clinic is implementing DH guidelines on restraint.

154. One in Five Records of Mental Health Patients Lack Evidence That Their Rights Have Been Explained to Them After Being Detained, Finds CQC
05 February 2015 - CQC
CQC expressed concern that people across England are being detained under the Mental Health Act without their legal rights being discussed or explained to them, without being fully assessed for their willingness and ability to consent to their treatment, and without always having easy access to appropriate independent advice.

In its fifth annual report on the use of the Mental Health Act published 05.02.2015 Care Quality Commission (CQC) reports that it found that 16% of the records it examined on its monitoring visits did not state that staff had given patients information about their legal rights, and that 18% did not state that staff had discussed these with them.

Last March, 23,531 people were subject to the Mental Health Act and so this could have affected as many as 4,200 of the people.

Although this is an improvement from the previous year (when 29% of the records that were inspected did not contain this information), more needs to be done.

Also, CQC has found that consent to treatment is an ongoing problem. Around a quarter of the 3,342 records that CQC checked during its visits in 2013/14 did not contain evidence that staff had assessed whether their patients were willing to consent to treatment after they had been admitted.

To add to these concerns, CQC found that some mental health facilities may not be offering people who have been detained under the Act easy access to independent advice. Around a third of the wards that CQC visited in its monitoring of the Act did not provide patients with information about the local independent mental health advocates who could offer this advice and support.

Only 14% of local authorities that responded to a survey could confirm that they had assessed the need for independent advocacy in their area.

Also, conversations that CQC had with carers' and families' revealed that many do not understand their legal position of their loved ones, even weeks and months after they had been detained.

CQC has used these findings from 2013/14 to develop its new way of inspecting and regulating mental health services across England. Also, the findings have helped to shape the new revised Code of Practice, which published last month and will be the basis for the standard of care that CQC expects for people who are cared for under the Act. CQC will carry out
further work to understand the impact of insufficient independent mental health advocacy services could be having on the quality of care.

Dr Paul Lelliott, Deputy Chief Inspector of Hospitals (lead for mental health) at the Care Quality Commission, said:

“Under the Mental Health Act, healthcare workers have the power to deprive people of their liberty and to compel them to take treatment that they do not want. It is essential in a society that respects human rights that every possible safeguard is in place to protect and empower people who are affected by the MHA.

“It is unacceptable for any patient detained under the Mental Health Act or made subject to a community treatment order to be unsure of their legal rights or to not be told immediately how they can obtain independent advice and advocacy.

“Doctors and nurses do not treat people for a physical illness without explaining what is involved and asking for their consent. The same should apply to the treatment of people detained under the MHA. Staff should engage in a full discussion of the treatment plan and ascertain whether the patient is able and willing to consent.

“The findings within our report should be a strong wake-up call to those who commission and manage these services. We expect to see improvements.

“We have already used these findings to improve our inspection model for services that use the MHA and to strengthen the Code of Practice so that people affected by the Act can receive better care.”

The Mental Health Act states that people detained in hospital or on a community treatment order should be given certain information when this happens, such as on the section of the Act that they are being detained under, their right to apply for an appeal or to make a complaint, and the rules around their consent to treatment. Also, the Act states that people should have access to Independent Mental Health Advocacy, which is an extra and impartial way to help detained patients understand their rights and treatment.

Last year, CQC rolled out its new way of inspecting and monitoring mental health services across England, which includes routinely investigating whether people subject to the Act are assessed, cared for and treated as they should be, and increasing opportunities to meet with people affected by the Act. Also, CQC is routinely collecting and assessing information of the governance systems and processes that providers have in place for the Act, such as on staff training and how services protect patients’ rights.

CQC has said that continued breaches of the Act will affect the ratings that it awards to services of Outstanding, Good, Requires Improvement and Inadequate so that the public has clear information on the performance and quality of their services, and to encourage them to improve.

**155. Preventing the most tragic of outcomes**

05 February 2015 - — DH Dr Caroline Dollery wrote:

Today is Time to Talk Day — a day encouraging us all to open up and share our mental health concerns. What better day than this to post a guest blog on suicide prevention? Dr Caroline Dollery is Clinical Director for the East of England Strategic Clinical Network for Mental Health, Dementia, Neurological Conditions, Learning Disability and Autism.

In this post, she shares the work being done by NHS England in the East of England to help prevent acute mental distress from becoming the most tragic of outcomes.

All suicides are preventable. That was the clear message which ran throughout the recent 1st annual National Suicide Prevention Alliance Conference which followed hard on the heels of the recent announcement by Deputy Prime Minister Nick Clegg in his call for the NHS to adopt a zero suicide ambition.

In the East of England we have been working on this ambition since November 2013 when Dr Ed Coffey from the Henry Ford Health System in Detroit was invited to a regional conference on suicide prevention in the East of England. He told us about his inspirational work to reduce suicide levels to zero through adopting a ‘perfect depression care pathway’ and we subsequently set up four pilot sites to turn some of this learning into action in the East of England.

Our focus is on using the same language, the same safety planning, the same involvement early on of friends, families and carers and the same focus on the removal of access to the means of suicide and quick access to evidence based treatments. However, we chose to focus our efforts in the community setting to reach the significant amount of people who die through suicide each year without ever reaching a mental health service.

Each project team has worked up a plan for its area and these have been running since April 2014. Every area is delivering innovative training in suicide prevention to GPs and wider professionals such as paramedics and the police. Currently no mandatory suicide prevention training is available for these people despite making up 30 percent of GPs’ workloads.
Gaining access to this resource has been much appreciated.

There has also been a drive on increasing community awareness through high profile public campaigns encouraging people to talk about suicide. The STOP Suicide campaign led by Mind as part of our Cambridge and Peterborough project has been particularly successful and will shortly be adopted by our project site in Essex. The Hertfordshire site has also launched a spot the signs and save a life campaign and this is quickly gaining momentum, whilst the site in Bedfordshire is running a number of local events to spread the key messages.

We are now thinking about how to take this work forward. Our current sites run until April and we are arranging an evaluation to extract the key findings to guide our next steps.

With local groundswells of energy and the national torch firmly shining on the taboo of suicide there has never been a better time to get this work done. As Dr Coffey says: “If zero isn’t the right target, what is?”

**156. Stop hiding mental illness, high-flyer urges City workers**
**05 February 2015 - The Times**

Item about Nick Baber, 41, a director and chief operating officer of KPMG who has spoken out about mental illness and his depression and he asks other City executives to talk about mental illness.

**157. Deputy Prime Minister launches search for Mental Health Heroes**
**05 February 2015 – Gov.uk**

Local Mental Health Heroes recognised by the Deputy PM

**05 February 2015 – Gov.uk**

Nick Clegg ran a search for unsung mental health heroes who have helped, supported or inspired those with mental health conditions. Now has the link to Mental Health Hero award winners.  

**158. Guidance: Monitoring the Mental Health Act: 2013 to 2014**
**05 February 2015 – Gov.uk**

The fifth annual report by CQC on its monitoring activities of the Mental Health Act 1983 (MHA).  

**Brunswicks LLP (@BrunswicksLLP)**  
9:12 AM on Fri, Feb 06, 2015:  
Home Affairs Select Ctte says: Mental Health Act shd be amended  
Too many CCGs failing to provide place of safety  
Ppl shd trip by ambulance  
https://twitter.com/BrunswicksLLaw/status/563626291002630145?

**159. Mental health illness prevalence in criminal justice system a scandal**
**06 February 2015 – Parliament**

The Home Affairs Committee says the prevalence of people with mental health illness in the criminal justice system is a scandal, as it publishes its report on policing and mental health.

**Findings**

The Committee’s main findings are:

- The Mental Health Act 1983 should be amended so that police cells are no longer stated as a place of safety for those detained under section 136.
- It is clear that too many NHS Clinical Commissioning Groups (CCGs) are failing in their duty to provide enough health-based places of safety that are available 24 hours a day, seven days a week, and are adequately staffed. CCGs must not only acknowledge local levels of demand and commission suitable health-based places of safety, they must also design local backup policies to deal with situations where places are occupied. CCGs need to provide more “places of safety” in NHS hospitals so the police are not forced into filling the gap.
- The police need to make sure they use their powers in relation to mental health correctly, to reduce the numbers detained and so reduce pressure on both the police and the NHS. Frontline staff need to learn from one another, and each organisation needs to understand the priorities of others.
- The fact that children are still detained in police cells under section 136 reflects a clear failure of commissioning by NHS Clinical Commissioning Groups. The de facto use of police cells as an alternative relieves the pressure on CCGs to commission appropriate levels of provision for children experiencing a mental-health crisis. The NHS needs to make places available to look after such children locally.
- People encountering a mental health crisis should be transported to hospital in an ambulance if an emergency services vehicle is needed. Transportation in a police car is shameful and in many cases adds to the distress. It enables the patient’s health to be monitored on the way and improves access to healthcare pathways.

Early indications of the effectiveness of the Street Triage scheme are very positive, it is important that the scheme is fully appraised. We recommend that the Government give a clear commitment that funding...
will be made available for schemes which have been proven to be cost-effective.

Chair’s comments
Rt. Hon Keith Vaz MP, Chairman of the Committee, said:

“The prevalence of people with mental health illnesses in the criminal justice system is a scandal. It is unacceptable that the police should be filling the gap because the NHS does not have the facilities to look after mentally ill people. The detention of over 6000 adults under s.136 in police cells in England last year is far too high. These people are not criminals, they are ill and often are experiencing a great deal of trauma.

“The detention of children with mental health issues in police cells must cease immediately. Last year 236 children were detained in a police cell under s.136. NHS places must be made available for children locally.

“The cost to policing budgets of police officers in custody suites having to deal with mentally ill people is huge. This puts enormous pressure on officers who are not suitably trained and is the starting point for those that are mentally ill to enter the criminal justice system. Many begin a journey which will eventually end in prison.

“Street triage has been shown to work effectively but needs clear funding. In addition, transporting mentally ill people to hospital in an ambulance, rather than a police car, shows that this is a health problem, not a policing one.”

Key facts
Mental health is estimated to be a factor in between 20% and 40% of police time.

At the moment, the law allows the police to detain someone for 72 hours if they think that person’s behaviour may be a risk to themselves or others, compared to only 24 hours if they think that person has committed a crime.

Detention under s.136
The police can detain someone using s.136 of the Mental Health Act 1983 if they think they may be a danger to themselves or others. The person is taken to a “place of safety”, in either a mental health facility, A&E or a police cell, so they can have a mental health assessment.

In 2013-14, 24,489 people were detained under s.136. Of those, 6,028 were taken to a police cell. The compares to 7,761 in 2012-13, and 9,000 2011-12.

The Royal College of Psychiatrists recommended target time for assessments in a hospital is three hours. The average delay waiting in a police cell for an assessment is over nine and a half hours.

Children
There are 161 health based places of safety in England, 35% of which do not accept anyone under-16 and 16% do not accept anyone under 18. In 2013-14, 753 children under-18 were detained under s.136 and 236 ended up in a police cell.

Under 18s detained using s.136 are statistically more likely to be taken to a police cell than an adult: 31% of under-18s went to a police station (236 out of a total of 753 in 2013-14) compared with 24% of adults went to a police cell. (6,028 out of a total of 24,489 in 2013-14.)

Regional variation in the use of s.136
There is a huge discrepancy between police forces and their use of S.136. The Metropolitan Police detained 1,645 adults under s. 136 but only 75 adults went to police cells. The Met detained 45 under-18s and zero were detained in a police cell. (The rest went to hospital.)

Sussex Police detained 1,355 adults under s.136 and 855 went to police cells. Sussex detained 45 under-18s but 20 of them went to a police cell.

Reducing the use of s.136
Some forces have made better recent progress than others in reducing the use of police cells under s.136. In 2012-13 Greater Manchester police detained 206 people, but in 2013-14 Greater Manchester police had got this figure down to fewer than five people in police cells.

In 2012-13 Thames Valley police detained 273 people in police cells, and in 2013-14 Thames Valley detained 270 people in police cells.

Deaths in custody, and shortly after contact with the police, and mental illness in 2013-14
11 people died in custody 2013-14, and of those 11, four had been identified as suffering from mental health problems.

68 people committed suicide within two days of release from police custody in 2013-14. Of these, 45 were reported to have mental health concerns (e.g. suicidal thoughts, depression). Three had been detained under the mental health act.
In police custody
What happens after custody
Joint working and the Concordat
Data problems

5 Training
Mental health awareness and identifying vulnerabilities
De-escalation and restraint
Deaths in police custody
Suicide following custody

Conclusions and recommendations
Formal Minutes
Witnesses
List of printed written evidence
List of Reports from the Committee during the current Parliament

160. Deputy Prime Minister launches search for Mental Health Heroes
06 February 2015 - DH
Nick Clegg announces a search for unsung mental health heroes who have helped, supported or inspired those with mental health conditions.

The Deputy Prime Minister is calling on people to nominate unsung mental health heroes in their local area as part of his campaign to raise awareness of mental health problems.

One in four people will experience a mental health problem this year, but for many, the stigma and discrimination that surrounds mental health will make it harder for them to speak out and seek the support they need. That’s why the Deputy Prime Minister is calling for nominations for local Mental Health Heroes to celebrate those from every region – from healthcare professionals to next door neighbours – who have gone above and beyond to help, support or inspire people with mental health conditions.

Find out who the Mental Health Heroes award winners are. They were announced on 05.02.2015 - #TimeToTalk Day.

Deputy Prime Minister Nick Clegg said:

“It could be the woman sitting next to you on the bus, the dad picking his child up at the school gates or a colleague from work – everyone knows someone living with a mental health problem.

“I want to celebrate those who have gone that extra mile, whose passion and commitment have helped someone get through their darkest days and helped challenge the taboo around mental health which has existed for far too long.

“It is my ambition to bring mental health out of the shadows and create a fairer society where people can speak up about how they feel and get the support and treatment they need to live the life that they choose.”

The winning nominees were invited to a ceremony in London on 05.02.2015, which marked Time to Change’s ‘Time to Talk Day’ to encourage people to speak out about mental health and spread the message that mental illness is nothing to be ashamed of.

Norman Lamb, Care and Support Minister, said:

“Mental illness touches us all and, everyday, people in our communities are doing amazing things to improve the lives of those affected. We want to recognise and reward them.”
“I am determined to end discrimination faced by people with mental illness, which is why we’re continuing to fund Time to Change and support Time to Talk Day. Everyone has a part to play in tackling stigma and this is an important opportunity to start the conversations that will make lasting change”.

The awards are part of the Deputy Prime Minister’s on-going work to bring awareness and treatment for mental health in line with physical health. In government he has helped build a strong foundation for the improvement of mental health services, securing:

- the UK’s first Mental Health Taskforce to combine the efforts and resources of ministers from across the coalition
- £400 million investment expanding talking therapies
- £150 million investment in treatment and support for children and young adults with eating disorders
- £120 million investment in mental health to include the introduction in April 2015 of the first ever waiting time standards for mental health in the NHS
- £54 million for the Children and Young People’s Improving Access to Psychological Therapies programme
- £7 million investment to fund 50 new inpatient beds for children and young people

If you would like to nominate someone for the Deputy Prime Minister’s Local Mental Health Hero Award, complete the nomination form by Tuesday 27 January 2015.

161. New report published looking at the use of the Mental Health Act in 2013/14
06 February 2015 - CQC

The Mental Health Act is now 30 years old and CQC has been responsible for reviewing uses of the Act for the past five years.

CQC’s latest report, Monitoring the Mental Health Act in 2013/14, shows that use of the Act continues to grow with 23,531 people subject to the act at the end of 2013/14 - an increase of 6% from 2012/13. The data also shows that black and minority ethnic people continue to be overrepresented in the detained population. CQC reiterated its call for mental health care providers to undertake ethnic minority monitoring of their activities.

84% of records examined showed that patients had received information about their legal rights, with evidence of staff discussing rights with patients in 82% of records – an increase from 71% from last year.

The mental health inpatient system was again running over capacity. The number of available mental health NHS beds in Q4 2013/14 had decreased by almost 8% since Q1 2010/11. This is putting Approved Mental Health Practitioners under extreme pressure to admit people under the Act just obtain a bed.

In 2012/13, there were reported 21,814 uses of section 136 in England, which rose to 24,489 in 2013/14, an increase of 12%.

While there have been small improvements, CQC found that the provision of and access to child and adolescent services was not good enough. The needs and best interests of patients under 18 must be taken into account when accessing mental health services.

Services for people with a learning disability continue to vary. CQC is particularly concerned that hospital placements for people with learning disabilities are still not appropriate. In 2013, the HSCIC learning disabilities census showed that 40% of inpatients were in hospitals 50 kilometres from their home.

Inspectors continued to find issues with processes around consent to treatment. Practice has improved over the last five years. However, it is unacceptable that, in over a quarter of the records checked in 2013/14, there was no evidence of a patient’s consent to treatment on admission.

Use of treatments subject to special rules have continued to be monitored and procedures. In 2013/14 there was a decline in the number of requests for electroconvulsive therapy certification, with 127 Second Opinion Appointed Doctor (SOAD) visits per month in 2013/14.

However, data on physical restraint practices is still incomplete, with only 27 organisations submitting data to the Mental Health Minimum Data Set. This is unacceptable. All providers must make sure that they are consistently recording all incidents of restraint.

24 visits were made to look at the use of community treatment orders (CTOs) and spoke to 175 people under CTOs. CQC is concerned that CTO patients still report feeling that they have little or no choice about the conditions of the CTO and that they are bound by law to take their medication.

Download the full report
162. End scandal of mentally ill being held in police cells, MPs say
06 February 2015 – BBC News
A Home Affairs Committee report has called for a change in the law so that police cells were no longer designated as a “place of safety” under the Mental Health Act.

About 6,000 adults and 200 children with mental health issues were detained in police cells last year because of a shortage of space in NHS hospitals.

Home Secretary Theresa May said the Government were reducing the numbers.
http://www.bbc.co.uk/news/uk-31149226

163. Mental health warning to councils running own services
08 February 2015 – BBC News
A charity has claimed that local councils trying to provide mental health care are “storing up problems” for the future.

Replacing specialist services with generic care to cut costs would result in long-term problems for some, according to Alun Thomas, Hafal’s Chief Executive.

He claimed many people would “end up losing portions of their lives”.
http://www.bbc.co.uk/news/uk-wales-politics-31162903

Miscellaneous

164. Intermediate care – a remedy-in-waiting
02 February 2015 - Geoff Hodgson Editor Caring Times
Several years ago I visited a privately-run rehabilitation centre in Germany. The clientele was varied – a lot of older people recovering from strokes and hip operations, middle-aged people getting over their bypass surgery and young motorcyclists and skiers with an assortment of fractures, all tended by a small army of specialist physios, OTs and highly trained care workers.

“This works,” Herr Direktor said simply when we had finished the tour.

“We get people back home or back to work very quickly. The intensive rehabilitation we deliver means we maximise the benefit of the hospital treatment they have had, reducing the risk of complications and greatly minimising readmission to hospital.”

A German health service representative on the tour said the State was happy to fund such centres because they had proved their worth both economically and in terms of clinical outcomes.

About 12 years ago, much was being made in this country of ‘intermediate care’ (policyspeak for rehabilitation). Some care home operators thought they’d give it a go, only to find that the then PCGs began commissioning the lowest priced services and the serious players found themselves starved of placements.

A recent report from the Department of Health said England needed twice the present level of intermediate care provision. Given the parlous state of the NHS it is a little surprising that some politician or other hasn’t rekindled the intermediate care flame.

Could it be that the NHS, hooked on high-tech intervention and pharmaceutical fixes, refuses to see the solution which a serious commitment to intermediate care offers? Could it be the persisting bogey of the anathema of private provision?

Whatever the outcome of the General Election, it is to be hoped that ministers will start banging some heads together. Health and social care integration remains a dream. A commitment to intermediate care would go a long way towards making it a reality.

The CT Blog is written in a personal capacity – comments and opinions expressed are not necessarily endorsed or supported by Caring Times.

165. NICE consults on new guideline to identify and treat skin cancer (melanoma) earlier
02 February 2015 - NICE
NICE has developed its first guideline to reduce the numbers of people dying from the skin cancer melanoma. The draft guideline is aimed at tackling wide variation across the country in diagnosis and treatment.

Melanoma is a type of skin cancer which can spread to other parts of the body. It is most common in people who have pale skin, or many moles or tend to burn in the sun. It occurs when some cells in the skin begin to develop abnormally and is thought to be caused by exposure to ultraviolet (UV) light from natural or artificial sources. There are currently around 13,500 new cases diagnosed each year in the UK and more than 2,000 people die each year from melanoma – more than all other skin cancers combined – and incidence is predicted to increase by 50% in the next 15 years.

The new guideline focuses on diagnosing and managing melanoma, working out how far it has progressed (staging), identifying treatments for each stage of the disease, including when the cancer has spread, and outlines the best follow-up care after treatment for melanoma.
Commenting on the new draft recommendations, Professor Mark Baker, Centre for Clinical Practice director at NICE, said:

“The number of people being diagnosed with melanoma is rising at a worrying rate – faster than any other cancer. If it is caught early, the melanoma can be removed by surgery. If it is not diagnosed until the advanced stages it may have spread, so is harder to treat. However, there are a number of options available to help slow the progress of the disease and improve quality of life.

“The new draft guideline addresses areas where there is uncertainty or variation in practice, and will help clinicians to provide coherent and consistent care for people with suspected or diagnosed melanoma wherever they live.”

Draft recommendations include:

- Dermoscopy and other visualisation techniques: Assess all pigmented skin lesions that are referred for further assessment, and during follow-up, using dermoscopy carried out by healthcare professionals trained in this technique.

- Assessing the progress of the melanoma: Consider sentinel lymph node biopsy as a staging rather than a therapeutic procedure for people with stage 1B-2C melanoma with a Breslow thickness of 1 mm or more, and give them detailed verbal and written information about the possible advantages and disadvantages.

- Completion lymphadenectomy: Consider completion lymphadenectomy for people with a positive sentinel lymph node biopsy (stage 3A melanoma) and give them detailed verbal and written information about the possible advantages and disadvantages.

- Follow-up after treatment for melanoma: Consider surveillance imaging as part of follow-up for people who have had stage 2C with no sentinel lymph node biopsy or stage 3 melanoma and who would become eligible for systemic therapy as a result of early detection of metastatic disease in certain circumstance.

The draft guideline will be available on the NICE website from 30.01.2015 (www.nice.org.uk).

166. New language ability checks for EU trained healthcare workers
02 February 2015 - DH
New proposals will let the NMC, GDC, GPhC and PSNI ask for evidence of English language ability.

The proposals will apply to EU trained nurses, midwives, dentists, dental care professionals, pharmacists and pharmacy technicians who want to work in the UK.

The proposed changes will let the regulators affected by the proposals ask for evidence of English language competence from those trained in the EU who apply for registration with them, to work as healthcare professionals in the UK.

If an applicant can’t give evidence of their knowledge of English, they will be asked to take an internationally recognised language test.

Not all EU applicants will be required to sit a language test, but ensuring assessments can be undertaken where there are concerns about their knowledge of English will enable the introduction of a fair and proportionate system to help protect the public.

The department recently consulted on these proposals and we have reported on the consultation outlining a summary of responses received.

The amendment Order will be laid in Parliament shortly, which, subject to Parliamentary approval, should be in place by March 2015.

Following another public consultation the regulators will then work to implement these changes through amendments to their rules. The new procedures will come into effect later this year.

167. Health & Social care will be a key issue in General Election
02 February 2015 - wired-gov.net
Socitm has published a new guide to ‘the information & technology challenges and opportunities arising from recent & forthcoming changes in health and social care’. Redesigning health & social care is a 22 page document written for senior policy & decision-makers across these and related sectors. It provides a high-level, illustrated guide to recent and forthcoming reforms, including the Health and Social Care Act 2012 and the Care Act 2014, and sets out some of the consequences, especially for IT and digital policy & activity.

Researched Links:
Socitm publishes new guide to IT & digital opportunities in a rapidly changing health & social care landscape
PX: Smarter use of technology and data could save local authorities £10bn by 2020
Socitm welcomes Policy Exchange report Better connected 2015 – out on 2 March
168. Does this ‘Disarm’ a ‘Weaponised’ Labour policy offensive?
02 February 2015 - wired-gov.net
Public satisfaction with the way the National Health Service runs has risen to its second highest level ever, according to British Social Attitudes survey data for 2014 published by The King’s Fund. With less than 100 days until voters go to the polls in a general election, where the NHS seems certain to be a central issue, the survey data provides an important barometer of how the public views the NHS.

Researched Links:
TKF: Public satisfaction with the NHS at second highest level ever, shows research for latest British Social Attitudes survey

169. Poor communication is at heart of many dental complaints, finds ombudsman
02 February 2015 - PHSO
The Parliamentary and Health Service Ombudsman has urged dentists to be clearer with patients about charging to help avoid confusion about costs.

Over the past two years it identified 27 cases where confusion about dental charging was an issue. The Ombudsman Service reviewed all dental cases concluded over the last two years following a study published by Which?.

Which’s study found that a number of dentists are failing to spell out the treatment patients need, to provide details on NHS and private options or to explain the costs of treatment to patients.

The Ombudsman’s findings showed that:-

- the current system is confusing for both patients and dentists and can sometimes mean patients are overcharged.
- some patients do not know whether or not they are entitled to exemption from charges and fail to realise that it is their responsibility to complete the form correctly.
- sometimes dentists fail to share treatment plans with their patients, despite an obligation to do so.

Parliamentary and Health Service Ombudsman Julie Mellor said:

“We know from our casework that the current dental charging system is confusing for both patients and dentists.

“Dentists must clearly discuss treatment options and associated costs with patients and we hope they will take on board the learning in this review.

“Clear, effective communication will help prevent many of the complaints we see about dental charging and will allow patients to make informed decisions.”

One of the cases reviewed involved a woman who had four teeth extracted from the front of her mouth by her dentist and a temporary denture fitted. She was told at a subsequent appointment that her gums would shrink and that she would need to pay for a replacement denture after that happened.

She complained that she was being asked to pay twice for a single course of treatment but the Ombudsman Service concluded that according to the rules these were two courses of treatment. In another case a complainant was referred to his local hospital to have all his teeth extracted. When he returned to the dental practice to be fitted with new dentures he and dental practice staff disagreed about whether this should be considered a new course of treatment.

The Ombudsman Service concluded that the extraction, the appointment where this was discussed and the denture fitting should all have been charged as one single course of treatment and asked the dental practice to apologise and make a payment for its failure to apply the NHS dental charge correctly.

The Parliamentary and Health Service Ombudsman investigates complaints from individuals about UK government departments, and other public organisations, and the NHS in England. It carries out adjudications independently, without taking sides, providing a final chance for people’s complaints to be looked at.

170. Jersey doctor’s concern over impact of GP visit cost
02 February 2015 – BBC News
Dr James Mair of the Island Medical Centre in Jersey said some GPs were prescribing children with more medication than needed to prevent parents having to pay for follow-up appointments.

It costs about £35 per appointment to see a GP in Jersey.

Health Minister, Deputy Andrew Green, said he would be asking for an investigation.
http://www.bbc.co.uk/news/world-europe-jersey-31094510

171. Chief Medical Officer defends three-parent baby technique
02 February 2015 – Telegraph
The Chief Medical Officer for England, Professor Dame Sally Davies, has refuted suggestions that a
new technique that would see IVF babies born with DNA from three different people is tantamount to “playing God”.

172. Deaths in England & Wales
03 February 2015 - ONS
The provisional number of deaths registered in England and Wales in the week ending 23/01/2015 (week 4) was 13,934. This represents a decrease of 932 deaths registered in comparison with the previous week (week 3). Weekly Provisional Figures on Deaths Registered in England and Wales - Week Ending 23/01/2015

173. MHRA issues warning about unlicensed medicine
03 February 2015 - MHRA
The Medicine and Healthcare products Regulatory Agency (MHRA) warned people who may have purchased an unlicensed medicine called GcMAF labelled as ‘First Immune’ from an online website or other unregulated sources. Regulator warns against GcMAF made in unlicensed facility in Cambridgeshire

174. Only two patients will get chance of ‘spinal miracle’
03 February 2015 - The Times
Pawel Tabakow, the surgeon in Poland who in collaboration with British researchers has reconnected the spinal cord of Darek Fidyka says he does not answer any emails asking to be patients, he says “I can’t. There are only 10 to 15 patients in the world each year with the right type of injury [capable of being treated with this new approach].” He went on to say that of those most would not have the staying power for a three year course of intensive treatment.

Mr Fidyka’s injury was unusual – it was a single slice through the spinal cord. The majority of injuries are compressive. There is still no solution to that kind of spinal cord injury.

175. Abuse of health data deserves JAIL, thunders ethics body
03 February 2015 – The Register
An independent medical ethics body has warned health authorities to consider the moral issues of collecting and linking data in projects such as the controversial Care.data scheme.

A report from the Nuffield Council on Bioethics singled out recent health initiatives such as Care.data as raising ethical questions surrounding the use of data.

The Nuffield report, titled The collection, linking and use of data in biomedical research and health care: ethical issues research (16 page colour PDF) made a series of recommendations for "big data" health projects. It said penalties, including imprisonment, should be introduced for the deliberate misuse of data, whether or not it results in harm to individuals. http://www.theregister.co.uk/2015/02/03/jail_health_data_abusers_nuffield_council_bioethics/

176. Statistics: MRSA bacteraemia: monthly data by attributed clinical commissioning group
04 February 2015 – Gov.uk

177. Statistics: Escherichia coli (E. coli) bacteraemia: monthly data by attributed clinical commissioning group
04 February 2015 – Gov.uk

178. Statistics: Clostridium difficile infection: monthly data by attributed clinical commissioning group
04 February 2015 – Gov.uk
180. Patient tells of ongoing cancer fight as rise in sufferers predicted
04 February 2015 – BBC News
The latest forecast from Cancer Research UK predicts that one in two people will develop cancer.

The charity says two-thirds of the increased risk is due to a growing elderly population, while a third is due to lifestyle factors. http://www.bbc.co.uk/news/uk

181. Register of brokers authorised to deal in human medicines
04 February 2015 - MHRA
Current listing of UK brokers authorised to buy and sell human medicines, including company name, registration and address.

Document

List of broker registrations - January 2015
PDF, 105KB, 2 pages

This file may not be suitable for users of assistive technology. Request a different format.

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Detail
A publicly available UK register for national health regulators in other European Economic Area (EEA) member states to check who is an authorised broker in the UK.

182. Medicines: new manufacturing and wholesale dealer licences
04 February 2015 - MHRA
Part of: Licences to manufacture or wholesale in medicines and Protecting patients from avoidable harm

List of site granted a manufacturer or wholesale dealer licence in 2015.

Document

List of new manufacturing and wholesale dealer licences

183. Alerts and recalls for drugs and medical devices
04 February 2014 MHRA
Endobronchial tubes - potential failure to ventilate the patient if Cobb connector detaches from the main connector. This could lead to hypoxia and hypercarbia if not immediately detected and corrected. The manufacturer is recalling affected products. (MDA/2015/004).

For further information on this alert: https://www.gov.uk/drug-device-alerts/endobronchial-tubes-potential-failure-to-ventilate-the-patient-if-cobb-connector-detaches-from-main-connector

184. GPs struggling as helpline sends flood of trivial cases
04 February 2015 - The Times
GPs report being overwhelmed by patients with trivial ailments referred to them by the controversial NHS 111 helpline.

185. Self-neglect
05 February 2015 - Mental Capacity Law Newsletter
04 February 2015 39 Essex Chambers
A very useful report by Suzy Braye, David Orr and Michael Preston-Shoot has been published by SCIE as regards policy and practice in self-neglect adult social care. Entitled “Self-neglect policy and practice: building an evidence base for adult social care,” the work built on in-depth interviews with practitioners and service users.

Key themes emerging from the in-depth interviews were around the areas of creating a strategic and operational infrastructure for self-neglect practice and using approaches that resulted in positive outcomes. Issues discussed include the inter-agency governance regarding policies and protocols (such as LSAB or other mechanism); improved inter-agency training and support; referral pathways and better data collection on self-neglect. Approaches to practice that helped achieve positive outcomes by those involved
included the importance of relationship-based and person-centred practice; considering the whole person; an understanding of the Mental Capacity Act 2005; the use of creative interventions; and the value of multi-agency working.

We would also recommend that those concerned with the area also read Vile Bodies: Understanding the Neglect of Personal Hygiene in a Sterile Society, a free resource published by Peter Bates (Alex Ruck Keene contributed to the section relating to law)

186. Peace of mind will be the measure of our success
05 February 2015 - DH

Norman Lamb urged people to take part in the Care Act consultation to help give people peace of mind about paying for their care costs.

As we come to the end of the current parliament I’m glad I’ve been able to serve the country and my constituents at a time when open, inclusive policy making has been embraced by politicians and the public as never before.

The ongoing engagement activity driving radical reform of care and support in England is a case in point. The Care Act 2014 is a shining example of policy and legislation developed and fine-tuned through full and frank conversations, not just with those working in or with the health and care system, but the people it exists to serve.

Last June, we launched a consultation seeking views on how local authorities should deliver the care and support reforms, for implementation in 2015-16. Your responses were invaluable in shaping the regulations and guidance for councils – making sure they were clear about their responsibilities.

I’m passionate about creating health and care services which support our ageing population to live well and independently for longer. I’m also committed to liberating people from the potentially ruinous financial burden of care in later life. That’s why this new consultation focuses on an aspect of reform which goes to the heart of people’s concerns – the cost of future care.

The cap on care costs, enshrined in the Care Act 2014, puts the risk and fear of catastrophic care costs firmly where they belong: in the confines of history.

In the past there has been a reluctance to address the issue of how people pay for their care and support. In the 1940s, when the welfare state first came into being, living into your 60’s was considered old age. For many, the period between retirement and death was relatively short; meaning the sharing of costs between the individual and state was manageable. In the 21st century, whilst increasing life spans are to be cherished, we have arguably lost that balance – the cap on care costs is our response to that.

The cap protects working age and retired adults from care costs rising above £72,000. We want everyone to feel prepared for old age and have the peace of mind that they are protected from care costs. That’s why we are transforming the way we pay for care in this country, capping costs for the first time and providing financial help to more people. Our changes will make care and support fairer by giving younger people with care needs financial protection for the rest of their lives. And we are making the system fairer for people of working age by enabling them to keep more of their income after charges.

And fairness is driving our decision, as part of this consultation, to consult on policy proposals for a new appeals process. Whilst we expect councils to assess constituents fairly, we also want those affected to be able to challenge decisions they feel do not properly reflect their circumstances. We need a clear, transparent and accessible appeals process. Help us make it that way.

The common thread running through all our Care Act activity is the focus on the individual. From the Dilnot Commission on Funding of Care and Support, through this consultation and beyond, this is about maximising support and eliminating worry for our citizens. After a life time of hard work, why should anyone’s twilight years be blighted by financial worry – not just for them, but their family, friends and carers too? That is why I urge you to take part in this consultation. There are many details to thrash out, but the prize is peace of mind – and that is a true measure of success.

Ed. Sorry Minister, we know that the £72,000 cap on care is an illusion ... it is only a matter of time before the wider public gets to understand that too. The reality is that for most people they will spend about double the £72k before the State stumps up cash!

187. Consultation on draft regulations and guidance for implementation of part 1 of the Care Act in 2015/16.

The Care Act will make a difference to some of the most vulnerable people in society for many years to come. The guidance and regulations associated with the Act set out how the Act will work in practice. The government response to this consultation has been published alongside updated regulations and guidance.

This site is now closed for comments
This site closed for comment on 15 August 2014, but you can still view the draft guidance and regulations for different parts of the Care Act and read the comments.

188. CQC Inspectors Publish Ratings on 63 GP Practices
05 February 2015 - CQC
Care Quality Commission has published a further 63 reports on the quality of care provided by GP practices that have been inspected under its new approach.

Following recent inspections by specialist teams, 53 of the practices have been rated as Good, one has been rated as Outstanding, seven have been rated Requires Improvement and two have been rated Inadequate.

Under CQC’s new programme of inspections, all of England’s GP practices are being given a rating according to whether they are safe, effective, caring, responsive and well led.

Professor Nigel Sparrow, CQC’s Senior National GP Advisor said:

“We know that the vast majority of England’s GPs are providing a service which is safe, effective, caring, responsive and well led. If that is what we find on inspection - we give it a rating of Good, and I congratulate the GPs and staff in these practices.

“Patients should be able to expect high quality and consistent care from every GP practice. Where we have required improvement, we will expect the practice to take the necessary steps to address the issue, and we will return at a later date to check that those improvements have been made.

“If we find a practice to be Inadequate, we will consider putting it into special measures, to ensure there is coordinated response to help the practice improve.”

Full reports on all 63 inspections are available at: [http://www.cqc.org.uk](http://www.cqc.org.uk)

189. Leicester Community Service for the Homeless Is Rated as Outstanding by the Care Quality Commission
05 February 2015 - CQC
CQC has found the quality of care provided by Inclusion Healthcare Social Enterprise CIC in Leicester to be Outstanding following an inspection carried out in November 2014.

Inspectors found that the city centre primary health care service which provides health care for homeless people was providing an innovative, caring, effective, responsive and well-led service that meets the needs of the community it serves.

The service caters for patients in the area who are vulnerably housed, squatting or homeless. It is purpose built with eight consultation rooms and separate entrances for patients and staff.

Under CQC’s new programme of inspections, all of England’s GP practices are being given a rating according to whether they are safe, effective, caring, responsive and well led.

The report on Inclusion Healthcare Social Enterprise CIC highlights a number of areas of outstanding practice, including:

- The practice was responsive to the differing and challenging needs of its patient population who were treated with compassion, dignity and respect.

- Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment and monitoring repeat prescriptions for people receiving medication for mental health needs.

- The practice contributed to funeral costs and memorials for patients who were homeless. They have created a memory wall at the Anchor Centre. The Anchor Centre is a ‘wet’ day centre for those suffering from alcoholism.

- The service’s healthcare assistant reminded patients of when they had hospital appointments and even offered to accompany them if they wished.

- The practice employs a primary care plus (PCP) nurse. They work within the community to provide additional support when homeless patients are in hospital. They also ensure that each patient’s discharge from hospital runs smoothly and help to reduce inappropriate hospital admissions.

Janet Williamson, Deputy Chief Inspector of General Practice and Dentistry in CQC’s Central region said:

“Our inspection team were thoroughly impressed with what they saw at Inclusion Healthcare Social Enterprise CIC. Feedback from patients was overwhelmingly positive and many commented that staff went above and beyond their level of duty to ensure patients felt comfortable and cared for.

“We found that the practice displayed an excellent understanding of the differing needs of their patients and acted on these needs in the planning and delivery of its services. We observed a patient centred culture and found strong evidence that staff were motivated to offer kind and compassionate care.”
“The practice demonstrated a commitment to supporting patients, enabling them to live healthier lives and help overcome addictions and mental health problems so they could integrate back into the community. The practice had a clear vision which had quality and safety as its top priority.”

Professor Steve Field, Chief Inspector of General Practice said:

“I am delighted to highlight the exceptional standard of care which is being provided by Inclusion Healthcare. The service has a clear vision to improve the health of vulnerable and excluded groups - such as homeless people, refugees or those with learning disabilities.

“When I visited, it was clear that the staff were inspired to offer kind and compassionate care, whatever the obstacles they faced. They set an example to us all. Everyone speaks highly of the service.

“Routinely they work closely with services across Leicester - including community health care professionals, hostels and emergency accommodation, prisons and young offenders institutions. We came away with countless positive stories showing how they go out of their way to consider the needs of their patients whatever their circumstances.

“All the staff at Inclusion Healthcare have demonstrated a real commitment to the people in their care. I have no doubt that they fully deserves to share the accolade of an Outstanding service.”

A full report of the inspection is at http://www.cqc.org.uk/location/1-572021031

190. 2020: A care system fit for patients
05 February 2015 - The Patients Association
The Patients Association has this week launched its 5-year manifesto:

2020: A care system fit for patients
The Patients Association wants to work with the NHS at all levels. NHS staff are supremely committed to providing the best care and treatment to patients; but unfortunately important issues can get lost along the way. We want to celebrate where good care is provided, but also work in partnership with patients, frontline and senior NHS staff to make a better NHS for us all.

We all deserve a system that is fit for patients, and fit for the 21st century.

OUR MISSION
The Patients Association is a health and social care charity which for over 50 years has advocated for better access to accurate and independent information for patients and the public; equal access to high quality health care for patients; and the right for patients to be involved in all aspects of decision making regarding their health care.

By listening to patients, we are able to campaign to improve services by regularly working with all healthcare providers. Very often patients think they are alone with the problem or complaint they have. When patients talk to us, we are able to identify local and national issues, and influence change on their behalf.

The fundamental component of our mission is to listen to patients, their carers and families. This enables us to fulfill our other goals of:

- influencing healthcare policy
- acting as agents for transformational change
- collaborating with other like-minded agencies to improve healthcare
- offering our members’ views to NHS, media and government to shape debate

OUR VISION FOR 2020
This vision document offers our analysis on the key issues for patients, taking into account the current challenges faced by the NHS, and what the aspirations should be for the next five years. This analysis is based on our years of experience listening to patients’ views and working with healthcare professionals, in addition to our practice and research projects. As a result of what patients tell us, we outline the key actions needed to improve patients’ experience of care in the NHS. From our analysis, these actions are distilled into three key themes:

- Dignity and Compassion in Care
- Complaints, Honesty, Transparency and Accountability
- Access and Quality

Dignity and Compassion in Care
We believe that all patients and their carers should be treated uniformly with dignity, respect and compassion. This is not a fringe idea; this belief is enshrined within the NHS Constitution, and in the aspirations of the NHS Outcomes Framework.

Our vision is that by 2020, the vast majority of patients will feel they have been treated with dignity, compassion and respect by NHS staff throughout
their experience of care. This vision is ambitious, and naturally there are a number of activities that would be necessary to make it a reality.

Complaints, Honesty, Transparency and Accountability
We believe that the NHS should be totally transparent and accountable to patients. This view is supported by the NHS Constitution, which identifies transparency and accountability as core principles. In turn, these principles need to be backed up with a reliable complaints system.

Our vision is for a truly transparent and accountable NHS by 2020, with an open culture of learning from mistakes to better serve patients, their families and carers in future. In practice, this means two things: (a) widespread understanding and application of the NHS Constitution by frontline professionals, senior NHS managers, patients and families; and (b) a more responsive, humane and transparent complaints system.

Access and Quality
Fundamentally, we believe that patients should have access to the support they need, when they need it. We want all patients to have access to the best care, regardless of their location or circumstances. For us, access means more than a treatment being ‘available’. Access is not joining a queue or being on a waiting list. Access means actually getting the treatment or information you need to support your health. In turn, quality means that the clinical care and the treatments patients receive are of the highest standard.

These aspects are clearly interlinked. There is no point having the best quality treatments if most patients are unable to access them. Equally, poor care or outdated treatments fail to safeguard patients’ health and undermine confidence in the NHS as a whole.

Our vision for 2020 is that patients have access to the best possible quality healthcare, delivered in a manner appropriate to their needs, whenever they need it. In particular, this would include a primary care system that is fit for the 21st century, ensuring patients are provided with the right services swiftly after presenting to primary care, and supported to stay out of hospital as far as possible.

The Patients Association will continue to work with the NHS to ensure patients, carers and family members are involved in discussions and activities on the wider structural issues relevant to access and quality.

The Times
At Last! A crackdown on Foreign Patients Abusing NHS
05 February 2015

191. GPs to root out health tourists by asking for proof of EU insurance
05 February 2015 - The Times

192. Right to die? The doctors who believe in it
05 February 2015 - The Times

Carol Midgley writes over a page of text about Drs Michael Irwin, 83 (former medical director of the UN), and Colin Brewer their new book ‘I’ll See Myself Out: Thank You’ – about medically induced rational suicide (MARS), a collection of articles on the subject from a range of authors and thinkers on the intellectual debate. Dr Irwin has accompanied four people to Dignitas in Switzerland. In 2005 he was struck off the medical register after admitting trying to help a terminally ill friend, Patrick Kneen, to die. However, the plan was thwarted as Mr Kneen was too ill to take the drugs (which Dr Irwin had obtained) and slipped into a coma, dying days later without Dr Irwin’s help.

Dr Brewer has also been struck off for reasons unconnected with MARS.

193. Dying doctor’s plea
05 February 2015 - The Times, Letters to the Editor
Dr Beatrice Mary Lynch-Staunton says that Dr Kate Granger is correct to require that staff introduce themselves to each patient and cites an experience during an early part of her career which emphasised the point.

194. Winter deaths soar by a third after flu develops resistance to vaccines
05 February 2015 - Daily Mail
The sharp cold period and flu resulted in 29,000 deaths in the two weeks prior to 23.01.2015 – 7,000 above the five year average.

Ed. As we now know the flu vaccine was/is useless. See further items below in relation to the flu vaccine.

195. Hunt: Patients should self-diagnose online
05 February 2015 - Daily Mail
Health Secretary, jeremy Hunt says that he plans to introduce a computer system similar to that used by NHS 111 helpline so that people can self diagnose.

Ed. Heaven help us. As I have said elsewhere, all sources of information should be used by clinicians to diagnose an illness or condition; however, in the hands of non-experts how valuable will such a system be? There are reports elsewhere in this issue of BHCR that the system used by NHS 111 is increasing pressure on GPs and it has also been blamed for greater numbers attending A&E.

196. Cure for common cold a step closer
05 February 2015 - Daily Mail
Scientists at the Universities of Leeds and York have developed a theoretical way to ‘jam’ the genetic code which enables viruses to replicate. They now have to try to make it work in practice.

197. Research and analysis: Emergency department bulletin
05 February 2015 – Gov.uk
Monitors the number of people going to emergency departments each day, with results published every week. Has the latest bulletin.

198. Research and analysis: GP out-of-hours syndromic surveillance bulletin
05 February 2015 – Gov.uk
Latest bulletin showing the number of people contacting their GPs outside of surgery hours.

199. Research and analysis: Winter health watch summary: 5 February 2015
05 February 2015 – Gov.uk
Public Health England monitors winter health indicators on a weekly basis, from November to April.

200. Statistics: Weekly national flu reports
05 February 2015 – Gov.uk
National influenza reports for winter 2013 onward, tracking seasonal flu and other seasonal respiratory illnesses in the UK. Now updated with the national flu report and slideset added (week 6).

201. CQC Comments on PHSO Review of Variation in Quality of NHS Investigations Into Complaints of Avoidable Death and Avoidable Harm
06 February 2015 - CQC
Professor Edward Baker, Deputy Chief Inspector of Hospitals, said:

“A service that is safe, responsive and well-led will treat every concern as an opportunity to improve, will encourage its staff to raise concerns without fear of reprisal, and will respond to complaints openly and honestly.

“While most providers have complaints systems in place, people’s experiences of these are not consistently good.

“We know from the thousands of people who contact CQC every year that many people do not even get as far as making a complaint as they are put off by the confusing system or worried about the impact that complaining might have on their or their loved one’s care.

“Through our inspections, we have a big role to play in supporting this change and in April we will get new powers to hold providers and directors to account though the duty of candor when care fails people, so that standards continue to improve and in some cases, this will mean we will use our powers to prosecute.

“We will continue to hold health and adult social care services to the high standards that people both expect and deserve.”
202. Flu jab given to millions almost useless
06 February 2015 - The Times
The £100m spent on the flu protection plan this year is almost completely useless – its only 3% effective because experts misjudged the dominant strain!

Ed. One hopes that the House of Commons Health Select Committee or the Home Affairs Select Committee will call for written evidence and oral testimony about this waste of time and money – about £100m.

203. Health tourists
06 February 2015 - The Times, Letters to the Editor
Two correspondents, neither of whom can understand the reluctance of GPs asking for proof of entitlement to ‘free’ NHS care; one relates his experience in a hospital in France, the other points out that dentists have been doing just this for more than 60 yrs.

204. Ombudsman finds variation in quality of NHS investigations into complaints of avoidable death and avoidable harm
07 February 2015 - PHSO
More than a third of NHS investigations regarding allegations of avoidable harm or avoidable death were inadequate and failed to identify when something had gone wrong, according to a review carried out by the Parliamentary and Health Service Ombudsman.

The Parliamentary and Health Service Ombudsman reviewed 150 complaints it had already investigated including upheld and not upheld cases. It looked at the quality of NHS Trusts’ investigations into complaints alleging avoidable harm as well as complaints about events where a Serious Untoward Incident (SUI) had taken place.

The Parliamentary and Health Service Ombudsman’s main findings show:
• Over one-third of NHS investigations were not good enough to identify if something had gone wrong.
• 28 of the 150 cases should have been investigated by the NHS as a Serious Untoward Incident (SUI).
• Of those 28 cases, 71% had a complaint that did not trigger an SUI investigation.

Parliamentary and Health Service Ombudsman, Julie Mellor, said:

“"We are the final tier of the complaints system and see a range of complaints including allegations of avoidable death and harm. We reviewed 150 of these complaints and found significant variation in the quality of NHS investigations. Investigations weren’t carried out when they should have been and when they were carried out they did not find out or explain why failings happened.

“"When people make a complaint that they have been seriously harmed they should expect it to be taken seriously and thoroughly investigated.

“"The NHS must tackle the variation in the quality of its investigations but also needs to recognise when to initiate an investigation.

“"When the NHS makes a mistake their duty is to investigate – these investigations shouldn’t be about attributing blame but should find out what happened and why in order to prevent the same mistakes from happening again. Our evidence too often shows this is not the case.”

In one case the Parliamentary and Health Service Ombudsman investigated a 77-year-old man who was admitted to hospital because he felt very unwell. His condition deteriorated and died two days later as the result of sepsis (a severe infection). The man’s daughter discussed her concerns about his care with hospital staff. The hospital’s head of nursing investigated the complaint but there is no evidence they interviewed or obtained statements from clinical staff. Our investigation found despite the man’s poor health the clinical staff who saw him during the initial period did not recognise the severity of his illness, which meant he was not seen by a doctor for more than two hours, observations of his condition were not taken frequently, and antibiotics were not started until four
hours later. We were unable to conclude the man's death could have been avoided but considered the hospital missed an opportunity to give him the best chance of recovery by failing to give him more timely treatment. None of these findings were identified in the hospital's investigation and if they had this may have triggered a serious untoward incident investigation.

The Parliamentary and Health Service Ombudsman investigated a case about a woman's labour. The baby's shoulders and the rest of his body were delivered seven minutes after his head. The baby's parents wrote to the Trust because they thought shoulder dystocia had occurred. The Trust told them shoulder dystocia had not occurred and did not acknowledge any failings in care. The couple were not satisfied and paid £250 for an independent clinical review. The Trust then accepted failings in the care provided by the midwives, that shoulder dystocia had occurred, and put an action plan in place for a consultant to review what happened. However, the action plan did not address the lack of detailed investigation or the faults in care. The couple feel very let down by the Trust and have been caused distress and anxiety in the way their concerns have been dealt with. They feel they were 'belittled' and misled.

In a further case investigated, a one-day-old baby suffered permanent brain damage because a nurse and two doctors made serious mistakes during a blood transfusion. The Parliamentary and Health Ombudsman Service's investigation established that the Trust's SUI investigation was fundamentally flawed and did not identify glaring errors in the conduct and recording of the transfusion and ignored obvious explanations for what happened. The nurse and doctor conducting the transfusion made serious mistakes. The doctor supervising the transfusion also made serious mistakes when Baby F's condition started to deteriorate. As a result, they took out far more blood than they put in. They should have kept an equal balance. These mistakes led to Baby F's collapse and the brain damage she had afterwards. Following the Ombudsman Service investigation, the Trust acknowledged the mistakes it made in Baby F's care and the consequences they had. It wrote to the complainant to accept its failures and apologise for them. The Trust also agreed to carry out a root cause analysis to find out why the failures in this case happened, and to take action to make sure they never happen again. [Ed. Should the Trust not also investigate why the couple had to make a formal complaint to the PHSO? Had the Trust investigated the couple's concerns properly in the first instance, the facts surely ought to have been identified, as too the clinical errors.]

A further case investigated by the Parliamentary and Health Service Ombudsman, a father aged 36 died after Accident and Emergency doctors failed to diagnose a life-threatening condition. With the right surgery, he would have had an 80% chance of survival. Yet hospital staff told the man's bereaved family they could not explain what had happened, and said relatives would have to take legal action to secure any answers. NHS staff should have carried out a full investigation at the local level. Following the Ombudsman's investigation, the Trust apologised to Mr M's family and paid them £15,000. They put together an action plan to ensure that lessons were learnt from this case. [Ed. I hope that the family used some of the £15k to consult lawyers about clinical errors. The man's death will entitle the children of the deceased to substantially more than £15k, as too the widow.]

The Parliamentary and Health Service Ombudsman receives complaints about incidents where the public say they have suffered harm because of treatment provided by the NHS. It is the final tier of the complaints system and is separate and independent of the health system so it can hold individual providers and the health system to account. Its role is to investigate complaints from individuals about the NHS in England as well as government departments and agencies which have not been resolved at the local level. The Ombudsman Service does not investigate serious untoward medical incidents.

Julie Mellor is appearing before the Public Administration Select Committee (PASC) on Tuesday 10 February which is looking into the issue of NHS complaints and clinical failure.

The Committee is examining the effectiveness of investigating and addressing safety issues within the NHS and the possible benefits of a new clinical accident investigation body.

Ed. The numbers of complaints that one hears about poor care in the NHS and about the extremely poor investigative processes makes one wonder whether there are elements of ‘cover-up’. Certainly many NHS investigations result in unreliable conclusions. Perhaps the time has come for a ‘crack team’ of NHS investigators, working across all NHS bodies, to respond to serious complaints from the public. It seems that for many who receive poor and substandard care in the NHS uncovering the truth can only be achieved by bringing court action.

I am yet to be convinced that the new Duty of Candour will change such ingrained practices – we will have to wait to see. Perhaps a PHSO re-
port in 12 months time will show a very different picture; I do hope so.

205. ‘People are angry – they feel big businesses are not paying’
07 February 2015 - The Times, Saturday Interview
Labour shadow health secretary, Andy Burnham MP – he thinks that New Labour, he was Health Secretary at the time, went too far in allowing the market to encroach into healthcare. He reflects on the impossibility of being able to arrange for his sister-in-law to go home when she was dying – she was in the Royal Marsden. The role of private business in the NHS should, in Mr Burnham’s view, be a “supporting one, not a replacement one...Why do people trust the NHS in the way that they do? It’s because they don’t fear that when they walk into a hospital it’s shareholders that matter, they know it’s them.” He doesn’t agree with Alan Milburn’s view of the NHS or his view of current Labour policy. Mr Burnham thinks that integration of health and social care could result in savings of £4bn a year and he thinks that the NHS involvement with adult social care will raise it from its current state. He says that “There are too many care companies in England that are profiting off the back of some of some of the most vulnerable people in our society. They are exploiting the people in their care by cutting corners and exploiting those who work for them. Some of them are not paying the minimum wage – they don’t even pay the travel time between these awful 15-minute visits, or the petrol. Its utterly shocking.”

Ed. Well-known voice of the care sector, Mike Padgham responds to Mr Burnham’s points in this week’s article on page 92.

206. No 10 knew months ago that the flu jab might be useless
07 February 2015 - The Times
Fatal Delays Over Flu Jab
07 February 2015 - The Daily Mail
Continuation of the story at item 202 in this section of BHCR ante.

207. Spinal column
07 February 2015 - The Times, Colour Magazine
Melanie Reid, tetraplegic following a horse-riding accident in April 2010 reports, briefly, on her progress in walking – excellent news. And the majority of the article reflecting on how sudden paralysis affects their loved ones and friends who have to ‘look on’, impotent, and unable to make things right.

208. Take care now to meet the cost of caring later
08 February 2015—The Mail on Sunday
A page on the cost of care and the care cap which will come into effect in April 2015 under the provisions of the Care Act 2015.

The item summarises the effect of the change in the law and offers some suggestions as to the steps which might be taken in order to obtain care in older age.

209. Scrapped...free tickets for disabled fans at the home of English rugby
08 February 2015—The Mail on Sunday
100 years of tradition has been swept away by the Rugby Football Union which has now decided to charge fans in wheelchairs £41 to watch international rugby games at Twickenham – hitherto, they have been admitted to the ground free of charge. Chaperones will be admitted to the ground free of charge.

NHS

210. Greater say for patients in south London as Monitor approves new foundation trust
02 February 2015 - Monitor

Over 5 million patients can have a greater say on how their health services are run after Monitor awarded foundation status to St George’s Healthcare NHS Trust.

St George’s provides a range of acute, specialist and community healthcare services to patients across south west London and parts of south east England.

Monitor’s decision gives St George’s a range of new freedoms and means that the trust can better shape health services around the needs of its patients. Also, local people can now have a formal say over how the trust is run by becoming members or governors.

Before allowing St George’s to become a foundation trust, Monitor rigorously assessed the trust and found that it is well-led. The independent Care Quality Commission rated the quality of the Trust’s services as good overall.

St George’s also meets the financial standards expected of foundation trusts, having recently finalised new borrowing arrangements to ensure services will be protected in the event of any financial downturn. In December 2014, Monitor deferred the Trust’s foundation trust application whilst these additional financial measures were being finalised.

While it approved the trust’s foundation trust application, Monitor has said that St George’s needs to continue reducing the number of patients waiting too long
in A&E. The regulator will be closely monitoring the trust’s performance against its agreed action plan.

Miranda Carter, Executive Director of Provider Appraisal at Monitor said:

“We are delighted to announce that Monitor has allowed St George’s Healthcare NHS Trust to become a foundation trust. This is great news for the trust, which benefits from new freedoms, but even better news for its patients, who can have a greater say over their health services.

“The Trust has worked very hard to achieve foundation trust status and should feel proud of this accomplishment. We hope that St George’s will use its new freedoms to continue to deliver quality care and keep looking for ways to improve its services for patients.”

There are now 149 NHS foundation trusts in England, over 60% of all trusts in the NHS. As a foundation trust, St George’s will be:

- free from central government control and able to decide how to improve their services
- able to retain any surpluses they generate to invest in new services, and borrow money to support these investments
- accountable to their local communities, with better local people as members and governors

211. Fact or Fiction? Social care cuts caused the A&E 'crisis'
02 February 2015 - Nuffield Trust

In a new series called ‘Fact or Fiction?’, our experts examine key issues framing the health debate ahead of the General Election and look at the underlying data and evidence to explore whether certain perceptions are accurate or not.

First up in the series, Ruth Thorlby, Senior Fellow, examines the evidence behind whether social care cuts are to blame for the ‘crisis’ in hospital emergency departments.


212. New analysis: Spotlight on NHS Wales
02 February 2015 - Nuffield Trust

The Welsh population is older, sicker and has more deprivation than England’s. So does that explain differences in NHS performance? In a new piece of Nuffield Trust analysis published exclusively with BBC Wales, our Chief Executive Nigel Edwards explores the many complexities behind comparing the health systems of the UK and considers whether recent reports of a failing NHS in Wales ring true.

The analysis was published alongside three self-penned features by Nigel Edwards on BBC Radio Wales and BBC1 Wales investigating the issues behind the Welsh NHS.


213. New report: The changing role of CCGs
02 February 2015 - Nuffield Trust

Changes to the way primary care is commissioned in England, waning levels of engagement from GPs with a formal role in CCGs, and cuts to management budgets means these bodies risk becoming unsustainable, according to our latest research. The report is the second of a three-part study in partnership with The King’s Fund which is tracking the progress of six CCGs.

Download the report: [http://www.nuffieldtrust.org.uk/publications/risk-or-reward-CCGs?utm_medium=email&utm_campaign=Risk+or+reward&utm_content=Risk+or+reward+CID_f4cd79d328fc6b8c8595cda2bce3bd&utm_source=Email%20marketing%20software&utm_term=Download%20the%20report](http://www.nuffieldtrust.org.uk/publications/risk-or-reward-CCGs?utm_medium=email&utm_campaign=Risk+or+reward&utm_content=Risk+or+reward+CID_f4cd79d328fc6b8c8595cda2bce3bd&utm_source=Email%20marketing%20software&utm_term=Download%20the%20report)
A full report from the inspection, including ratings for all core services provided at Maidstone Hospital and the Tunbridge Wells Hospital at Pembury is available at: [http://www.cqc.org.uk/provider/RWF](http://www.cqc.org.uk/provider/RWF) (hyperlinks can be found at the bottom of this page).

CQC found that leadership within the trust was not robust, and that neither governance processes nor the culture within the trust could ensure that services would be of high quality.

Inspectors found that staff were caring and compassionate, and that they treated patients with dignity and respect. Both hospitals were visibly clean, with falling infection rates. Patients considered that they had been given sufficient information and counselling to enable them to make informed decisions about their care and treatment.

Inspectors also found, however, that patient flow across the trust was poor. Patients deemed fit to be discharged from intensive care units frequently experienced significant delays in being transferred to a ward and scheduled operations were cancelled due to a lack of available beds. Medicines management needed to be improved in some areas, and patient records were not always stored securely, well organised or accessible.

While levels of nursing staff were generally good, medical cover in the Intensive Care Unit was not consistent with national core standards and created a risk to patients. There were insufficient numbers of single rooms at Maidstone hospital to meet people's needs. This impacted on the privacy and dignity of patients, especially those who were on an end of life pathway.

CQC also rated each hospital run by the Trust individually.

Maidstone Hospital was rated Requires Improvement overall. It was rated as Good by inspectors for maternity and gynaecology, Requires Improvement for urgent care, medical care, surgery, children's care, end of life care and outpatient services, and Inadequate for critical care.

The Tunbridge Wells Hospital at Pembury was also rated as Requires Improvement overall by inspectors. CQC rated all the core services provided at the hospital as Requires Improvement apart from critical care, which was rated as Inadequate.

CQC identified a number of areas where the trust must make improvements, including:

- There must be adequate consultant cover at weekends in the Intensive Care Unit at Tunbridge Wells Hospital. People should not be delayed for more than four hours when a decision has been taken to admit them or to discharge them, and as far as possible people should not be discharged at night.
- At Maidstone Hospital, the trust must ensure that sufficient ward rounds take part on the Intensive Care Unit, that people are admitted and discharged within four hours, and that patients are not moved to other wards at night. The governance structure in the unit must be improved to support better multi-disciplinary working by clinical staff.

Inspectors identified a number of areas of outstanding practice across the trust, including:
• The Maidstone Birth Centre had developed and produced the Maidstone birth couch for use by women in labour.

• On Mercer Ward at Maidstone Hospital, the role of dementia care worker had been created to focus on the needs of people with dementia and their families. An activities room had been designed, furnished and equipped to meet the specific needs of people with dementia, and this was widely used.

• The breast care service provided very good care from before the initial diagnosis of cancer through to completion of treatment. Good support and holistic care was provided to patients requiring breast surgery.

• On Ward 20 at the Tunbridge Wells Hospital at Pembury, there was a focus on dementia care. Staff had won funds from the Dementia Challenge fund to create a dementia café for use by people living with dementia, their friends and their families.

CQC’s Chief Inspector of Hospitals, Professor Sir Mike Richards, said:

“When we inspected the hospitals run by Maidstone and Tunbridge Wells NHS Trust, we saw that quick work was needed to improve the governance of the trust and of a number of the core services we inspected. There was a great deal of variation, both in the ability of the senior directorate level management teams to run their services effectively, and in the level of robust clinical oversight of services.

“While the trust acknowledged immediately that these improvements needed to be made when we told them so, we should not have needed to tell them – which highlights how much this work is needed.

“Across both hospitals, we saw staff treating people with dignity and respect, and we noted their willingness to engage with the inspection process. They saw our time there as a good way to drive improvements in the care the hospital provided, and helped us build up an excellent picture of current good and poor practice within the trust.

“People are entitled to receive treatment and care in services which are consistently safe, effective, caring and responsive to their needs. The trust has told us they have listened to our inspectors’ findings and begun to take action where it is required. We will return in due course to check that the improvements we have identified as being needed have been made.”

The inspection team, which included doctors, nurses, hospital managers, trained members of the public, CQC inspectors and analysts, visited the hospitals over a period of three days. They also made unannounced visits as part of the inspection.

The full reports on the trust and on each hospital are available from: http://www.cqc.org.uk/provider/RWF.

216. Care Quality Commission Takes Urgent Enforcement Action at Colchester Hospital University NHS Foundation Trust

02 February 2015 - CQC

The Chief Inspector of Hospitals has used CQC’s urgent enforcement powers to protect people using services at Colchester Hospital University NHS Foundation Trust.

Professor Sir Mike Richards took action with regard to services at Colchester General Hospital following an inspection carried out on 12 and 27 November and 23 December last year. The report relating to the inspection has now been published.

The inspection took place in response to information of concern around performance and care received by patients in the accident and emergency department and the emergency assessment unit.

Inspectors found the hospital needed to make changes and both the hospital’s Urgent and Emergency Services and Medical Care have been rated as ‘Inadequate’ overall. Colchester General Hospital is also rated as ‘Inadequate’ overall.

The Care Quality Commission’s inspection found staff were exceptionally busy and did not always come across as caring or treating patients with dignity and respect.

Staffing levels were not sufficient to ensure safety of patients could be maintained at all times. And while patients spoke positively about the care they received, the pressures on staff were having a detrimental effect on care.

For example, the risk of patients’ health deteriorating was not acted upon in a timely way because early warning signs of deterioration were not always acknowledged.

We saw that the emergency department was not always clean and staff in the emergency department and Emergency Admissions Unit (EAU) did not adopt good hand hygiene or washing procedures.

CQC’s Chief Inspector of Hospitals, Professor Sir Mike Richards, said:

“As a result of the issues highlighted as part of our inspection I wrote to Colchester Hospital NHS Foundation Trust. My letter informed the trust Chief Executive that CQC was using its urgent powers to take
action with regard to the accident and emergency department at Colchester General Hospital.

“The action placed conditions on the Trust’s registration to help it improve how patients are assessed, discharged and transferred for the most appropriate medical attention. I also told the trust that it must ensure patient safety by introducing new ways of organising the emergency admissions unit.

“The Trust is already in special measures and we informed Monitor of the breaches and of our action. “Clearly improvements are needed and the Trust faces a number of challenges to ensure it meets the required standards. “The trust is aware of what action it now needs to take and our inspectors will return to check on whether the required improvements have been made. We will then decide whether or not it is appropriate to remove the conditions placed on the services at Colchester General Hospital.”

A full copy of the report on the hospital can be found at: http://www.cqc.org.uk/provider/RDE

217. Top hospital faces closure over its ‘third world’ wards
02 February 2015 - The Times
Report that the Royal National Orthopaedic Hospital may soon close despite its world renown – care takes place in WWII Nissan huts. It is said that the NHS hierarchy has failed to approve plans for redevelopment of the hospital. The hospital CEO, Rob Hurd has said that “the buildings are not fit for purpose” and that “the tipping point has been reached which will determine the survival of our services – new sustainable facilities need to be built on our Stanmore site urgently. Without this the services provided by a national centre of excellence and a jewel in the crown of the NHS will be lost forever.”

218. Next Steps on Winter Pressures in the NHS
02 February 2015 – NCF
Dame Barbara Hakin from NHS England and Jon Rouse from the Department of Health have written a letter setting out details of the Helping People Home team as well as £37m of additional funding that is now available to local authorities to support people being discharged from hospital over the coming weeks.

The letter gives details on the temporary National Helping People Home Team, which has been set up to help drive and co-ordinate action around out of hospital care to reduce Delayed Transfers of Care.

For more information, please click here http://www.nationalcareforum.org.uk/viewNews.asp?news_ID=2444&sector_id=

219. Terminally ill doctor Kate Granger's 'my name is' campaign wins support
02 February 2015 – BBC News
A campaign by a terminally ill doctor to encourage healthcare staff to introduce themselves to patients is now being supported by over 90 NHS organisations.

Dr Kate Granger, a 31-year-old hospital consultant, started the "Hello my name is..." campaign while she was being treated for cancer as she felt frustrated by staff who failed to tell her their names.

David Cameron, Jeremy Hunt and Bob Geldof are all supporting her campaign. http://www.bbc.co.uk/news/health-31062042

220. A&E struggles with growing elderly population
02 February 2015 – BBC News
Recent reports reveal that a lot of A&E departments are in crisis after facing unprecedented demand.

Panorama spent seven days in A&E, at the University Hospital of North Tees in Stockton last year and it was busy, but meeting its targets. In January, researchers returned to try to find out what’s putting A&E departments under so much pressure.

In Stockton, they saw A&E staff treating increasing numbers of old people with complex medical needs, but also saw elderly people arriving, not because they were ill, but because those caring for them could no longer cope. http://www.bbc.co.uk/news/uk-31092654

221. Greater say for patients in south London as Monitor approves new foundation trust
02 February 2015 – Gov.uk
Monitor has awarded foundation status to St George’s Healthcare NHS Trust and as a result, over 5 million patients can have a greater say on how their health services are run. https://www.gov.uk/government/news/greater-say-for-patients-in-south-london-as-monitor-approves-new-foundation-trust

222. Hinchingbrooke Hospital: Circle to hand back to NHS by end of March
02 February 2015 – BBC News
A parliamentary watchdog has heard that the first NHS hospital to be handed to a private management firm will be back inside the health service in March.

Steve Melton, head of Circle, which ran Hinchingbrooke in Cambridgeshire, from 2012, was being questioned by the Public Accounts Committee (PAC).

He said budget cuts and high demand made the deal unsustainable and denied a damning report was the cause.
Last month, the Care Quality Commission branded the hospital “inadequate”.  
http://www.bbc.co.uk/news/uk-england-cambridgeshire-31104003

223. Maidstone and Tunbridge Wells NHS Trust rated as Requires Improvement overall by Chief Inspector of Hospitals  
02 February 2015 - CQC

England’s Chief Inspector of Hospitals has rated the services provided by Maidstone and Tunbridge Wells NHS Trust as Requires Improvement overall after an inspection by CQC inspectors in October.

A full report from the inspection, including ratings for all core services provided at Maidstone Hospital and the Tunbridge Wells Hospital at Pembury is available here.

Maidstone Hospital was rated Requires Improvement overall. It was rated as Good by inspectors for maternity and gynaecology, Requires Improvement for urgent care, medical care, surgery, children’s care, end of life care and outpatient services, and Inadequate for critical care.

The Tunbridge Wells Hospital at Pembury was also rated as Requires Improvement overall by inspectors. CQC rated all the core services provided at the hospital as Requires Improvement apart from critical care, which was rated as Inadequate.

The full reports on the trust and on each hospital are available here.

http://www.cqc.org.uk/content/maidstone-and-tunbridge-wells-nhs-trust-rated-requires-improvement-overall-chief-inspector

224. Financial sustainability of NHS bodies report published  
03 February 2015 - Parliament

The savings required across the NHS will be difficult to achieve solely by continuing with the same approach used in recent years. The NHS has typically achieved efficiency savings of 1%–2%, against a target of 4%, partly through pay freezes.

“The current system of paying for emergency admissions hinders, rather than helps, secure the financial sustainability of NHS bodies. To discourage unnecessary admissions acute trusts are only paid 30% of normal prices for all emergency admissions above 2008–09 levels - and the remaining 70% is invested in improving patient care outside hospital and reducing inappropriate hospital admissions.

“However, the number of emergency admissions has increased by 48% over the last 15 years and these tariff arrangements do not cover the cost of admitting emergency patients, therefore intensifying the already


“Making this change will require significant upfront investment, but the money available for this is reducing as the number of organisations in deficit increases.

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“The current system of paying for emergency admissions hinders, rather than helps, secure the financial sustainability of NHS bodies. To discourage unnecessary admissions acute trusts are only paid 30% of normal prices for all emergency admissions above 2008–09 levels - and the remaining 70% is invested in improving patient care outside hospital and reducing inappropriate hospital admissions.

“However, the number of emergency admissions has increased by 48% over the last 15 years and these tariff arrangements do not cover the cost of admitting emergency patients, therefore intensifying the already
difficult financial challenges the acute hospital sector faces. New incentives and strong relationships are needed to promote the more effective collaboration necessary for delivering new models of care.

"Between 2012–13 and 2013–14, the amount the NHS spent on temporary medical staff increased from £2.1 billion to £2.6 billion. For example, Barking Havering and Redbridge University Hospitals NHS Trust told us that it had a 50% shortage of emergency consultants and was spending £1.5 million a month on temporary staff.

"It costs the taxpayer £400,000 to train an emergency consultant, but there are claims that some consultants are choosing to leave the NHS to work on an agency basis at a substantial cost to the NHS, with typical charges of £1,760 per day. The Department should make better use of the NHS' position as the dominant employer of temporary medical staff and require NHS bodies to use agency staff within a national framework contract.

"There is scope to make savings in the amount paid under private finance initiative schemes, which cost the NHS some £1.8 billion a year. There are also opportunities to release funds tied up in surplus capital assets that could be used for upfront investment in new models of care. For example, there are some £1.5 billion worth of unused land and premises in London alone.

It is clear that the old ways will no longer work – radical change is required to make the NHS financially sustainable."

Margaret Hodge was speaking as the Committee published its 35th Report of this Session which - on the basis of evidence from:

- Andy Hardy, Chief Executive, University Hospitals, Coventry and Warwickshire NHS Trust,
- Matthew Hopkins, Chief Executive, Barking, Havering and Redbridge University Hospitals NHS Trust,
- Dr Peter Green, Chief Clinical Officer, Medway CCG,
- Rob Larkman, Interim Chief Officer, Barnet CCG,
- Richard Douglas, Director General of Finance and NHS, Department of Health,
- Simon Stevens, Chief Executive, NHS England,
- Dr David Bennett, Chief Executive, Monitor and
- David Flory CBE, Chief Executive, NHS Trust Development Authority - examined the financial sustainability of NHS bodies.

The financial health of NHS bodies has worsened in the last two financial years. The overall net surplus achieved by NHS bodies in 2012–13 of £2.1 billion fell to £722 million in 2013–14. The percentage of NHS trusts and foundation trusts in deficit increased from 10% in 2012–13 to 26% in 2013–14. Monitor found that 80% of foundation trusts that provide acute hospital services were reporting a deficit by the second quarter of 2014–15.

NHS England, Monitor and the NHS Trust Development Authority recognise that radical change is needed to the way services are provided and that extra resources are required if the NHS is to become financially sustainable. The necessary changes will require further upfront investment. Present incentives to reduce A&E attendance and increase community based care services have not had the impact expected. New incentives and strong relationships are needed to promote the more effective collaboration necessary for delivering new models of care.

In 2013–14, the Department of Health (the Department) allocated £95.2 billion to NHS England to pay for NHS services. NHS England allocated £65.4 billion of this to the 211 clinical commissioning groups in England, for them to commission health care services from hospitals and other healthcare providers on behalf of their local populations. At 31.03.2014 there were 98 NHS trusts and 147 NHS foundation trusts which provided community, mental health, acute and specialist health services.

Monitor regulates NHS foundation trusts, and a new body, the NHS Trust Development Authority, supports NHS trusts that are yet to achieve foundation status. The Department has provided some £1.8 billion of additional cash support to NHS trusts and foundation trusts under financial stress between 2006–07 and 2013–14.

Conclusions and recommendations

The savings required across the NHS will be difficult to achieve solely by continuing with the same approach used in recent years. The NHS has typically achieved efficiency savings of 1%–2% against a target of 4% set by Monitor and NHS England. These savings were achieved partly through wage freezes. NHS England, Monitor, and other NHS bodies recognise that radical change is needed to the way healthcare is provided, including making better use of community and primary care services to reduce pressure on hospitals.

Making this change will require significant upfront investment, but the money available for this is reducing as the number of organisations in deficit increases. The national oversight bodies also lack the detailed and accurate cost data from local NHS bodies needed to monitor and identify cost savings achieved and whether they are sustainable in the longer term.
Recommendations: NHS England and Monitor should collect consistent and detailed cost data across the NHS to use to set efficiency savings targets for NHS bodies and to assess whether changes to service provision, including new models of care, are achieving measurable and sustainable savings in practice.

More effective collaboration between local health bodies is needed to achieve better value for money. The different payment mechanisms and financial incentives for local health bodies are not aligned to encourage the sort of integration required to implement the proposed new models of care. For example, community care services tend to use block contracts where payments are not based on the number of patients handled, whereas acute services are paid on the basis of activity using ‘payment by results’ tariffs.

This creates a financial disincentive for acute hospitals to give up activity, and for community services to take on additional activity. NHS England and Monitor are consulting on changes to the way healthcare is paid for. However, national bodies have not done enough to improve local strategic decision making, leading to a gap between what clinical commissioning groups plan to spend and the income that trusts expect to receive.

Recommendations: NHS England, Monitor and the NHS Trust Development Authority should require all local health economies to submit integrated strategic and operational plans that outline how they will implement locally the proposed new models of care. NHS England and Monitor should implement proposals for changing payment for healthcare, to incentivise the integration of services between local organisations by 2015–16.

The current system of paying for emergency admissions hinders, rather than helps, secure the financial sustainability of NHS bodies. Although emergency admissions to hospitals have increased significantly in recent years, acute trusts are only paid 30% of normal prices for all emergency admissions above 2008–09 levels. This payment method was designed to discourage unnecessary admissions on the basis that commissioners would invest the remaining 70% of tariff income in ways that would improve patient care outside hospital and reduce inappropriate hospital admissions.

However, for many acute providers these tariff arrangements do not cover the cost of admitting emergency patients, and therefore intensify the already difficult financial challenges the acute hospital sector faces. While NHS England and Monitor plan to change these arrangements they have been slow to act having identified this issue in 2013.

Recommendation: Monitor and NHS England should complete their review of the national payment system for emergency admissions promptly and implement the required changes within the next year including updating the 2008–09 baseline, taking into account the impact on patient care and the finances of organisations in deficit.

The Department is not making the most of cost saving opportunities. In 2013–14, the NHS spent £2.6 billion on temporary staff, who can be significantly more expensive than permanent employees, compared with £2.1 billion in 2012–13. There are claims that some consultants are choosing to work on an agency basis to make more money at a substantial cost to the NHS, with typical charges of £1,760 per day. Despite the NHS being the dominant employer of temporary medical staff, the Department has not made best use of its position to reduce the costs involved. Some agencies do not participate in the Department’s framework contract which limits local NHS bodies’ ability to achieve value for money when hiring agency staff, particularly those needed to fill high vacancy rates in emergency departments.

There is scope to make savings in the amount paid under private finance initiative schemes, which cost the NHS some £1.8 billion a year, as there are some examples where refinancing or buying out existing schemes could provide better value for money in the long run. There are also opportunities to release funds tied up in surplus capital assets that could be used for upfront investment in new models of care. For example, there are some £1.5 billion worth of unused land and premises in London alone.

Recommendations: The Department should:

- require NHS bodies to use agency staff within a national framework contract unless they can demonstrate clear value for money benefits from local negotiation, and benchmark the cost of agency staff within and outside the national framework;
- support evaluation of alternative financing or operating options for costly private finance initiative schemes where there is a clear opportunity for improving value for money;
- accelerate the disposal of surplus capital assets to release cash for upfront investment in new models of care;
- examine the obligations it places on consultants who are trained at taxpayers’ expense and then choose to work as temporary staff at extra cost to the NHS.

There are still 93 NHS trusts that have not yet achieved foundation trust status and a significant
number are unlikely to do so. The Government's intention is that all NHS trusts should become foundation trusts. Monitor, which licences foundation trusts, tests applicants for evidence of strong governance, long-term financial viability and ability to provide quality services.

The NHS Trust Development Authority is reviewing how long it will take for the remaining 93 NHS trusts to apply to Monitor for assessment, by assessing their clinical and financial sustainability. The NHS Trust Development Authority believed that there was a significant number of trusts that would need at least four years, and that these trusts would need to address significant financial challenges before they could produce a financially viable plan.

Recommendation: The NHS Trust Development Authority should set out how, and by when, it will put forward to Monitor each of the remaining 93 NHS trusts for assessment for foundation trust status. It should prioritise its efforts on working with the minority of NHS trusts that will not achieve foundation trust status in their own right.

Further information
Report: Financial sustainability of NHS bodies
Inquiry: Financial sustainability of NHS bodies
National Audit Office report: Financial sustainability of NHS bodies
About Parliament: Select Committees
Visit Parliament: Watch committees

225. Chief Inspector of Hospitals Recommends Norfolk and Suffolk NHS Foundation Trust Should Be Placed Into Special Measures Following Care Quality Commission Inspection
03 February 2015 - CQC

England's Chief Inspector of Hospitals has recommended Norfolk and Suffolk NHS Foundation Trust should be placed into special measures after a Care Quality Commission inspection resulted in it receiving an overall rating of 'Inadequate'.

CQC found the Trust, which provides mental health and learning disability services to a large population across Norfolk and Suffolk, needed to make a number of improvements to ensure it was consistently delivering care which was safe, effective, responsive to people's needs, in services which were well led. The inspection was carried out in October 2014.

The concerns and the recommendation have been referred to Monitor, the sector regulator for health services in England.

The overall Trust and individual services provided by the Trust have been given one of the following ratings: Outstanding, Good, Requires Improvement, or Inadequate.

The Trust was rated as Inadequate with regard to whether services were safe and well-led, Requires Improvement with regard to whether services were effective and responsive and Good with regards to whether services were caring. Its overall rating was Inadequate.

CQC identified several areas of concern where the trust must make improvements. These included:

- Staff morale was very low across many areas of the Trust and concerns were highlighted about the lack of senior leadership support towards staff.
- Leadership from ward level and above must be more visible and accessible to staff. Staff told inspectors they did not feel engaged in the improvement agenda or any top level decisions.
- Improvements are needed regarding safety at the Trust. Areas of concern included; unsafe environments that did not promote patient dignity; insufficient staffing levels to safely meet patient's needs; inadequate arrangements for medication management and concerns regarding seclusion and restraint practice.
- A lack of availability of beds meant that people did not always receive the right care at the right time and sometimes people were moved, discharged early or managed within an inappropriate service.
- The Trust must ensure that action is taken to remove identified ligature risks and to mitigate where there are poor lines of sight.
- Proper procedures must be followed regarding detention under the Mental Health Act.
- Wards managed by the Trust must meet guidance on same-sex accommodation whilst promoting safety and dignity.
- The Trust must ensure that seclusion facilities are safe and appropriate and that seclusion and restraint are managed within the safeguards of national guidance.
- All staff including bank and agency staff must complete statutory, mandatory and specialist training where necessary.
- The Trust must provide sufficient personal alarms for staff and visitors and carry out and document regular checks of emergency equipment.
Despite the overall rating of Inadequate, inspectors identified a number of areas of good practice across the trust, including:

- The dementia and intensive support team have introduced an innovative helpline to assist carers and care homes with support and advice.
- Inspectors found examples of innovative and multi-disciplinary team working within the child and adolescent community teams.
- The dementia and complexity in later life team (DCLL) has integrated their collaborative working with GPs and social workers to improve outcomes for patients.
- The Trust has developed effective services such as the Compass Centre (a therapeutic and education service) and an intensive support team which have reduced the number of admissions of young people to hospital.

Dr Paul Lelliott, CQC’s Deputy Chief Inspector of Hospitals (lead for mental health), said:

“We found a number of serious problems when we inspected the services run by Norfolk and Suffolk NHS Foundation Trust and we have made a recommendation to Monitor that the trust is placed into special measures. We have informed Monitor of the breaches and it will make sure these are appropriately addressed and that progress is monitored through the special measures action plan

“We were concerned about the safety and quality of care provided by some of the trust’s services. We were also struck by the low morale of many of the staff that we interviewed who told us that their voices were not heard by those managing the trust

Some of the management team at Norfolk and Suffolk NHS Foundation Trust are quite new in post. They must provide the leadership to bring about the urgent improvements needed to ensure care and treatment consistently meets the required standard.

“The trust managers have told us they have listened to our inspectors’ findings and have begun to take action where it is required. We have maintained close contact with the trust since the inspection and will undertake further inspections, including unannounced visits to check that the improvements needed have been made.”

The Care Quality Commission has already presented its findings to a local Quality Summit, including NHS commissioners, providers, regulators and other public bodies. The purpose of the Quality Summit is to develop a plan of action and recommendations based on the inspection team’s findings

The report is based on a combination of its inspection findings, information from CQC’s Intelligent Monitoring system, and information provided by patients, the public and other organisations.

A full report on the Trust, and on all the individual services inspected, can be found here- http://www.cqc.org.uk/provider/RMY

227. Dying doctor’s plea
03 February 2015 - The Times
Terminally ill Dr Kate Granger, 31, launched a campaign to push NHS staff into introducing themselves to patients.

228. 24-hour GPs’ surgery that could wipe out A&E crisis at hospital
03 February 2015 - Daily Mail
Item about the plan at Royal Blackburn Hospital to open a 24 hr GP surgery to take pressure from A&E – the plan will involve all 90 GPs from across the borough working on a rota to provide the service.

229. Try not to choke – but health bosses say we love hospital food
03 February 2015 - Daily Mail
Item about the Public Accounts Committee Report which says doctors are deserting the NHS to work as locums earning as much as £1,700 a shift £240,000 a year.

226. Doctors quit to work as £1,800-a-day locums
03 February 2015 - The Times

£1,700-a-shift doctors
03 February 2015 - Daily Mail

Item about the Public Accounts Committee Report which says doctors are deserting the NHS to work as locums earning as much as £1,700 a shift - £240,000 a year.
230. Norfolk and Suffolk NHS Foundation Trust rated as Inadequate overall by Chief Inspector of Hospitals
03 February 2015 – CQC

Professor Sir Mike Richards, England’s Chief Inspector of Hospitals, has given an overall rating of Inadequate for services provided by Norfolk and Suffolk NHS Foundation Trust following a CQC inspection in October.

The trust was rated as Inadequate with regard to whether services were safe and well-led, Requires Improvement with regard to whether services were effective and responsive and Good with regards to whether services were caring. Its overall rating was Inadequate.

A full report on the trust, and on all the individual services inspected, can be found here: www.cqc.org.uk/provider/RMY

231. Consultation outcome: Transferring services from NHS England to CCGs
03 February 2015 – Gov.uk

Seeks views on moving commissioning responsibility for renal dialysis services and morbid obesity surgery services from NHS England to CCGs. The Government has now responded to the consultation on moving responsibility for renal dialysis services and morbid obesity surgery services from NHS England to CCGs.


232. County health trust signs up to drive to improve patient care
03 February 2015 – Lythamstane Express

Lancashire Care NHS Foundation Trust has joined a massive social media movement launched by a terminally ill doctor.

The ‘Hello my name is…’ campaign was spearheaded by Dr Kate Granger, a young hospital consultant from Yorkshire who works in elderly care, to improve the patient experience in the UK and across the world.

She became frustrated with the number of staff who failed to introduce themselves to her when she was in hospital.


233. MPs call for radical change to make NHS sustainable
03 February 2015 – BBC News

The Public Accounts Committee (PAC) says growing deficits mean there is less money available to invest in better ways of working. As a result they are calling for radical changes to be made.

The Government says most trusts are forecasting a surplus, but all know "financial discipline" is important.

The PAC report concludes that NHS finances are getting worse - and it is getting harder to do something about it.

http://www.bbc.co.uk/news/health-31097983

234. Oxford NHS health trust goes smoke-free
04 February 2015 – BBC News

A full smoking ban is to be brought in at all sites run by Oxford Health NHS Foundation Trust from 02.03.2015.

It means patients, visitors and staff will not be allowed to smoke in any of its buildings and grounds.

http://www.bbc.co.uk/news/uk-england-31125331

235. Monitor closes investigation into Liverpool Women’s Hospital
04 February 2015 - Monitor

The health sector regulator launched an investigation in July 2014 after the Care Quality Commission (CQC) raised concerns about how the trust monitors the quality of its services and manages staffing levels.
Monitor wanted to find out if the CQC’s concerns indicated wider problems in how the Trust was run.

Since the investigation was opened, the Trust has taken action to address the issues raised and the CQC has reported improvements.

After reviewing the evidence, Monitor has decided that no further formal regulatory action is needed. Paul Chandler, Regional Director at Monitor, said:

“We are pleased that patients at Liverpool Women’s Hospital are benefitting from recent improvements in how the trust is run.

“The Trust has taken steps to address the concerns raised by the CQC about staffing and how it monitors the quality of its services, and we are now satisfied that there are not wider problems at the Trust.”

The regulator will continue to scrutinise the trust as it builds on the progress made and seeks to ensure its long-term financial sustainability.

236. Health services in north Norfolk face £14m shortfall
04 February 2015 – BBC News

The North Norfolk Clinical Commissioning Group (CCG) has warned of “tough decisions ahead” as it tries to balance its books.

The CCG helps fund the Norfolk and Norwich University Hospital, mental health services in Norfolk and community health services and has now announced a full review of all the services it commissions.

http://www.bbc.co.uk/news/uk-england-norfolk-31123509

04 February 2015 – Gov.uk

Monthly report showing data by local health board.

04 February 2015 – Gov.uk

Provisional information from the latest monthly Hospital Episode Statistics (HES) data. Including number of finished consultant episodes, admissions, outpatient appointments and A&E attendances.

04 February 2015 – Gov.uk


240. Statistics: MSSA bacteriemia: monthly data by NHS acute trust
04 February 2015 – Gov.uk

Monthly counts of trust apportioned meticillin susceptible Staphylococcus aureus (MSSA) bacteriemia by NHS acute trust. Now has December 2013 to December 2014 data.

241. Statistics: MRSA bacteriemia: monthly data by post infection review assignment
04 February 2015 – Gov.uk

Monthly counts of meticillin resistant staphylococcus aureus (MRSA) bacteriemia by post infection review (PIR) assignment. Now includes December 2013 to December 2014 data.

242. Statistics: MSSA bacteriemia: monthly data by attributed clinical commissioning group
04 February 2015 – Gov.uk

Monthly counts of meticillin susceptible Staphylococcus aureus (MSSA) bacteriemia by clinical commissioning group (CCG) to now include December 2013 to December 2014 data.

243. Statistics: Clostridium difficile infection: monthly data by NHS acute trust
04 February 2015 – Gov.uk

Monthly counts of trust apportioned Clostridium difficile (C. difficile) infections by NHS acute trust in patients aged 2 years and over. Now updated to include December 2013 to December 2014 data.

244. 111 line increasing pressure on NHS, say leading doctors
04 February 2015 – BBC News

A new analysis of the NHS 111 urgent care line in England has revealed a big increase in the number of calls being referred to GP surgeries and A&E departments.
The figures were produced by the doctors’ union the BMA, which has had concerns over the service for quite some time.

Doctors' leaders say the increase means more pressure is being placed on an already overstretched NHS.

http://www.bbc.co.uk/news/health-31126030

245. 'Outbreak' closes hospital ward
04 February 2015 – Bridlington Free Press
A Bridlington Hospital ward has been closed following the outbreak of Norovirus.

Johnson Ward was shut due to a number of patients becoming unwell and are suspected of contracting the norovirus.

Chestnut and Graham Wards at Scarborough have also seen an outbreak and are closed.

Bosses at York Teaching Hospital NHS Foundation Trust want people to think carefully before paying any non-essential visits to see friends or relatives. http://www.bridlingtonfreepress.co.uk/news/local/breaking-outbreak-closes-hospital-ward-1-7089131

246. Medway Maritime Hospital remains inadequate, CQC says
04 February 2015 – BBC News
CQC has ruled that a Kent hospital trust remains inadequate because it is not making enough progress.

An unannounced inspection of the Medway Maritime Hospital in December revealed "some signs of improvement", but that there was "still a long way to go" before the required standard was met in the A&E and theatre departments.

The Medway NHS Foundation Trust said it remained "firmly committed to making the changes that are required". http://www.bbc.co.uk/news/uk-england-kent-31130184

247. Computers 'could diagnose illness'
04 February 2015 – Belfast Telegraph
Plans being considered by the Government mean that people who are feeling unwell could be diagnosed at home by their computers.

Health Secretary, Jeremy Hunt, said ministers hoped to introduce an online version of the NHS 111 care line within the next two years, as the Government looks for ways to ease pressure on hard-pressed A&E units. http://www.belfasttelegraph.co.uk/news/local-national/uk/computers-could-diagnose-illness-30965437.html

04 February 2015 – Gov.uk

249. Monitor sets up 'engine room' for reform
04 February 2015 – HSJ
Monitor will be setting up a new directorate tasked with helping trusts improve performance and lead the regulator’s role implementing reforms set out in the NHS Five Year Forward View.

250. Monitor closes investigation into Liverpool Women's Hospital
04 February 2015 – Gov.uk
Monitor has decided to close its investigation into Liverpool Women’s NHS Foundation Trust as it has improved how it is managed. https://www.gov.uk/government/news/monitor-closes-investigation-into-liverpool-womens-hospital

251. 'Suicidal' Stoke City fan was failed by the NHS
05 February 2015 – Stoke Sentinel
An investigation has found that Stoke City fan Ste-
phen Foster and critically acclaimed author was let down by the NHS before he was found dead in a river, after battling depression.

Now the Parliamentary and Health Ombudsman has found that Mr Foster should have received more help from two NHS trusts in the days leading up to his death in 2011.

http://www.stokesentinel.co.uk/Acclaimed-Stoke-City-fan-author-failed-NHS/story-25981062-detail/story.html#ixzz3Qxt0Eb4F

252. Judicial review launched over integrated care contract award
05 February 2015 – HSJ
A south London clinical commissioning group’s attempt to contract a new integrated GP out of hours and urgent care service is now in limbo after a losing bidder initiated judicial review proceedings against the decision.

253. Monitor secures extra help for Heart of England to improve services and strengthen leadership
05 February 2015 - Monitor
An experienced former NHS chief executive will help Heart of England NHS Foundation Trust to improve its services for patients.

Diane Whittingham has been appointed as Improvement Director at the Trust. She has over 30 years of NHS experience.

Ms Whittingham will be employed by Monitor, but will be based at the Trust in a part-time capacity. She will work alongside the trust’s new interim chief executive - Andrew Foster CBE - who was appointed last month following the resignation of Mark Newbold.

Ms Whittingham will provide the trust with expertise, guidance and support while also holding its board to account to ensure that the required improvements are made.

This action addresses concerns that the Trust has insufficient long-term leadership capacity. An external review highlighted deficiencies in how the board scrutinises the running of the trust’s services.

Heart of England has been in breach of its license to provide healthcare since December 2013. Monitor imposed a further condition on the Trust’s license to provide healthcare in October 2014, enabling it to take further action if its leadership didn’t improve.

The Trust has also agreed to a new legally binding commitment that it will develop and implement a wide-ranging improvement programme covering governance, culture, safety and staffing, information technology, performance and leadership.

Heart of England provides health services to 1.2 million people across the West Midlands at Birmingham Heartlands Hospital, Good Hope Hospital, Solihull Hospital and Birmingham Chest Clinic.

254. More Than Nine Out of 10 People in Wales Satisfied With NHS Care – Major Survey Finds
05 February 2015 - Welsh Government
More than nine out of 10 people (92%) in Wales are satisfied with the care they received from their GP and 91% are satisfied with the care they received at hospital, a major survey has revealed.

The National Survey for Wales is a face-to-face survey of people across Wales. Each year 14,500 people aged 16 and over are asked for their opinions on a wide range of issues affecting them and their local area.

In 2013-14, the National Survey included questions on overall satisfaction with health services; satisfaction with care; access to care and patient involvement. The results are used to measure progress against key Welsh Government commitments and objectives.

The survey revealed:

- 94% of people attending a hospital appointment in the last 12 months were able to get an appointment at a date and time that was convenient to them;
- 77% of people questioned had seen a GP about their own health in the previous 12 months. Of these, 92% were satisfied (68% very satisfied and 24% fairly satisfied) with the care they received;
- 84% of people said the GP knew all the relevant information about them; while 90% of people said that they or their carer were given all the information needed at their GP appointment;
- 41% of the people questioned had attended a hospital appointment in the last 12 months. Of these, 91% were satisfied (70% very satisfied and 21% fairly satisfied) with the care they received;
- People in employment were slightly more likely to find it difficult to make a convenient GP appointment, 39% compared with 36% of people not in employment.

Health and Social Services Minister Mark Drakeford said:
These results show the people of Wales have confidence in our NHS, and they value the services it provides.

The Welsh NHS does a fantastic job, day in and day out. We are providing a service on an industrial scale to a population of three million people.

There will be some occasions when people don't get the high standard of service we would expect them to get. But the typical experience of someone using the Welsh NHS results in extremely high levels of satisfaction with the care provided by GPs and in hospitals.

However, these results also tell us that some people are still finding it difficult to book an appointment with a GP. That's why we made a commitment in our Programme for Government to improve access to GP services for working people and have announced new investments in primary care.

The National Survey shows once again how people across Wales value and respect the approach we have taken towards the NHS, which does a remarkable job in providing excellent standards of care, free at the point of use for all in Wales.“

Ed. This survey seems to be somewhat at odds with the many reports coming out of Wales about many instances of poor care experienced by the population in Wales. One wonders whether the sampling was confined to areas which have not experienced the public criticism of care, ambulance backlogs etc.

255. Age UK to Work With Musgrove to Improve Patient Care
05 February 2015 - NHS Musgrave Park Hospital

Musgrove Park Hospital has been announced as one of 29 NHS Trusts nationally who will work with charity partners Age UK, Royal Voluntary Service and British Red Cross on projects to improve support for patients.

The hospital will partner with Age UK to look at ways volunteers can work with staff and older people who are admitted to the hospital, to enable them to be discharged from hospital appropriately, receive timely information, advice and signposting to support services and, by means of referrals, seek to provide interventions that prevent hospital admissions and re-admissions.

Speaking about the announcement Acting Chief Executive, Peter Lewis, said:

“We are delighted to be one of the hospitals to benefit from this partnership working to provide our patients with better support and access to voluntary services, both while they are with us, and in helping them to return home.

“We know that quite often we have patients who are with us who are well enough to leave, but can’t go because it takes time to put the packages of care and support they need in place. There are many reasons why this can happen, and we are confident this partnership will help to support people while they are with us and after they leave.”

The projects are expected to run for a 12 week period and are being funded by a £1.2 million grant from the Government.

Philip Dolan, Chief Executive at Age UK Somerset, said:

“We welcome this recognition of the important role that voluntary organisations can play in supporting the NHS to work as effectively as possible for older people, especially when the system is under extra pressure during the cold winter months.

“By complementing the essential role of health professionals voluntary organisations can help bring the idea of whole-person care to life. In some cases, by providing early support we can prevent older people needing more intensive treatment and care, whether that’s by avoiding a hospital admission or by getting them home earlier through putting good support in place.

“Ultimately all of us, whatever our age, just want to be as well as possible in our own homes”.

Work is underway to finalise exactly how Age UK volunteers will work within the hospital and we expect to see volunteers in the hospital in the next few weeks.

256. Hospital Receives Funding to Revolutionise Patient Care With New Health Record System
05 February 2015 - Yeovil District Hospital

Yeovil Hospital is to receive funding to implement an Electronic Health Record (EHR). The funding from the Department of Health allows Yeovil District Hospital to lead the way in digital health with a major £3.5m investment.

The new system, TrakCare, will transform the way hospital staff work and will significantly improve patient care. The digitisation of patient medical records will provide support for clinical decisions, improve
staff and patient communications and will lead to better prescribing of drugs ensuring services are safer and more efficient.

The Trust has now formally signed the contract with its preferred provider, InterSystems, after a rigorous two-year procurement process carried out in collaboration with two other NHS trusts – Northern Devon Healthcare NHS Trust and Gloucestershire Hospitals NHS Foundation Trust.

Intersystems will work closely with Yeovil Hospital to ensure TrakCare is implemented around the needs of the hospital's clinicians. The programme will implement the first two phases over the next two years and will become an integral way of working for all staff.

TrakCare will incorporate a range of clinical tools which are used every day by clinicians to monitor patients, share information with colleagues, and inform decision about treatments, medicines and care. Consultants, doctors, nurses, therapists and other care staff will have immediate and secure access to the information via mobile devices, so they can make swifter, more accurate decisions while involving the patient.

Dr Tim Scull, Medical Director at Yeovil Hospital said:

“This will be a real step-change in the way we work, revolutionising the way we use information and data in Yeovil Hospital to provide the very best patient care.

“This system will put vital information at the fingertips of our clinicians wherever they are in the hospital thereby supporting them in making swift, accurate decisions, while spending more time with our patients.”

“We know our patients will see significant benefits in the timeliness and quality of our services as we begin to implement Trakcare over the coming years.”

Steve Garrington, Vice President, International Business at InterSystems, said:

“We are delighted Yeovil District Hospital has chosen InterSystems as its health informatics partner. TrakCare will provide Yeovil with a modern, sustainable electronic health record for their delivery of high-quality patient care.

“We look forward to working closely with the Trust to realise the benefits of joined-up care for its patients and staff. This will be the foundation for better, safer care that will continue to evolve to meet the Trust’s needs both now and in the future,”

257. The cost of short-term planning - £1bn on agency nurses in 2014/15
05 February 2015 - RCN

The RCN has published a new Frontline First report showing an unprecedented rise in the amount the NHS spends on agency nursing staff in England, with a projected spend of at least £980 million on agency nursing staff by the end of this financial year if action is not taken. This is an average of £4.2 million per trust.

150% increase
Following Freedom of Information requests to trusts across England, the report shows that the cost to the NHS of agency nurses has increased by 150% since 2012-13.

With proper long term planning, this money could have been spent solving the problem of vacant nursing posts. £980 million is enough to pay for 28,155 permanent nursing staff, including senior nurses, and with a mix of different bands which would provide the right balance of specialist skills and experience to provide high quality patient care, with better continuity. The RCN estimates that there are at least 20,000 nursing vacancies in the UK.

Winter pressures

The vast increase in agency spending follows a series of high profile reports showing the clear link between staffing levels and safe patient care and comes in the wake of winter pressures in A&E.

Trusts have been increasing staffing levels to cope with the increasing demand, but are being forced to turn to expensive agencies because the nurse numbers simply aren’t there.

Workforce cuts, cuts to nurse training places, years of pay restraint and attacks on terms and conditions have made retention and recruitment difficult, leading many nurses into agency work.

Dr Peter Carter, Chief Executive & General Secretary of the RCN said:

“This report shows the true financial cost of a health service which takes a ‘payday loans’ attitude towards workforce planning, leaving itself at the mercy of agencies because it refused to invest sensibly in the past.

“What it doesn’t show is the cost to patients – over-reliance on agency staff is bad for continuity of care, and that is bad for patients.
“Cutting the supply of nurses was reckless and short-sighted but concerns were batted away in a misguided attempt to save money.

“The NHS is under immense pressure and it is now time for serious workforce investment and sensible, long-term workforce planning. Anything less will be selling future generations severely short.”

258. Medical retreat
05 February 2015 - The Times, Letters to the Editor
Paul C Nolan, Consultant trauma & orthopaedic spinal surgeon, Belfast says that the Public Accounts Committee fail to understand the reasons doctors leave the NHS. It is because of “constant meddling and mediocre management [which] frustrate the efforts of clinical staff to deliver the service.”

259. NHS bill for agency nurses will double to £1bn this year
05 February 2015 - Daily Mail
Item bases on a report from the RCN which says that the NHS is on course to spend £980m for agency nurses this year.

260. ICO given powers to audit NHS authorities
05 February 2015 - ICO
On 01.02.2015, the Information Commissioner’s Office was given the power to subject public healthcare organisations to a compulsory audit. These compulsory audits had previously only applied to central Government departments.

The audits review how the NHS handles patients' personal information, and can review areas including security of data, records management, staff training and data sharing.

Our office is now able to assess data protection by England’s NHS foundation trusts, GP surgeries, NHS Trusts and Community Healthcare Councils, and their equivalent bodies in Scotland, Wales and Northern Ireland under section 41A of the Data Protection Act (DPA). The new legislation does not apply to any private companies providing services within public healthcare.

Welcoming these new powers the Information Commissioner Christopher Graham said:

“We fine these organisations when they get it wrong, but this new power to force our way into the worst performing parts of the health sector will give us a chance to act before a breach happens. It’s a reassuring step for patients.”

261. NHS reforms hit patient care and wasted billions
06 February 2015 - The Times
Item about the NHS reforms of Andrew Lansley says a report from The King’s Fund.
Ed. See item 190 in this issue of BHCR under ‘Miscellaneous’ ante.

Patients in Rotherham are benefiting from improvements in how their local hospital is run. Strengthening the senior leadership and improving how the board and its committees function has helped ensure the trust can provide quality care for its patients.

Liverpool Women’s NHS Foundation Trust has improved how it is managed, and as a result we have decided to close our investigation into the trust.

We have taken action at the following foundation trusts:
Following our investigation The Dudley Group NHS Foundation Trust has committed to improving its finances.
Following our investigation Calderdale and Huddersfield NHS Foundation Trust is taking urgent steps to improve its financial position and the performance of its board.

We have secured extra help for Heart of England NHS Foundation Trust to improve services and strengthen its leadership.

Helping the NHS help itself
NHS providers face major challenges over the next few years. We plan to set up a new team in Monitor that will help us understand better what needs to be done on the ground, that can work with other bodies to try to make sure effective support is available to provider organisations as they face into these challenges, and, to some degree, to bring in-house some of the support that has previously been outsourced to external consultants.

You may have seen David Bennett's recent interview in the HSJ here. More information from David about the new directorate can be found here.
Help patients receive more joined-up care

In a speech at a Westminster Social Policy Forum event our Chairman, Baroness Hanham, called for services to be integrated more urgently so people can benefit from care that is better co-ordinated and joined-up.

To assist providers with this, we have published draft guidance which is designed to help them comply with the integrated care condition of the NHS provider licence.

We would like to hear the views of patients and service users, providers, commissioners and any other interested parties on this draft version of the guidance.

Read more and respond

Greater say for patients in south London

Over 5 million patients can have a greater say on how their health services are run now that St George's Healthcare NHS Foundation Trust has become the 149th foundation trust.

Read more here

Future of specialist rehabilitation hospital protected for patients across England

The Royal National Hospital for Rheumatic Diseases NHS Foundation Trust (RNHRD) has been acquired by Royal United Hospitals Bath NHS Foundation Trust (RUH), after we approved proposals from both trusts.

Read more here

Investigation into the commissioning of complex adult community services in East Devon

We opened this investigation after a complaint by Northern Devon Healthcare NHS Trust. Monitor is investigating the commissioning of community services in Devon by Northern, Eastern and Western Devon Clinical Commissioning Group (CCG).

Read more here

263. 'Monopoly' fears over £350m scans contract
06 February 2015 – HSJ
The decision to award a 10 year contract to cover over half of England’s PET-CT imaging service to a single company has created a 'monopoly' that could damage NHS interests.

264. NHS reorganisation was disastrous, says King's Fund
06 February 2015 – BBC News
The King's Fund says that radical changes to the way the NHS in England is organised were "disastrous" and "distracted" from patient care.

The evaluation by the King's Fund think tank says the coalition Government's changes had wasted three years, failed patients, caused financial distress and left a strategic vacuum.

The Government said the report showed its plans for the future were right.

http://www.bbc.co.uk/news/health-31145600

265. A&E waits worsen slightly in England
06 February 2015 – BBC News
The latest figures show that waiting times in A&E units in England have worsened slightly, in the week ending Sunday, 92.3% of patients were seen in four hours - down from 93% the previous week. The target is 95%.

It came after figures for Scotland, published on Tuesday, showed only 89.9% were seen within four hours in December.

Performance is even worse in Northern Ireland and Wales.
http://www.bbc.co.uk/news/health-31163363

266. Correspondence: Helping the NHS help itself
06 February 2015 – Gov.uk
A briefing from Monitor Chief Executive, David Bennett, on setting up a new directorate to support NHS providers.

267. Leeds woman gets apology for 'unacceptable' NHS delay
06 February 2015 – BBC News
A woman with a painful condition of the womb who has waited a year for treatment has received an apology from the NHS for her "unacceptable delay".

Dawn O'Toole, from Armley in Leeds, has been waiting for a hysterectomy after her diagnosis in January 2014. Even now, Suzanne, who has endometriosis, still has no operation date.

Ms Hinchliffe, chief nurse and deputy chief executive at Leeds Teaching Hospitals NHS Trust, said the trust would be contacting Ms O'Toole to say sorry personally and discuss how to progress her treatment.

Dawn O'Toole, from Armley in Leeds, has been waiting for a hysterectomy after her diagnosis in January 2014. Even now, Suzanne, who has endometriosis, still has no operation date.

Ms Hinchliffe, chief nurse and deputy chief executive at Leeds Teaching Hospitals NHS Trust, said the trust would be contacting Ms O'Toole to say sorry personally and discuss how to progress her treatment.

http://www.bbc.co.uk/news/uk-england-leeds-31163807

268. Nurses at Redditch's Alexandra Hospital 'reduced to tears'
06 February 2015 – BBC News
Former sister Mandy Bridgman has claimed that nurses at Redditch's Alexandra Hospital had their wrists grabbed by managers and fingers pointed in their faces.
Nearly 30 workers left over a two-year period up to 2013, many because of bullying, she said.

The Trust said the bullying allegations were investigated and found to be untrue.

http://www.bbc.co.uk/news/uk-england-hereford-worcester-31168466

269. NHS boss pocketed £155,000 by retiring ...for just 24 hours
07 February 2015 - Daily Mail
Item about Sue Jones, 58, who retired and claimed the tax-free lump sum, before returning to work for the Derby Hospitals NHS Foundation Trust on a salary of nearly £200,000. It is said that Mrs James many have breached rules of the pension scheme.

270. New safeguards for whistleblowers
07 February 2015 - Daily Mail
Sir Robert Francis QC who chaired the inquiries into Mid Staffs hospital scandal will present his report and recommendations on the treatment of NHS whistleblowers on 11.02.2015. The report has been delayed by two months because of the quantity of evidence presented to the inquiry team – 17,000 online and 600 in writing.

271. NHS boss pocketed £155,000 by retiring for just 24 hours: She quit, cashed in pension, then got her job back!
07 February 2015 – Daily Mail
An NHS chief who tried to gag a whistleblower managed to claim an extra £155,000 by ‘retiring’ for just 24 hours.

Sue James, 58, used a loophole to bank the tax-free bonus as her Trust declared millions of pounds in losses, but she was then rehired a day later to continue earning her salary of almost £200,000 a year.

She faces being investigated by watchdogs and could be fired under new laws, if found to have been involved in ‘serious misconduct or mismanagement’. Incredibly, she has refused to apologise or hand back the money, maintaining she is ‘fully entitled’ to the payout.


272. NHS complaints investigations inadequate, says review
07 February 2015 – BBC News
NHS complaints investigations inadequate, says review
07 February 2015 – BBC News
Dame Julie Mellor: NHS investigations 'not thorough'
07 February 2015 – BBC News
A review by the office of the health service ombudsman has found that over 40% of NHS investigations into patient complaints are not good enough.

In its review of 150 cases into allegations of avoidable harm or death, it found failings in the handling of 61 complaints by NHS trusts in England.

The review was examining the quality of the investigations and the evidence relied on, as well as statements and records.

The Government said it wants to create a "more open NHS culture".

http://www.bbc.co.uk/news/health-31168260
http://www.bbc.co.uk/news/health-31182248
http://www.bbc.co.uk/news/health-31182566

273. Norfolk and Norwich University Hospital ditches government mutualisation plans
07 February 2015 – BBC News
A move to take a hospital out of NHS control into private ownership was quashed by the Norfolk and Norwich University Hospitals NHS Trust (NNUH).

Unison said it had raised concerns over mutualisation at the NNUH. This would have allowed the Trust to stop becoming wholly owned by the NHS in favour of being owned by different stakeholders including staff.

http://www.bbc.co.uk/news/health

274. The NHS whistle-blowers who spoke out for patients
07 February 2015 – Telegraph
Article looking at whistle-blowers who have helped shine a light on the darkest recesses of the NHS, raising concerns over patient safety, staff bullying and declining standards of care.

Rather than being praised for their courage many whistle-blowers claim they faced bullying, threats and in some cases the loss of their jobs:


http://www.bbc.co.uk/news/health/11398148
http://www.bbc.co.uk/news/health/11398184
http://www.bbc.co.uk/news/health/11398177

http://www.bbc.co.uk/news/health-31168260
http://www.bbc.co.uk/news/health-31182248
http://www.bbc.co.uk/news/health-31182566

http://www.bbc.co.uk/news/health

275. Death rate up at struggling hospital despite being put into special measures  
07 February 2015 – Daily Mail
Death rates at an NHS hospital have risen despite it being placed in special measures in an effort to bring them down.

Tameside Hospital in Manchester was one of 11 NHS Trusts ordered to undergo the 'improvement' process in July 2013 by NHS England medical director Sir Bruce Keogh, but according to a shock report, mortality rates have actually increased, with about 35 more patients dying there in 2013 than was expected.

Rates at a second hospital – Medway Maritime in Kent – which was also placed in special measures, have remained stubbornly high.

Despite the above, the special measures programme was deemed a success as death rates fell significantly at eight out of 11 hospitals – saving about 450 lives.

http://www.dailymail.co.uk/news/article-2944164/Death-rate-struggling-hospital-despite-special-measures.html#ixzz3RA6jFxGm

276. 'Special Measures Cut Death Rates in Keogh Hospitals
08 February 2015—Dr Foster

The first hard evidence to show how death rates fell in 11 NHS trusts placed in 'special measures' following 2013’s Keogh review has been published in a new report by Dr Foster, Is special measures working?.

The detailed statistical analysis shows that, taken as a group, there has been a significant reduction in mortality rates at the hospital trusts since the emergency regime was put in place. But within that overall picture, there is significant variation in performance between the trusts.

The 11 special measures trusts show a marked decline of 9.45 percent in mortality rates from the point they were placed in special measures, compared to the 3.3 percent fall nationally.

Professor Sir Bruce Keogh, NHS England’s National Medical Director, placed the trusts in special measures after looking at 14 with higher-than-expected mortality figures in the wake of the Mid Staffordshire scandal, where high death rates were found to have been symptomatic of major failings in care.

The NHS Trust Development Authority (TDA) and Monitor put in place support packages for the 11 trusts in special measures. These were different in each case but included the appointment of ‘buddy’ hospitals to provide support in improvement, leadership changes where necessary, and action plans with progress reports published on the NHS Choices website.

Dr Foster’s analysis demonstrates that, while mortality rates fell across all English hospitals in the period since July 2013, this trend was significantly more pronounced in the 11 special measures trusts taken as a group. Although, on average, the special measures trusts still have higher mortality rates than the national average, the difference has narrowed considerably.

The analysis is based on national Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) data. Mortality data from the 11 Keogh trusts was compared with thousands of randomised samples from other English trusts to establish how they had performed relative to the average.


277. Death rate up at struggling hospital  
08 February 2015—The Mail on Sunday
Item about Tameside Hospital, Manchester, one of 11 hospitals told to improve in July 2014, where 35 more patients died than had been expected. The statistics have been released by Dr Foster, which collects and publishes healthcare data.

278. 'Deaths averted' at hospitals put into special measures  
08 February 2015 – BBC News
A report by the Dr Foster data analysis company says that hundreds of deaths might have occurred if emergency interventions had not been put in place at 11 failing hospital trusts in England.

The report focuses on poorly performing hospitals identified in the wake of the Stafford Hospital scandal. Research show average death rates fell after urgent measures, such as leadership changes, were enforced.

http://www.bbc.co.uk/news/health-31166211
279. Jeremy Hunt orders yearly study of 'avoidable' hospital deaths  
08 February 2015 – BBC News  
New plans to reduce the number of “avoidable deaths” in English hospitals were revealed by Health Secretary, Jeremy Hunt.

Mr Hunt said an annual review of 2,000 cases of patients who later died would allow hospitals to be ranked according to avoidable mortality rates.

He said there were about 1,000 avoidable deaths in the NHS per month.  
http://www.bbc.co.uk/news/health-31226148

280. Devon and Cornwall shortage of nurses 'worst yet'  
04 February 2015 – BBC News  
A Freedom of Information request by the BBC has revealed there were about 800 vacancies in Devon and Cornwall health trusts at the end of January, the “worst shortage yet” of nurses.

The Royal College of Nursing (RCN) blamed a lack of training places.

The shortages include over 200 at Derriford Hospital in Plymouth, 80 at the Royal Devon and Exeter Hospital and over 100 at the Royal Cornwall Hospital.

The total number of vacancies is nearly 6% of the total 14,300 nursing posts in the counties.  
http://www.bbc.co.uk/news/uk-england-devon-31136174

281. The cost of short-term planning - £1bn on agency nurses in 2014/15  
05 February 2015 - RCN  
The RCN has published a new Frontline First report showing an unprecedented rise in the amount the NHS spends on agency nursing staff in England, with a projected spend of at least £980 million on agency nursing staff by the end of this financial year if action is not taken. This is an average of £4.2 million per trust.

To read full press release go to item 257 in this issue of BHCR in ‘NHS’ ante.

282. Overseas nurses shun rural Lincolnshire  
06 February 2015 – BBC News  
Health bosses say that foreign nurses recruited to plug staff shortages at Lincolnshire's hospitals are leaving the county because it is is too rural.

In November 2013, United Lincolnshire Hospitals NHS Trust (ULHT) hired nurses from Greece, Spain and Portugal to reduce spending on agency staff, after criticism over its staffing levels.

Bosses said they would now look at recruiting from other areas of Europe and do more to promote the county.

To date, about a third of the 99 foreign nurses brought in have left.  
http://www.bbc.co.uk/news/uk-england-lincolnshire-31165230

Older People

283. Developing countries face ageing revolution  
02 February 2015 – Age UK  
New analysis by Age International has found that diseases commonly associated with ageing (ischaemic heart disease, stroke and COPD) make up three of the top four causes of death in low- and middle-income countries.

These findings come as the charity launched a new publication Facing the facts: the truth about ageing and development bringing together expert opinion on the trends, challenges and opportunities presented by a global ageing population.  
http://www.ageuk.org.uk/latest-press/developing-countries-face-ageing-revolution/

284. Take care now to meet the cost of caring later  
08 February 2015—The Mail on Sunday  
A page on the cost of care and the care cap which will come into effect in April 2015 under the provisions of the Care Act 2015.

See item 208 in this issue of BHCR under 'Miscellaneous' ante.

Parliament

285. Public Accounts Select Committee  
02 February 2015 - Parliament  
Subject: An update on Hinchingbrooke Health Care NHS Trust  

Volume 10 Issue 6  
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Witness(es):
- Richard Douglas, Director General for Finance and the NHS, Department of Health,
- David Flory, Chief Executive of the NHS TDA,
- Steve Melton, Chief Executive Officer, Circle Holdings,
- Hisham Abdel-Rahman, Chief Executive, Hinchingbrooke Hospital,
- David Behan, Chief Executive, Care Quality Commission and
- Maureen Donnelly, Chair, Cambridgeshire and Peterborough CCG

To read more and to access links to the evidence session go to item 2 in this issue of BHCR under ‘Business’ ante.

286. Urgent Question on child and adolescent mental health services
02 February 2015 - Parliament
Shadow Minister for Public Health, Luciana Berger is to ask an Urgent Question on child and adolescent mental health services, at 15.30hrs on 02.02.2015 in the House of Commons.

Timings are approximate as Parliamentary business is subject to change.

Watch the Urgent Question on child and adolescent mental health services live on Parliament TV from 3.30pm

Transcripts of proceedings in the House of Commons Chamber are available three hours after they happen in Today’s Commons Debates.

Related information
House of Commons Library analysis
The House of Commons Library produces briefing papers to inform MPs and their staff of key issues. The papers contain factual information and a range of opinions on each subject, and aim to be politically impartial.

The Library has published a briefing paper on Children and young people’s mental health which contains more information on the commitments for children and young people’s mental health in Government policy. It sets out the current provision for children and young people’s mental health services (CAMHS), recent funding commitments, and describes concerns that have been raised around levels of access and provision.

House of Commons Library Paper: Children and young people’s mental health – policy, CAMHS services, funding and education

287. MPs debate building sustainable GP services
05 February 2015 - Parliament
On Thursday 5 February, MPs will take part in a debate on a motion relating to building sustainable GP services. The debate was scheduled by the Backbench Business Committee following a bid from Derek Twigg and Caroline Lucas.

Watch the debate and read the transcript
The debate on GP services is the first item of main business on Thursday and is expected to begin around 11.15/11.30am, following the Business Question to the Leader of the House. The debate will be opened by Derek Twigg, MP for Halton.

Watch Parliament TV: MPs debate building sustainable GP services, 5 February 2015
Read Commons Hansard: MPs debate building sustainable GP services

"That this House notes the vital role played by local GP services in communities throughout the UK, with an estimated one million patients receiving care from a family doctor or nurse every day; believes that the UK’s tradition of excellent general practice provision is a central factor in the NHS being consistently ranked as one of the world’s best health services by the independent Commonwealth Fund; expresses concern, therefore, that the Royal College of General Practitioners (RCGP), through its Put patients first: Back general practice campaign, is warning that these services are under severe strain, with increasing concerns raised by constituents about access to their GP and 91 per cent of GPs saying general practice does not have sufficient resources to deliver high quality patient care; further notes that the share of NHS funding spent on general practice has fallen to an all-time low of 8.3 per cent, and that over 300,000 people across the UK have signed the campaign petition calling for this trend to be reversed; welcomes the emphasis placed in NHS England’s Five Year Forward View on strengthening general practice and giving GPs a central role in developing new models of care integrated around patients; and calls on the Secretary of State for Health to work with NHS England and the RCGP to secure the financial future of local GP services as a matter of urgency."
288. MPs to debate improving cancer outcomes
05 February 2015 - Parliament
On 05.02.2015 MPs took part in a general debate on improving cancer outcomes. The debate was scheduled by the Backbench Business Committee following a bid from John Baron, Grahame M. Morris, Eric Ollerenshaw, Jack Lopresti and Rebecca Harris.

Watch the debate and read the transcript
The debate on improving cancer outcomes was the second item of main business on 05.02.2015 following the Backbench Business debate on sustainable GP services. It is estimated to start at around 14:00hrs.

The debate was opened by John Baron, Conservative MP for Basildon and Billericay.

Watch Parliament TV: MPs debate improving cancer outcomes, 5 February 2015
Read Commons Hansard: MPs debate improving cancer outcomes, 5 February 2015

289. Human Rights Committee takes further evidence on Children’s Rights
06 February 2015 - Parliament
This is the second evidence session in connection with the Committee’s short inquiry into the UK’s compliance with the UN Convention on the Rights of the Child.

Joint Committee on Human Rights

Children’s Rights

The Committee will be taking evidence from:

Witnesses
11.02.2015 at 09.30hrs in Committee Room 3A
- Paola Uccellari, Director, Children's Rights Alliance England;
- Natalie Williams, Policy Adviser, The Children's Society;
- Dragan Nastic, Senior Policy Adviser, Unicef UK; and
- Kate Aubrey-Johnson, Youth Justice and Strategic Litigation Fellow, Just for Kids Law

10.02.2015 – Select Ctte - Public Administration

Subject: NHS Complaints and Clinical Failure
Witness(es): Katherine Murphy, Chief Executive, Patients Association, Katherine Rake, CEO, Healthwatch England and Peter Walsh, Action against Medical Accidents (AvMA); Dame Julie Mellor DBE, Parliamentary and Health Service Ombudsman and Professor Sir Mike Richards, Chief Inspector of Hospitals, Care Quality Commission (CQC)

10.02.2015 – Select Ctte – Health

Subject: Impact of physical activity and diet on health
Witness(es): Professor John Wass, Academic Vice-President, Royal College of Physicians, Dr Janet Atherton, President, Association of Directors of Public Health, Dr Jane Moore, Director of Public Health and Professor in Public Health at Coventry University, Dr Dagmar Zeuner, Director of Public Health, London Borough of Richmond-upon-Thames and Kim Thompson, Health Lead, Sport England; Jane Ellison MP, Parliamentary Under Secretary of State for Public Health, Department of Health, Professor Kevin Fenton, Director of Health and Wellbeing, Public Health England and Dr Alison Tedstone, Director of Diet and Obesity, Public Health England

11.02.2015 – HoC - Quality of mental health care in the NHS - Mr Mike Hancock

11.02.2015 – Select Ctte - Home Affairs

Subject: Statutory Inquiry into Child Sexual Abuse
Witness(es): The Honourable Justice Lowell Goddard, Chair-designate of the Statutory Inquiry into Child Sexual Abuse

Parliamentary Questions and Debate from the Past Week

The following section is produced in conjunction with specialists in health and social care, PLMR – Political Lobbying & Media Relations – www.plmr.co.uk

House of Commons – Commons Written Answer – a question from Frank Field (Lab, Birkenhead) regarding staff specially trained for elderly care, which was answered by the Health Minister, Dr Daniel Poulter (Cons, Central Suffolk and North Ipswich).

To view online, click on the following link:
http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-02-02/222919

House of Commons – Commons Written Answer – a question from Shadow Public Health Minister, Luciana Berger (Lab, Liverpool Wavertree), regarding places for mental health patients, which was answered by the Health Minister, Norman Lamb MP (LD, North Norfolk).

To view online, click on the following link:
http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-02-02/222903
House of Commons – Commons Written Answer – a question from Ian Paisley (DUP, North Antrim) regarding the link between diabetes and dementia, which was answered by Minister for Life Sciences, George Freeman (Cons, Mid Norfolk).

To view online, click on the following link:
http://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2015-01-29/222757

House of Commons – Early Day Motion – an EDM has put tabled by Roger Williams (LD, Brecon and Radnorshire), Andrew George (LD, St Ives) and Mark Williams (LD, Ceredigion) regarding safe nurse staffing levels.

To view online, click on the following link:
http://www.parliament.uk/edm/2014-15/765

Social Care

290. Free materials to support the Care Certificate implementation
02 February 2015 – NCF
Free online support is now available to support employers in the health and social care sectors as they prepare for the launch of The Care Certificate in March 2015.

This was developed in partnership with Skills for Health, Skills for Care and Health Education England, the Care Certificate was a key recommendation of the Cavendish Review to create common learning and development support for new starters in the health and social care sectors.

The materials are intended as a first step to help employers become more familiar with the fifteen new Standards and how to assess members of staff completing The Care Certificate. This will prepare them for the official launch of the Care Certificate in March 2015.

The materials, including revised standards and guidance, are:
- The Care Certificate Framework
- The Care Certificate Assessor Document
- The Care Certificate Guidance Document
- The Care Certificate Mapping
- The Care Certificate - Certificate
- The Care Certificate FAQ
- Self-Assessment Tool


291. Changes to assessment and eligibility from April
02 February 2015 – SCIE
SCIE support with Care Act implementation

Assessment and eligibility is changing and the Care Act 2014 sets out in one place, local authorities’ duties in relation to assessing people’s needs and their eligibility for publicly funded care and support.

Under the act, from April, local authorities have to ensure that any adult who appears to require care and support - including carers with support needs - has their needs assessed. This is regardless of their likely eligibility for state-funded care.

New resources from the Social Care Institute for Excellence (SCIE) were designed to support local authority staff, social workers and others involved in assessment and eligibility. SCIE are also running training events on assessment and eligibility, starting on 20.02.2015, in Bristol, Leeds, London and Cambridge. Those events will continue until the end of March.

One of the biggest changes from April is the focus on people’s wellbeing at the centre of assessment/at the core of the assessment process. They will receive their own copy of the assessment, which will have a clear definition about whether care and support fits into the person’s life and preferred outcomes. The carer also will have access to a robust set of information and the user should have a better care journey.

The following resources are available now from SCIE:
- Process map: A flowchart of the processes involved in assessment and eligibility with accompanying description of each stage
- Supported self-assessment guide: a short guide to minimum standards and the approach to supported self-assessment
- Ensuring assessment is proportionate guide: a guide to ensuring assessment is both proportionate and appropriate
- Eligibility guide: a guide to what is involved in understanding and making eligibility determinations
- Working with fluctuating needs guide: a short guide on what to consider in relation to fluctuating needs.

http://www.scie.org.uk/news/mediareleases/media-release?id=a1UG0000004lrkMAC
Workforce

292. Rewarded and respected – a vision for care workers
03 February 2015 – NCF
NCF Blog by Des Kelly OBE

Des Kelly OBE’s blog. In this entry, he considers the workforce recommendations of the Demos Commission on Residential Care

293. Making sure health professionals are supported
06 February 2015 - The Knig's Fund
Beccy Baird asks whether it is appropriate for regulators to be responsible for providing functions under the umbrella of 'supervision'?

The key for real quality improvement is to support all staff and allow professionals to access training to be able to flourish.

In a recent article I read in the Times on 7 February, I would say that I agree with some, but not all, of what Mr Burnham says.

The case for NHS and social care integration and for having one body with overall responsibility for our health social care and wellbeing – from the cradle to the grave – is overwhelming and obvious and indeed long overdue in my view.

With that integration should come, hopefully, a better apportioning of funding so that social care could get a fairer deal than it has for generations. That might help us to fund the type of care that, in the 21st century, we have the right to expect.

But beyond that I take issue with Mr Burnham and his demonisation of social care providers. In common with many at the moment he is quick to criticise social care providers even though the sector is providing many thousands of hours of excellent quality care during the toughest period it has ever faced.

His blanket condemnation of the whole sector as “profiting off the back of some of the most vulnerable” is both unfair and untrue.

On the contrary, social care providers have seen the fees they are paid to provide care cut in real terms, year after year. For the past five years in particular local authority and NHS commissioners have been squeezing down hard.

It is these commissioners and what they are prepared to pay for care that goes a long way to determine what providers can pay their staff. And it is also these same commissioners who dictate that care should be provided in 15-minute slots or shorter.

Mr Burnham will be well aware that to be allowed to operate in social care, a provider has to ensure the organisation is making a profit or surplus. And since when has making a living from the provision of care become such a sin? What is the difference between a Social Services or NHS director earning a living and someone running a care business?

In any case, in the current climate, with commissioners squeezing the life out of the sector, it is increasingly difficult for providers, particularly smaller ones, to keep their heads above water.

All employers should be paying the National Minimum Wage and I would never condone those who do not. I would suggest that a lot of us want to get to the Living Wage and beyond.

But with less and less money in the sector it isn’t too hard to see why it is increasingly difficult to properly reward staff. The crisis in recruiting staff is testament to that.

Successive governments have failed to grasp the nettle of an increasing demand for better and better social care being hampered by falling investment in that care provision.

It is only right that society expects standards in social care to keep improving through better quality care, higher standards of accommodation and better training. But in other areas rising expectations are matched by greater investment.

In social care we have seen a fall, rather than a rise, in investment.

It is little short of a miracle that across the country social care providers are continuing to provide wonderful, compassionate care for their clients and residents.

Yes, Mr Burnham and indeed Mr Cameron, a lot of social care providers would love to give their workers a pay rise. But you don’t have to look far to find a very good reason why it is likely isn’t going to happen any time soon.

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Editor  Keith M Lewin
☎ 08455 190 695
☎ 08455 190 699
✉ keith.lewin@brunswicks.eu

Publications Manager  Linda Mason
☎ 08455 190 690
☎ 08455 190 699
✉ lin.mason@brunswicks.eu

Switchboard  08455 190 690

Crisis Intervention Line
Available 24 hours, 365 days
07855 855 588

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