LEEDS PRIMARY CARE TRUST

Report for the Leeds Health and Adult Social Care Scrutiny Board on the Leeds PCT Standards for Better Health declaration, March 2008

1. Introduction

The Healthcare Commission (HCC) is responsible for assessing how well healthcare organisations such as Leeds Primary Care Trust (LPCT) are performing nationally against defined standards known as the standards for better health. The standards are in areas which the HCC considers important for all healthcare organisations to meet. This assessment is undertaken by all National Health Service organisations.

This report provides an overview of the PCT's current position against the standards for better health. Its aim is to provide the local Overview and Scrutiny Committee (OSC), with the information they require in order to provide comment on the areas where they have worked closely with the PCT throughout the year. The comment provided by the OSC forms part of the PCT's declaration to the Healthcare Commission.

2. Current Position

At present the PCT intends to declare compliance with all but one of the core standards by the end of March 2008. There are several standards where it is still to decide how the PCT will declare; these areas have been highlighted in this report and the PCT Executive Team and Board continue to monitor those core standards against agreed action plans as a priority.

The Leeds PCT Board will assess its position against the standards and review progress against the action plans, to determine the current position for the full year declaration (1st April 2007 – 31st March 2008). This will take place at the Board meeting on 20th March 2008 and be submitted to the Healthcare Commission prior to the 30th April deadline.

An overview of the PCT's current position against the standard can be seen in Appendix 1.

3. Background to the Process

3.1 LPCT is a new organisation which was formed on 1st October 2007. During the formation of the new PCT and the subsequent restructuring of the organisation, there was a period of consolidation. This caused some delay in the preparation for measurement and comparison against the standards.

3.2 In 2006/2007 Leeds PCT declared "fully met" on all but one core standard.

4. Background to the Standards

4.1 The standards are grouped into 7 areas known as domains which describe what the standards relate to. The standards are also separated into core and developmental. The core standards are considered to be the fundamental

building blocks required, whilst the developmental standards look at making improvements.

4.2   Primary care and commissioning make up a part of the assessment on each standard. To date, the primary care self assessment is in the final stages of completion. There has been no notification of significant risk.

4.3   This year the developmental standard D13 will continue to be reviewed in shadow form only; that is the outcome will not be counted towards the PCT's rating.

5   **Summary of PCT Current Position against the Standards for Better Health Core Standards.**

A full overview of the standards and the PCT's position against them is illustrated in Appendix 1. This section highlights a selection of both good practice and development required against the standards.

5.1   **Domain 1: Safety**

This domain concentrates on all aspects of Safety within the organisation.

C1 - Relates to patient safety issues and incident reporting. This year has seen the PCT develop new Incident and Serious Incident Management Policies.

C2 – Relates to safeguarding children. The PCT will be declaring compliant in relation to this standard. Leeds is making good progress in relation to safeguarding children and works closely with local partners. New statutory requirements for the Child Death Processes are currently being implemented. A new e-learning package for staff was introduced in September 2007. The course has evaluated well and work is ongoing to increase uptake.

C4c - Decontamination of reusable medical devices. Leeds PCT have to declare not compliant with this standard as the European Union Directive requirements (EEC93/42MDD) for the PCT managed Dental and Podiatry Services are currently insufficient. The level of risk to patients from infections caused by these procedures remains low; however work is underway to meet the EEC Directive by later this year. Leeds PCT have taken steps in 2007/08 to ensure minor surgery undertaken by GP's meets the Directive.

Leeds PCT is currently in the same situation on decontamination as other PCTs in West Yorkshire and the work to meet the European Union Directive is being undertaken on a county wide partnership basis.

C4d - Medicines are safely and securely handled. The PCT will declare compliant against this standard. The evidence submitted for compliance is robust. The PCT has formed strong working relationships and processes for the supervision of controlled drugs.

5.2 Domain 2: Clinical and Cost Effectiveness

This domain looks at care & treatment given to the people receiving care in Leeds. It covers standards for ensuring that individual healthcare professional and service planners take into account national guidelines and standards when they practice and as they work to improve and update services.

The PCT will be declaring compliant in relation to the standards within this domain.

5.3 Domain 3: Governance

In the governance domain the standards are concerned with ensuring that the organisation is well-run. This includes ensuring that senior staff in healthcare organisations have clearly defined responsibilities and that the organisation is accountable to the public for both the service they provide and for financial management.

The PCT continues to monitor the following areas closely and has yet to confirm how it will be declaring against these standards.

C 8b, looks at how personal development programmes recognise the contribution of staff addressing under representation in minority groups.

C11a,b &C: These standards relate to the recruitment and selection of staff, the training and professional development of staff.

5.4 Domain 4: Patient Focus

The Patient Focus domain focuses on the patient receiving an equality of care regardless of their background, age, race or sexuality. It looks at respect & dignity at every stage of treatment. The PCT will be declaring compliance against the standards in this domain.

5.5 Domain 5: Accessible & Responsive Care

Accessible & Responsive Care highlights the importance of taking local views into account when planning, developing and improving the healthcare services provided to the people of Leeds.

The PCT is yet to decide how standard **C18** in this domain will be declared.

5.6 Domain 6: Care Environment & Amenities
The PCT has revised its Health, Safety and Security Manual, undertaken a programme of site inspections and revised the Corporate Induction training programme during the year.

5.7 Domain 7: Public Health
This domain looks at the local & national partnerships the organisation has. It highlights the importance of reducing health inequalities.

Work in 2007-8 has focussed on the priority areas of: tackling health inequalities experienced by our residents living in the lowest 10% Super Output Areas; building and supporting effective partnerships with city wide and local partnerships within the statutory, non statutory, voluntary and private sector; focussing on reducing the gap in life expectancy by addressing vascular disease and smoking related illness and the high impact changes to reduce infant mortality; reducing the number of people who smoke; tackling obesity; improving sexual health; improving mental health and well being; reducing harm and encouraging sensible drinking; helping children and young people to lead healthy lives and promoting healthy and active life amongst older people.

The Director of Public Health has produced an annual report which details the work undertaken in each of these areas.

6   Summary of PCT Current Position against the Standards for Better Health Developmental Standards.

Standard D13 looks at how health equalities are addressed, and how nationally agreed best practice such as NICE guidance is implemented. Developmental standards are assessed on a four point scale ranging from limited, fair, good and excellent. LPCT will be declaring a rating of 'good' in relation to this standard.

7.   Conclusions

The PCT will continue to develop and closely monitor action plans against the core standards to ensure that we achieve and maintain compliance.

Kathryn Stewart - Risk Manager (Patient Safety)
Leeds PCT

Appendix 1

**Core Standards: Position at 27/2/08**

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
First Domain: Safety
C 1a	JGM	Yes	Healthcare organisations protect patients through systems that: identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	1	G	The healthcare organisation has a defined reporting process and incidents are reported, both within the local reporting process and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System, taking into account Building a safer NHS for patients: implementing an organisation with a memory (Department of Health 2001).
				2	G	Reported incidents are analysed to seek to identify root causes and likelihood of repetition, taking into account Building a safer NHS for patients: implementing an organisation with a memory (Department of Health 2001).

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Core Standards: Position at 27/2/08						
No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
				3	A	Improvements in practice are made as a result of analysis of local incidents taking into account Building a safer NHS for patients: implementing an organisation with a memory (Department of Health 2001), and also as a result of information arising from the National Patient Safety Agency's (NPSA) national analysis of incidents via the National Reporting and Learning System.
C 1b	JGM	Yes	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted on within required timescales.	1	G	Patient safety notices, alerts and other communications issued by the Safety Alert Broadcast System (SABS) and Medicines and Healthcare products Regulatory Agency (MHRA) are implemented within the required timescale, in accordance with chief executive's bulletin article (Gateway 2326) and the drug alerts system administered by the Defective Medicines Support Centre (part of the MHRA).
C 2	SC	Yes	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	1	G	The healthcare organisation has defined and implemented effective processes for identifying, reporting and taking action on child protection issues, in accordance with the Protection Of Children Act 1999, the Children Act 2004, Working together to safeguard children (Department of Health 1999) and Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities (Department of Health July 2001).
	SC			2	G	The healthcare organisation works with all relevant partners and communities to protect children in accordance with Working together to safeguard children (HM Government, 2006)).
	JGM			3	G	Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties. In carrying out CRB checks the healthcare organisation should be meeting the requirements of CRB disclosures in the NHS (NHS Employers 2004).
C 3	MW	Yes	Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance	1	G	The healthcare organisation follows NICE interventional procedures guidance in accordance with the Interventional Procedures Programme (Health Service Circular 2003/011).
C4a	IC	Yes	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving a year on year reduction in Methicillin-Resistant Staphylococcus Aureus (MRSA).	4	G	The PCT has taken steps to minimise the risk of healthcare acquired infection to patients, in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health 2006) and taking account of Winning ways (Department of Health 2003), A matron's charter: an action plan for cleaner hospital (Department of Health 2004), Revised guidance on contracting for cleaning (Department of Health 2004), Audit Tools for Monitoring Infection Control Standards (Infection Control Nurses Association 2004), Prevention of healthcare-associated Infection in Primary and Community Care (NICE 2003) and Essential steps to safe, clean care: introduction and guidance (Department of Health, 2006)
				5	G	The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards
C 4b	PC	Yes	All risks associated with the acquisition and use of medical devices are minimised	1	G	The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA.

Core Standards: Position at 27/2/08

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
C 4c	IC	No	All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	1	R	Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42 EEC and with the relevant requirements of the Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health 2006)
C 4d	PC	Yes	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely	1	G	The healthcare organisation has systems in place to ensure that medicines are handled safely and securely, taking into account Building a safer NHS: Improving Medication Safety (Department of Health 2004), and in accordance with the statutory requirements of the Medicines Act 1968.
				2	G	The healthcare organisation has systems in place to ensure that controlled drugs are managed in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 (Modification) Order 2001 and Safer management of controlled drugs: Guidance on strengthened governance arrangements (Department of Health, 2006)
C 4e	LB	Yes	The prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	1	G	Waste is properly managed to minimise the risks to patients, staff, the public and the environment, in accordance with the Environmental Protection Act 1990, the Controlled Waste Regulations 1992, and the Hazardous Waste Regulations 2005.

Second Domain – Clinical and Cost Effectiveness

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
C 5a	MW PC	Yes	Healthcare organisations ensure that they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	1	G	The healthcare organisation conforms to NICE technology appraisals taking account of How to put NICE guidance into practice (NICE, December 2005).
				2	G	The healthcare organisation takes into account, when planning and delivering care, nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance.
C 5b	PC	Yes	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership	1	G	All staff involved in delivering clinical care and treatment receive appropriate supervision, taking into account national guidance from the relevant professional bodies.
				2	G	Clinical leadership is supported and developed within all disciplines.
C 5c	PC	Yes	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	1	G	Clinicians from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.
C 5d	PC	Yes	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services	1	G	Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits.
				2	G	Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.
C 6	JC	Yes	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	1	G	The healthcare organisation works with relevant partner agencies to ensure that patients' individual needs are properly met and managed across organisational boundaries in accordance with Guidance on the Health Act Section 31 partnership arrangements (Department Of Health 1999).

Third Domain - Governance

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
C 7 a,c	JGM	Yes	Healthcare organisations: a) Apply the principles of sound clinical and corporate governance	2	G	The healthcare organisation has arrangements in place for corporate governance, that accord with Governing the NHS: A guide for NHS

Core Standards: Position at 27/2/08

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
			c) Undertake systematic risk assessment and risk management			boards (Department of Health and NHS Appointments Commission 2003), Corporate governance framework manual for NHS trusts (Department of Health April 2003), Assurance: the board agenda (Department of Health 2002) and Building the assurance framework: a practical guide for NHS boards (Department of Health 2003).
	MW			3	G	The healthcare organisation has effective arrangements in place for clinical governance which take account of Clinical governance in the new NHS (HSC 1999/065).
C 7 b	KH	Yes	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	1	G	The healthcare organisation actively supports staff to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources in accordance with the Code of Conduct for NHS Managers (DoH 2002) and Directions to NHS Bodies on Counter Fraud Measures (DoH 2004)
C 7 e	JGM	Yes	Healthcare organisations challenge discrimination, promote equality and respect human rights	1	A	The healthcare organisation challenges discrimination, promotes equality and respects human rights, in accordance with current legislation and guidance, with particular regard to the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Equal Pay Act 1970 (as amended), the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003 and the Employment Equality (Sexual Orientation) Regulations 2003, and takes into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.
				2	G	The healthcare organisation promotes equality in accordance with the Race Relations Act 1976 (as amended), the Code of Practice on the Duty to Promote Race Equality (Commission for Racial Equality 2002), Delivering Race Equality in Mental Health Care (Department of Health, 2005) and the Disability Discrimination Act
C 8a	JGM	G	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	1	G	The healthcare organisation has arrangements in place to ensure that staff know how to raise concerns, and are supported in doing so, in accordance with The Public Disclosure Act 1998: Whistle-blowing in the NHS (HSC 1999/198).
C 8b	JGM	To be Decided	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under representation of minority groups	1	A	The healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level
				2	G	Staff from minority ethnic groups have opportunities for personal development in accordance with Leadership and race equality in the NHS Action Plan (Department of Health 2004)
C 9	LT	Yes	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the	1	G	The healthcare organisation has systems in place to ensure that records are managed in accordance with the Records management: NHS code of practice (Department of Health, April 2006).

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
			organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required			
C 10a	JGM	Yes	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	1	G	The necessary employment checks are undertaken for all staff in accordance with Safer recruitment - A guide for NHS employers (NHS Employers 2006) and CRB disclosures in the NHS (NHS Employers 2004).
C 10b	JGM	Yes	Healthcare organisations require that all employed professionals abide by their relevant published codes of professional practice.	1	G	The healthcare organisation requires staff to abide by relevant codes of professional practice, including through employment contracts and job descriptions
	PC MW			2	G	The healthcare organisation has systems in place to identify and manage staff who are not abiding by relevant codes of professional practice.
C 11a	JGM	To be Decided	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake	1	A	The healthcare organisation recruits staff in accordance with relevant legislation and with particular regard to the Employment Relations Act 1996, the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and the Code of practice for the international recruitment of healthcare professionals (Department of Health 2004).
				2	A	The healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs.
				3	G	The healthcare organisation ensures that staff participate in work-based training programmes necessary to the work they undertake as defined by the relevant areas of the Improving Working Lives standard at Practice Plus Level
C 11b	JGM	To be Decided	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	1	A	All staff participate in relevant mandatory training in accordance with the Management of Health and Safety at Work Regulations 1999.
				2	A	Staff and students participate in relevant induction programmes.
C 11c	JGM	To be Decided	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	1	A	Staff have opportunities to participate in professional and occupational development in accordance with Working together - learning together: a framework for lifelong learning for the NHS (Department of Health 2001) and Continuing professional development: quality in the new NHS (HSC 1999/154)
C 12	IC	Yes	Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied	1	G	The healthcare organisation complies with the requirements of the Research governance framework for health and social care, second edition (Department of Health 2005).
Fourth Domain – Patient Focus						
C 13a	PC	Yes	Healthcare organisations have systems in place to ensure that staff, treat patients, their relatives and carers with dignity and respect.	1	G	The healthcare organisation has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, taking into account,

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
						where appropriate, the relevant benchmarks from the Essence of Care toolkit.
	IC			3	G	The healthcare organisation has systems in place to meet the needs and rights of different patient groups with regard to dignity and respect including in accordance with the Disability Discrimination Act 1995 and Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Human Rights Act 1998 and taking into account NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff (Department of Health, 2003).
	PC			4	G	The healthcare organisation has systems in place to identify areas where dignity and respect may have been compromised and takes action in response
C 13b	MW PC	Yes	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	1	G	The healthcare organisation has processes in place to ensure that valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with the Good practice in consent: achieving the NHS plan commitment to patient centred consent practice (HSC 2001/023), Reference guide to consent for examination or treatment (Department of Health 2001), Families and post mortems: a code of practice (Department of Health 2003) and Seeking Consent: working with children (Department of Health 2001)
	Linked E1			2	G	The healthcare organisation has processes in place to ensure that valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with the Good practice in consent: achieving the NHS plan commitment to patient centred consent practice (HSC 2001/023), Reference guide to consent for examination or treatment (Department of Health 2001), Families and post mortems: a code of practice (Department of Health 2003), Seeking Consent: working with children (Department of Health 2001) and Code of Practice to the Mental Health Act 1983 (Department of Health 1999).
	LT			4	G	Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them, in accordance with Confidentiality: NHS code of practice (Department of Health 2003)
C 13c	LT	Yes	Staff, treat patient information confidentially, except where authorised by legislation to the contrary	1	G	Staff act in accordance with Confidentiality: NHS code of practice (Department of Health 2003), the Data Protection Act 1998, Protecting and using patient information: a manual for Caldicott guardians (Department of Health 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients' personal information.
C 14a	JGM	Yes	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints	1	G	Patients, relatives and carers are provided with accessible information about, and have clear access to, formal complaints systems in accordance with the NHS (Complaints) Regulations 2004 and associated guidance.

			Core Standards: Position at 27/2/08			
No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
			and feedback on the quality of services Preface By patient we mean any user of health services of any age, including children and young people.	2	G	The healthcare organisation provides opportunities for patients, relatives and carers to give feedback on the quality of their services.
C 14b	JGM	Yes	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	1	G	The healthcare organisation has systems in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained.
C 14c	JGM	Yes	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and where appropriate, makes changes to ensure improvements in service delivery	1	G	The healthcare organisation responds to complaints from patients, relatives and carers in accordance with NHS (Complaints) Regulations 2004 and associated guidance.
				2	G	The healthcare organisation uses concerns and complaints from patients, relatives and carers to improve service delivery, where appropriate.
C 15a	SC	Yes	Where food is provided healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet	1	G	The healthcare organisation offers patients a choice of food in line with the requirements of a balanced diet and in accordance with the relevant requirements of the Better hospital food programme (NHS Estates 2001), reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population.
				2	G	The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation 852/2004).
C 15b	SC	Yes	Where food is provided healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day.	1	G	Patients have access to food and drink 24 hours a day in accordance with the requirements of the Better hospital food programme (NHS Estates 2001).
				2	G	The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met.
				3	G	Patients requiring assistance with eating and drinking are provided with appropriate support.
C16	JGM	Yes	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	1	G	The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population, and which accords with the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended).
	JGM			2	G	The healthcare organisation provides patients and where appropriate, carers (including those with communication or language support needs) with sufficient and accessible information on the patient's individual care, treatment and after care, taking into account the Toolkit for producing patient information (Department of Health 2003), Information for patients (NICE), Guidance On Developing Local Communication Support Services And Strategies (Department of Health 2004) and other nationally agreed guidance where available.
	SC			3	A	MENTAL HEALTH SERVICES & LEARNING DISABILITY SERVICES The healthcare organisation provides information to mental health service users, and where appropriate their carers, about their care plan (including after care) under the care

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
						programme approach, in accordance with the National Service Framework for Mental Health (Department of Health 1999) and, if detained, about their rights under the Mental Health Act 1983
Fifth Domain – Accessible and Responsive Care						
C17	JGM	Yes	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	1	G	The healthcare organisation seeks the views of patients, carers and the local community, including those facing barriers to participation, in accordance with Strengthening Accountability, patient and public involvement policy guidance Section 11 of the Health and Social Care Act 2001 (Department of Health 2003) and, as appropriate, the associated practice guidance, and the Race Relations Act 1976 (as amended).
				2	G	The healthcare organisation takes into account the views of patients, carers and the local community when designing, planning, delivering and improving healthcare, in accordance with Strengthening accountability, policy guidance - Section 11 of the Health and Social Care Act 2001 (Department of Health 2003) and, as appropriate, the associated practice guidance.
C18	JGM	To be Decided	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	1	A	The healthcare organisation has taken steps to ensure that all members of the population it serves are able to access its services on an equitable basis, including acting in accordance with the Sex Discrimination Act 1975, the Disability Discrimination Act 1995 and 2005 and the Race Relations Act 1976 (as amended 2000)
	MW			2	A	The healthcare organisation has taken steps to offer patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably, taking into account Building on the best: choice, responsiveness and equity in the NHS (Department of Health 2003).
Sixth Domain – Care Environment and Ameneities						
C 20a	LB	Yes	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	1	G	The healthcare organisation minimises the health, safety and environmental risks to patients, staff and visitors, in accordance with health and safety at work and fire legislation, the Disability Discrimination Act 1995 and The Management of Health, Safety and Welfare Issues for NHS Staff (NHS Employers 2005).
				2	G	The healthcare organisation protects patients, staff and visitors by providing a secure environment, in accordance with NHS Estates building notes and health technical memoranda and taking account of A professional approach to managing security in the NHS (Counter Fraud and Security Management Service 2003) and other relevant national guidance.
				4	G	The healthcare organisation effectively protects its physical assets and those of patients, staff and visitors taking into account A professional approach to managing security in the NHS (Counter Fraud and Security Management Service 2003).
C 20b	LB	Yes	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	1	G	The healthcare organisation has taken steps to provide services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation

No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
			Core Standards: Position at 27/2/08			
C21	LB	Yes	Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	1	G	The healthcare organisation has taken steps to provide care in well designed and well maintained environment taking into account Developing an estates strategy (1999) and Estatecode: essential guidance on estates and facilities management (NHS estates 2003) A risk based methodology for establishing and managing backlog (NHS estates 2004) NHS Environmental assessment tool (NHS estates 2002) and in accordance with the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and associated code of practice.
				3	G	The healthcare organisation provides care in an environment that meets the national specification for clean NHS premises in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, 2006) Revised guidance on contract cleaning (Department of Health 2004) and A matron's charter: an action plan for cleaner hospitals (Department of Health 2004)
Seventh Domain – Public Health						
C 22 a,c	IC Link MW	Yes	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by: a) Cooperating with each other and with local authorities and other organisations c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	2	G	Improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised partnerships, such as the local strategic partnership, and to statutory partnerships including the Crime and Disorder Reduction Partnership (CDRP) and youth offending teams, in accordance with Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance, Tackling health inequalities: a programme for action (Department of Health 2003), Making partnerships work for patients, carers and service users (Department of Health 2004).
				3	G	The PCT agrees a set of priorities in relation to health improvement and narrowing health inequalities with local authorities and other organisations, which is informed by health needs, health equity audit and public service agreement targets in accordance with Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance; Tackling health inequalities: a programme for action (Department of Health 2003), National Standards, Local Action (Department of Health 2004).
				4	G	The PCT makes information on health and healthcare needs available to local authorities and other organisations, including community groups taking account of Choosing health: making healthier choices easier (Department of Health 2004) and associated implementation guidance, Making partnership work for patients, carers and service users (Department of Health 2004).
C 22b	IC	Yes	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local director of public health's annual report informs their policies and practices	1	G	The healthcare organisation's policies and practice to improve health and reduce health inequalities are informed by the local Director of Public Health's annual public health report (APHR).
				2	G	The PCT's commissioning is informed by the local Director of Public Health's APHR.

			Core Standards: Position at 27/2/08			
No	Dir lead	Compliant	Standard Description	El No	Risk	Element Description
C23	IC	Yes	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	1	G	The healthcare organisation collects, analyses and makes available information on the current and future health and healthcare needs of the local population with particular regard to the priorities of Choosing health: making healthy choices easier (Department of Health 2004) and Delivering Choosing health: making healthier choices easier (Department of Health 2005).
				2	G	The PCT sets planning priorities for disease prevention, health promotion and narrowing health inequalities using information on local population health, including ethnic monitoring, and evidence of effectiveness with particular regard to the priorities of Choosing health: making healthy choices easier (Department of Health 2004) and in accordance with Tackling Health Inequalities: A programme for action (Department of Health 2003).
				4	G	The PCT commissions or provides disease prevention and health promotion services and programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness with particular regard to the priorities in Choosing health: making healthier choices easier (Department of Health 2004) and in accordance with Tackling health inequalities: A programme for action (Department of Health 2003)
				6	G	The healthcare organisation monitors and evaluates its disease prevention and health promotion services and programmes and uses the findings to inform the planning process
				7	G	The healthcare organisation implements policies and practice to support healthy lifestyles among the workforce in accordance with Choosing Health: making healthier choices easier (Department of Health 2004) and Delivering Choosing Health: making healthier choices easier (Department of Health 2005)
				8	G	The healthcare organisation has an identified lead for public health or access to public health expertise to meet its strategic and operational roles
C24	IC	Yes	Healthcare organisations protect the public by having planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	1	G	The healthcare organisation has up-to-date and tested plans to deal with incidents, emergency situations and major incidents, which includes arrangements for business continuity management, in accordance with The Civil Contingencies Act 2004, The NHS Emergency Planning Guidance 2005 (Department of Health, 2005), Beyond a major incident (Department of Health, 2004) Getting Ahead of the Curve (Department of Health 2002) and UK influenza pandemic contingency plan (Department of Health 2005)
				2	G	The healthcare organisation works with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with The Civil Contingencies Act 2004, The NHS Emergency Planning Guidance 2005, (Department of Health, 2005), and UK influenza pandemic contingency plan (Department of Health, 2005)

Developmental Standards						
No	Dir Lead	Declaration	Standard Description	El No	Risk	Element Description
D13 a&b	IC	**Good**	Healthcare organisations: a) identify and act upon significant pubic health problems and health inequality issues, with primary care trusts taking the leading role; b) implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in NICE guidance and agreed national guidance on public health	1	G	Criterion 1: The primary care trust (PCT) gathers, generates and shares high quality local intelligence about the health, health inequalities and well-being of its local population.
				2	G	Criterion 2: The PCT uses local intelligence to commission effective services and programmes to improve the health and well-being of its local population and to narrow health inequalities.
				3	G	Criterion 3: The PCT improves health and well-being, and tackles health inequalities through the delivery of high quality, evidence-based services and programmes.