

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Overview of spreadsheet	
<p>The enclosed spreadsheet outlines the following: - Red, Amber, Green (RAG) summary of 2008/09 compliance against the standards and elements relevant to the commissioning and provider part of the organisation (each on separate worksheets)</p>	
Key for 2008/09 standards worksheet	
√	Relevant to provider/commissioning part of organisation
	New element for 2008/09
Bold text	This denotes new text added into the element for 2008/09
RAG assessment key:	
Red	Not compliant
Amber	Awaiting delivery on something/awaiting significant evidence
Green	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Domain	Standard	Commissioning	Standard Description	Element (PCT Commissioner)	Commissioner compliance 08/09
Safety	C1a	√	Health care 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	Element one The PCT reports incidents locally and to all national organisations to which the PCT is required to report incidents.	Compliant
Safety	C1a	√		Element two The PCT analyses individual incidents rapidly after they occur to identify actions required to reduce further immediate risks, and actions required to prevent the reoccurrence of incidents in the future. The PCT makes any necessary improvements.	Compliant
Safety	C1a	√		Element three Commissioning decisions are informed by information arising from the analysis of local incidents and the national analysis of incidents.	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Safety	C1b	√	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.	<p>Element one All communications concerning patient safety issued from the National Patient Safety Agency (NPSA) and the Medicines Healthcare products Regulatory Agency (MHRA) via national distribution systems, including the Safety Alert Broadcast System (SABS), the Central Alert System (CAS) the UK Public Health Link System (UKPHLS), are implemented within the required timescales.</p>	Compliant
Safety	C2	√		<p>Element one The PCT has made arrangements to safeguard children under Section 11 of the Children Act 2004 having regard to statutory guidance entitled "Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004".</p>	Awaiting evidence
Safety	C2	√	Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.	<p>Element two The PCT works with partners to protect children and participate in reviews as set out in Working together to safeguard children (HM Government, 2006).</p>	Compliant
Safety	C2	√		<p>Element three The PCT should have agreed systems, standards and protocols about sharing information about a child and their family both within the organisation and with outside agencies having regard to "Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004".</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Cost and Clinical Effectiveness</p>	<p>C5a</p>	<p>√</p>	<p>They conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</p>	<p>Element one The PCT funds the implementation of relevant NICE technology appraisals within its commissioned services for patients whose clinicians recommend treatments in line with NICE technology appraisals. Mechanisms are in place to: identify relevant technology appraisals; take account of clinical views and current practice in decision-making; and where necessary assess costs, and develop, communicate, implement and review an action plan for relevant technology appraisals.</p>	<p>Awaiting evidence</p>
<p>Cost and Clinical Effectiveness</p>	<p>C5a</p>	<p>√</p>	<p>They conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</p>	<p>Element two The PCT can demonstrate how it takes into account nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance, when commissioning and when planning and delivering care and treatment. The healthcare organisation has mechanisms in place to: identify relevant guidance; take account of clinical views and current practice in decisionmaking; and where necessary assess costs, and develop, communicate, implement and review an action plan for appropriate guidelines.</p>	<p>Compliant</p>
<p>Cost and Clinical Effectiveness</p>	<p>C6</p>	<p>√</p>	<p>Health care organisations cooperate with each other and social care organisations to ensure</p>	<p>Element one The PCT works in partnership with other health and social care organisations to commission services (including joint commissioning) to ensure that the individual needs of patients / service users are properly managed and met: (same bullets as provider)</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Cost and Clinical Effectiveness</p>	<p>C7</p>	<p>√</p>	<p>that patients' individual needs are properly managed and met</p>	<p>Element two Staff concerned with all aspects of the provision of healthcare work in partnership with colleagues in other health and social care organisations to ensure that the needs of the patient/ service user are properly managed and met</p>	<p>Compliant</p>
<p>Governance</p>	<p>C7a&c</p>	<p>√</p>		<p>Element one The healthcare organisation has effective clinical governance arrangements in place to promote clinical leadership and improve and assure the quality and safety of clinical services for patients/ service users.</p>	<p>Compliant</p>
<p>Governance</p>	<p>C7a&c</p>	<p>√</p>	<p>Apply the principles of sound clinical and corporate governance undertake systematic risk assessment and risk management</p>	<p>Element two – PCTs The healthcare organisation has effective corporate governance arrangements in place that where appropriate are in accordance with Governing the NHS: A guide for NHS boards (Department of Health and NHS Appointments Commission, 2003), and the Primary care trusts model standing orders, reservation and delegation of powers and standing financial instructions August 2006 (DH, 2006).</p>	<p>Compliant</p>
<p>Governance</p>	<p>C7a&c</p>	<p>√</p>		<p>Element three The healthcare organisation systematically assesses and manages its risks, both corporate/clinical risks in order to ensure probity, clinical quality and patient safety.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C7b	√	Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	<p>Element one The healthcare organisation actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the Code of conduct for NHS managers (Department of Health, 2002), NHS Counter fraud & corruption manual third edition (NHS Counter Fraud Service, 2006), and having regard to guidance or advice issued by the CFSMS.</p>	Compliant
Governance	C7e	√		<p>Element one The healthcare organisation challenges discrimination and respects human rights in accordance with various legislation</p>	Compliant
Governance	C7e	√	Challenge discrimination, promote equality and respect human rights	<p>Element two The healthcare organisation promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under:</p> <ul style="list-style-type: none"> • The Race Relations (Amendment Act) 2000 • The Disability Discrimination Act 2005 • The Equality Act 2006 <p>and where appropriate, having due regard to the associated codes of practice; in accordance with Delivering Race Equality in Mental Health Care (Department of Health, 2005)</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C8a	√	Staff 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	Element one Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position including in accordance with The Public Disclosure Act 1998: Whistle blowing in the NHS (HSC 1999/198).	Compliant
Governance	C8b	√	Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	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 and in accordance with "employment and equalities legislation"* ; including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties"* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of practice	Compliant
Governance	C8b	√		Same as Provider	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C9	√	<p>Health care 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 organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required. □</p>	<p>Element one The healthcare organisation has effective systems for managing records in accordance with Records management: NHS code of practice (Department of Health, April 2006), Information security management: NHS code of practice (Department of Health, April 2007) and NHS Information Governance (Department of Health, September 2007) Healthcare organisations should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.</p>	Compliant
Governance	C10a	√	<p>Undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies</p>	<p>Element one The necessary checks are undertaken in respect of all applications for NHS positions (prospective employees) and staff in ongoing NHS employment¹² in accordance with the NHS Employment Check Standards (NHS Employers) 2008)</p>	Compliant
Governance	C10a	√		<p>Element two PCTs meet their specific duties in relation to ensuring that those who join their performers list as GPs and dentists have the appropriate checks.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C10b	√	Require that all employed professionals abide by relevant published codes of professional practice	<p>Element one The healthcare organisation explicitly requires all employed healthcare professionals to abide by relevant codes of professional conduct. Mechanisms are in place to identify, report and take appropriate action when codes of conduct are breached.</p>	Compliant
Governance	C11a	√	Staff are appropriately recruited, trained and qualified for the work they undertake	<p>Element one The healthcare organisation recruits staff in accordance with relevant "employment and equalities legislation"* and with particular regard to employment and equalities regulations including legislation regarding age, disability, gender, race, religion and belief, and sexual orientation, part time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties"* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender. and discrimination</p>	Compliant
Governance	C11a	√		<p>Element two The healthcare organisation aligns workforce requirements to its service needs by undertaking workforce planning, and by ensuring that its staff are appropriately trained and qualified for the work they undertake.</p>	Compliant
Governance	C11b	√		<p>Element one: Staff participate in relevant mandatory training programmes as defined by the relevant sector specific NHSLA Risk Management Standards</p>	Awaiting evidence

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C11b	√	Staff participate in mandatory training programmes	Element two Staff and students participate in relevant induction programmes.	Compliant
Governance	C11b	√		Element three The healthcare organisation verifies that staff participate in those mandatory training programmes necessary to ensure probity, clinical quality and patient safety (including that referred to in Element 1). Where the healthcare organisation identifies non-attendance, action is taken to rectify this.	Compliant
Governance	C11c	√	Staff participate in further professional and occupational development commensurate with their work throughout their working lives	Element one The healthcare organisation ensures that all staff concerned with all aspects of the provision of healthcare have opportunities to participate in professional and occupational development at all points in their career in accordance with various legislation	Compliant
Governance	C12	√	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	Element one The healthcare organisation has effective research governance in place, which complies with the principles and requirements of the Research governance framework for health and social care, second edition (Department of Health 2005).	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C13a	√	Staff treat patients, their relatives and carers with dignity and respect;	<p>Element one The healthcare organisation ensures that staff treat patients/ service users, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect</p>	Compliant
Patient Focus	C13a	√		<p>Element two In commissioning healthcare services, the PCT seeks to meet the needs and rights of different patient groups (same as provider)</p>	Compliant
Patient Focus	C13b	√		<p>Element two Patients/service users, including those with language and/or communication support needs, are provided with appropriate and sufficient information suitable to their needs, on the use and disclosure of confidential information held about them in accordance with Confidentiality: NHS code of practice (Department of Health 2003).</p>	Compliant
Patient Focus	C13b	√		<p>Element three The PCT monitors and reviews current practices to ensure effective consent processes relating to element 2 (on the use and disclosure of confidential information held about them).</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C13c	√	Staff treat patient information confidentially, except where authorised by legislation to the contrary.	<p>When using and disclosing patients'/ service users personal information staff act in accordance with the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 and Confidentiality: NHS code of practice (Department of Health 2003), Caldicott Guardian Manual 2006 (Department of Health 2006).</p> <p>Healthcare organisations should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.</p>	Compliant
Patient Focus	C14a	√	Organisations have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services	<p>Element one</p> <p>Patients/ service users, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system, including information about how to escalate their concerns and the healthcare organisation acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the healthcare organisation.</p>	Compliant
Patient Focus	C14a	√		<p>Element two</p> <p>Patients/ service users, relatives and carers are provided with opportunities to give feedback on the quality of services.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C14b	√	Patients are not discriminated against when complaints are made	<p>Element one The healthcare organisation has systems in place to ensure that patients/ service users, carers and relatives are not treated adversely as a result of having complained.</p>	Compliant
Patient Focus	C14c	√	Organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	<p>Element one The healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner and acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the healthcare organisation.</p>	Compliant
Patient Focus	C14c	√		<p>Element two Demonstrable improvements are made to the delivery of a PCT's functions as a commissioning body as a result of concerns and complaints from patients/ service users, relatives and carers</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Patient Focus</p>	<p>C16</p>	<p>√</p>	<p>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 □</p>	<p>Element one The healthcare organisation has identified the information needs of its service population, and provides suitable and accessible information on the services it provides in response to these needs. This includes the provision of information in relevant languages and formats in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following “public body duties”* statutes: the Race Relations (Amendment) Act (2000), the Disability Discrimination Act (2005), and the Equality Act (2006); and where appropriate, having due regard to the associated codes of practice.</p>	<p>Compliant</p>
<p>Patient Focus</p>	<p>C16</p>	<p>√</p>	<p>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 □</p>	<p>Element two The healthcare organisation provides patients/ service users and, where appropriate, carers with sufficient and accessible information on the patient’s individual care, treatment and after care, including those patients/ service users and carers with communication or language support needs. In doing so healthcare organisations must have regard, where appropriate, to the Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs 2007) and the Code of Practice to the Mental Health Act (Department of Constitutional Affairs 1983).</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Accessible and responsible care</p>	<p>C17</p>	<p>✓</p>	<p>The views of patients, their carers and others delivering and improving healthcare services</p>	<p>Element one The healthcare organisation seeks and collects the views and experiences of patients/ service users, carers and the local community, particularly those people who are seldom listened to, on an ongoing basis when designing, planning, delivering and improving healthcare services as required by Section 242 of the National Health Services Act 2006 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 any subsequent statutory guidance introduced in the assessment year. In doing so the trust acts in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender along with impact assessments) under various statutes</p>	<p>Compliant</p>
<p>Accessible and responsible care</p>	<p>C17</p>	<p>✓</p>	<p>The views of patients, their carers and others delivering and improving healthcare services</p>	<p>Element two The healthcare organisation demonstrates to patients/ service users, carers and the local community, particularly those people who are seldom listened to, how it has taken their views and experiences into account in the designing, planning, delivering and improving healthcare services 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 any subsequent statutory guidance introduced in the assessment year. The healthcare organisation should act in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under various statutes</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Accessible and responsible care</p>	<p>C18</p>	<p>✓</p>	<p>Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably □</p>	<p>Element one The healthcare organisation ensures that all members of the population it serves are able to access its services equally, including acting in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties" statutes: the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005, and the Equality Act 2006 ; and where appropriate, having due regard to the associated codes of practice</p>	<p>Compliant</p>
<p>Accessible and responsible care</p>	<p>C18</p>	<p>✓</p>	<p>Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably □</p>	<p>Element two In commissioning services, the PCT takes steps to ensure that patients/ service users are offered choice in access to services and treatment, and those choices in access to services and treatment are offered on a fair, just and reasonable basis, including to disadvantaged groups and including acting in accordance with the general and specific duties imposed on public bodies as in Element one and including, where appropriate, having due regard to the associated codes of practice.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Care Environment and amenities</p>	<p>C20a</p>	<p>√</p>	<p>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 □</p>	<p>Element one The healthcare organisation effectively manages the health, safety and environmental risks to patients/service users, staff and visitors, in accordance with all relevant14 health and safety legislation, fire safety legislation, the Disability Discrimination Act 1995, and the Disability Discrimination Act 2005; and by having regard to The duty to promote disability equality: Statutory Code of practice (Disability Rights Commission, 2005). It also acts in accordance with the mandatory requirements set out in Firecode – fire safety in the NHS Health Technical Memorandum (HTM) 05-01: Managing healthcare fire safety (Department of Health, 2006), in so far as the requirements are relevant to the healthcare organisation, and follows the guidance contained therein, or equally effective alternative means to achieve the same objectives. It also considers, and where appropriate follows, the good practice guidance referred to in The NHS Healthy Workplaces Handbook (NHS Employers 2007) or equally effective alternative means to achieve the same objectives.</p>	<p>Compliant</p>
<p>Care Environment and amenities</p>	<p>C20a</p>	<p>√</p>		<p>Element two The healthcare organisation provides a secure environment which protects patients/service users, staff, visitors and their property, and the physical assets of the organisation, including in accordance with Secretary of State directions on measures to tackle violence against staff and professionals who work in or provide services to the NHS (Department of Health 2003, as amended 2006) and Secretary of State directions on NHS security management measures (Department of Health 2004, as amended 2006)</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C22a&C	√		<p>Element one The PCT actively works with other healthcare organisations, local government and other local partners to promote, protect and demonstrably improve the health of the community served and narrow health inequalities through the Local Strategic Partnership(s), children's partnership arrangements, Crime and Disorder Reduction Partnerships, and other recognised</p>	Compliant
Public Health	C22a&C	√	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	<p>Element two The PCT works closely with partners in coordinating health equity audits, conducting a comprehensive Joint Strategic Needs Assessment (JSNA), and contributing to developing the health and health-related Local Area Agreements, which are reflected in their strategic or operational planning.</p>	Compliant
Public Health	C22a&C	√	c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	<p>Element three Commissioning decisions are taken based on the JSNA and in line with the LAA, and taken in consultation with clinicians, local authorities and other partners, including patients, the public and their representatives.</p>	Compliant
Public Health	C22a&C	√		<p>Element four The PCT monitors and reviews its contribution to public health partnership arrangements and takes action as required.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C22b	✓	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	Element one The healthcare organisation's policies and practice to improve health and narrow health inequalities are informed by the local director of public health's (DPH) annual public health report.	Compliant
Public Health	C23	✓		Element one The PCT coordinates health equity audit, equality impact assessments and assesses the health needs of its local population, including analysis of its demography, health status and health inequalities, health and social care use, and patient and public views and contributes this to the joint strategic needs assessment (JSNA	Compliant
Public Health	C23	✓		Element two The PCT's commissioning decisions and local target setting are informed by intelligence from its assessment of health needs, the JSNA, the Director of Public Health's Annual Public Health Report (APHR), information from health equity audits, equality impact assessments, evidence of effectiveness and national priorities	Compliant
Public Health	C23	✓		Element three The PCT commissions good-quality, evidencebased programmes and services to improve health and well-being, and narrow health inequalities, based on the needs of the population served	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C23	√		<p>Element four The PCT monitors and reviews its commissioning decisions in relation to improving health and tackling health inequalities and, where appropriate, makes changes</p>	Compliant
Public Health	C23	√		<p>Element five The PCT implements policies and practices to improve the health and wellbeing of its workforce.</p>	Compliant
Public Health	C24	√	<p>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</p>	<p>Element one In commissioning services, the PCT is satisfied that the provider will protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with The NHS Emergency Planning Guidance 2005, and associated supplements (Department of Health, 2005, 2007), NHS Resilience and Business Continuity Management Guidance: Interim Strategic National Guidance for NHS Organisations (Department of Health, 2008) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C24	✓	Element one The healthcare organisation's policies and practice to improve health and narrow health inequalities are informed by the local director of public health's (DPH) annual public health report.	Compliant
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Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Domain	Standard	Provider	Standard Description	Element (PCT Provider)	Provider compliance 08/09
Safety	C1a	√	Health care 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	Element one Incidents are reported locally, and nationally via the appropriate reporting route/s to the National Patient Safety Agency (NPSA), Health and Safety Executive, Medicines and Healthcare products Regulatory Agency (MHRA), Health Protection Agency, Healthcare Commission, the Counter Fraud and Security Management Service and all other national organisations to which the healthcare organisation is required to report incidents.	Compliant
Safety	C1a	√		Element two Individual incidents are analysed rapidly after they occur to identify actions required to reduce further immediate risks, and where appropriate individual incidents are analysed to seek to identify root causes, likelihood of repetition and actions required to prevent the reoccurrence of incidents in the future.	Compliant
Safety	C1a	√		Element three Reported incidents are aggregated and analysed to seek to identify, common patterns, relevant trends, likelihood of repetition and actions required to prevent the reoccurrence of similar incidents in the future, for the benefit of patients/ service users as a whole.	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Safety	C1a	√		Element four Demonstrable improvements in practice are made to prevent the reoccurrence of incidents based on information arising from the analysis of local incidents and the national analysis of incidents by the organisations stated in element one (above).	Compliant
Safety	C1b	√	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.	Element one All communications concerning patient safety issued from the National Patient Safety Agency (NPSA) and the Medicines Healthcare products Regulatory Agency (MHRA) via national distribution systems, including the Safety Alert Broadcast System (SABS), the Central Alert System (CAS) the UK Public Health Link System (UKPHLS), are implemented within the required timescales.	Compliant
Safety	C2	√		Element one The healthcare organisation has made arrangements to safeguard children under Section 11 of the Children Act 2004 having regard to statutory guidance entitled "Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004.	Awaiting evidence
Safety	C2	√	Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.	Element two The healthcare organisation works with partners to protect children and participate in reviews as set out in Working together to safeguard children (HM Government, 2006).	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Safety	C2	√		<p>Element three The healthcare organisation has agreed systems, standards and protocols about sharing information about a child and their family both within the organisation and with outside agencies, having regard to “Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004”.</p>	Compliant
Safety	C3	√	<p>Health care organisations protect patients by following NICE Interventional Procedures guidance. □</p>	<p>Element one The healthcare organisation follows NICE interventional procedures guidance in accordance with The interventional procedures programme (Health Service Circular 2003/011). Arrangements for compliance are communicated to all relevant staff.</p>	Compliant
Safety	C4a	√	<p>The risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA</p>	<p>Element one The healthcare organisation has systems to ensure the risk of healthcare associated infection is reduced in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, 2006 revised January 2008).</p>	Awaiting evidence
Safety	C4b	√	<p>Healthcare organisations keep patients, staff and visitors safe by having systems to ensure</p>	<p>Element 1: 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</p>	Awaiting evidence

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Safety	C4b	√	that all risks associated with the acquisition and use of medical devices are minimised.	<p>Element two The healthcare organisation has systems in place to meet the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 [IR(ME)R] and any subsequent amendment.</p>	Compliant
Safety	C4c	√	All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed	<p>Element one Reusable medical devices are properly decontaminated in accordance with The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, 2006 revised January 2008).</p>	Compliant
Safety	C4d	√	Medicines are handled safely and securely	<p>Element one Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, in accordance with the Medicines Act 1968 (as amended, and subsequent regulations, including the Medicines for Human Use (Prescribing) Order 2005), the Health and Safety at Work Act 1974, as amended, and subsequent regulations including the Control of Substances Hazardous to Health Regulations 2002; and the good practice identified in The Safe and Secure handling of medicines: A team approach (RPS, March 2005) should be considered and where appropriate followed.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Safety	C4d	√		<p>Element two Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971 (and amendments), Safer Management of Controlled Drugs: Guidance on strengthened governance arrangements (Department of Health, Jan 2007) and The Controlled Drugs (Supervision of Management and Use) Regulations 2006.</p>	Compliant
Safety	C4e	√	<p>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.</p>	<p>Element one The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients/service users, staff, the public and the environment in accordance with all relevant legislative requirements referred to in Environment and Sustainability: Health Technical Memorandum 07-01: Safe management of healthcare waste (Department of Health, November 2006) and Environment and sustainability: Health Technical Memorandum 07-05: The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment (Department of Health, June 2007).</p>	Compliant
Cost and Clinical Effectiveness	C5a	√		<p>Element one The healthcare organisation ensures that it conforms to NICE technology appraisals where relevant to its services. Mechanisms are in place to: identify relevant technology appraisals; take account of clinical views and current practice in decision-making; and where necessary assess costs, and develop, communicate, implement and review an action plan for relevant technology appraisals.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Cost and Clinical Effectiveness</p>	<p>C5a</p>	<p>√</p>	<p>They conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care</p>	<p>Element two The PCT can demonstrate how it takes into account nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance, when commissioning and when planning and delivering care and treatment. The healthcare organisation has mechanisms in place to: identify relevant guidance; take account of clinical views and current practice in decisionmaking; and where necessary assess costs, and develop, communicate, implement and review an action plan for appropriate guidelines.</p>	<p>Compliant</p>
<p>Cost and Clinical Effectiveness</p>	<p>C5b</p>	<p>√</p>	<p>Clinical care and treatment are carried out under supervision and leadership</p>	<p>Element one The healthcare organisation ensures that appropriate supervision and clinical leadership is provided to staff when delivering clinical care and treatment. Where appropriate staff also have the opportunity to receive 'clinical supervision'; and where appropriate this is in accordance with requirements from relevant professional bodies. Arrangements for clinical leadership and supervision (including 'clinical supervision') are communicated to all relevant staff. The effectiveness of these arrangements is monitored and reviewed on a regular basis and action is taken accordingly.</p>	<p>Compliant</p>
<p>Cost and Clinical Effectiveness</p>	<p>C5b</p>	<p>√</p>		<p>Element two The healthcare organisation ensures that it provides opportunities for clinicians to develop their clinical leadership skills and experience.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Cost and Clinical Effectiveness</p>	<p>C5c</p>	<p>√</p>	<p>Clinicians continuously update skills and techniques relevant to their clinical work</p>	<p>Element one The healthcare organisation ensures that clinicians from all disciplines participate in activities to update the skills and techniques that are relevant to their clinical work in accordance with relevant guidance and curricula. This includes identifying and reviewing skills needs and skills gaps; providing and supporting on the job training and other training opportunities; and where appropriate working in partnership with education and training providers to ensure effective delivery of training.</p>	<p>Awaiting evidence</p>
<p>Cost and Clinical Effectiveness</p>	<p>C5d</p>	<p>√</p>	<p>Clinicians participate in regular clinical audit and reviews of clinical services</p>	<p>Element one The healthcare organisation ensures that clinicians are involved in prioritising, conducting, reporting and acting on regular clinical audits.</p>	<p>Compliant</p>
<p>Cost and Clinical Effectiveness</p>	<p>C5d</p>	<p>√</p>	<p>Clinicians participate in regular clinical audit and reviews of clinical services</p>	<p>Element two The healthcare organisation ensures that clinicians participate in regular reviews of the effectiveness of clinical services through evaluation, audit or research.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Cost and Clinical Effectiveness</p>	<p>C6</p>	<p>√</p>	<p>Health care organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met</p>	<p>Element one The healthcare organisation works in partnership with other health and social care organisations to ensure that the individual needs of patients / service users are properly managed and met:</p> <ul style="list-style-type: none"> • where responsibility for the care of a patient is shared between the organisation and one or more other health and/or social care organisations; and/or • where the major responsibility for a patient's care is moved (due to admission, referral, discharge or transfer?) across organisational boundaries. <p>Where appropriate, these arrangements are in accordance with:</p> <ul style="list-style-type: none"> • Section 75 partnership arrangements of the National Health Service Act 2006 (previously section 31 of the Health Act 1999); • the Community Care (Delayed Discharges etc.) Act 2003 and Discharge from hospital pathway, process and practice (DH, 2003). Where appropriate, these arrangements are in accordance with the relevant aspects of the following guidance or equally effective alternatives: • Guidance on the Health Act Section 31 partnership agreements (DH, 1999); • guidance on partnership working contained within relevant National Service Frameworks and national strategies (for example, the National Service Framework for Mental Health (DH, 1999), the National Service Framework for Older People (DH, 2001) and the Cancer Reform Strategy (DH, December 2007); • the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (DH, 2007). 	<p>Compliant</p>
<p>Cost and Clinical Effectiveness</p>	<p>C7</p>	<p>√</p>			<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C7a&c	√		Element one The healthcare organisation has effective clinical governance arrangements in place to promote clinical leadership and improve and assure the quality and safety of clinical services for patients/ service users.	Compliant
Governance	C7a&c	√	Apply the principles of sound clinical and corporate governance undertake systematic risk assessment and risk management	Element two – PCTs The healthcare organisation has effective corporate governance arrangements in place that where appropriate are in accordance with Governing the NHS: A guide for NHS boards (Department of Health and NHS Appointments Commission, 2003), and the Primary care trusts model standing orders, reservation and delegation of powers and standing financial instructions August 2006 (DH, 2006).	Compliant
Governance	C7a&c	√		Element three The healthcare organisation systematically assesses and manages its risks, both corporate/clinical risks in order to ensure probity, clinical quality and patient safety.	Compliant
Governance	C7b	√	Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	Element one The healthcare organisation actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the Code of conduct for NHS managers (Department of Health, 2002), NHS Counter fraud & corruption manual third edition (NHS Counter Fraud Service, 2006), and having regard to guidance or advice issued by the CFSMS.	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C7e	√		<p>Element one The healthcare organisation challenges discrimination and respects human rights in accordance with various legislation</p>	Compliant
Governance	C7e	√	Challenge discrimination, promote equality and respect human rights	<p>Element two The healthcare organisation promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under:</p> <ul style="list-style-type: none"> • The Race Relations (Amendment Act) 2000 • The Disability Discrimination Act 2005 • The Equality Act 2006 <p>and where appropriate, having due regard to the associated codes of practice; in accordance with Delivering Race Equality in Mental Health Care (Department of Health, 2005)</p>	Compliant
Governance	C8a	√	Staff 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	<p>Element one Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position including in accordance with The Public Disclosure Act 1998: Whistle blowing in the NHS (HSC 1999/198).</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Governance</p>	<p>C8b</p>	<p>√</p>	<p>Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups</p>	<p>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 and in accordance with "employment and equalities legislation"* ; including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties"* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of practice</p>	<p>Compliant</p>
<p>Governance</p>	<p>C8b</p>	<p>√</p>		<p>Staff from minority groups are offered opportunities for personal development to address under-representation in the workforce compared to the local population in accordance with "employment and equalities legislation"* including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its "public body duties"* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Governance</p>	<p>C9</p>	<p>√</p>	<p>Health care 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 organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required. □</p>	<p>Element one The healthcare organisation has effective systems for managing records in accordance with Records management: NHS code of practice (Department of Health, April 2006), Information security management: NHS code of practice (Department of Health, April 2007) and NHS Information Governance (Department of Health, September 2007) Healthcare organisations should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.</p>	<p>Compliant</p>
<p>Governance</p>	<p>C10</p>	<p>√</p>	<p>□</p>	<p>Element two The information management and technology plan for the organisation demonstrates how a correct NHS Number will be assigned to every clinical record, in accordance with The NHS in England: the Operating Framework for 2008/09 (Department of Health, December 2007).</p>	<p>Compliant</p>
<p>Governance</p>	<p>C10a</p>	<p>√</p>	<p>Undertake all appropriate employment checks and ensure that all employed or contracted</p>	<p>Element one The necessary checks are undertaken in respect of all applications for NHS positions (prospective employees) and staff in ongoing NHS employment¹² in accordance with the NHS Employment Check Standards (NHS Employers) 2008)</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C10a	X	professionally qualified staff are registered with the appropriate bodies	N/A	N/a
Governance	C10b	√	Require that all employed professionals abide by relevant published codes of professional practice	<p>Element one The healthcare organisation explicitly requires all employed healthcare professionals¹³ to abide by relevant codes of professional conduct. Mechanisms are in place to identify, report and take appropriate action when codes of conduct are breached.</p>	Compliant
Governance	C11a	√	Staff are appropriately recruited, trained and qualified for the work they undertake	<p>Element one The healthcare organisation recruits staff in accordance with relevant “employment and equalities legislation”^{**} and with particular regard to employment and equalities regulations including legislation regarding age, disability, gender, race, religion and belief, and sexual orientation, part time workers, fixed term employees, flexible working and working time; and in accordance with its “public body duties”^{**} in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender. and discrimination legislation; and where appropriate, having due regard to the associated codes of practice .</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C11a	√		Element two The healthcare organisation aligns workforce requirements to its service needs by undertaking workforce planning, and by ensuring that its staff are appropriately trained and qualified for the work they undertake.	Compliant
Governance	C11b	√		Element one: Staff participate in relevant mandatory training programmes as defined by the relevant sector specific NHSLA Risk Management Standards	Awaiting evidence
Governance	C11b	√	Staff participate in mandatory training programmes	Element two Staff and students participate in relevant induction programmes.	Compliant
Governance	C11b	√		Element three The healthcare organisation verifies that staff participate in those mandatory training programmes necessary to ensure probity, clinical quality and patient safety (including that referred to in Element 1). Where the healthcare organisation identifies non-attendance, action is taken to rectify this.	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Governance	C11c	√	Staff participate in further professional and occupational development commensurate with their work throughout their working lives	<p>Element one The healthcare organisation ensures that all staff concerned with all aspects of the provision of healthcare have opportunities to participate in professional and occupational development at all points in their career in accordance with various legislation</p>	Compliant
Governance	C12	√	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	<p>Element one The healthcare organisation has effective research governance in place, which complies with the principles and requirements of the Research governance framework for health and social care, second edition (Department of Health 2005).</p>	Compliant
Patient Focus	C13a	√		<p>Element one The healthcare organisation ensures that staff treat patients/ service users, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C13a	√	Staff treat patients, their relatives and carers with dignity and respect;	<p>Element two: The PCT meets the needs and rights of different patient groups with regard to dignity including by meeting the relevant requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005, and the Equality Act 2006. The healthcare organisation should act in accordance with the requirements in the National Service Framework for older people (Health Service circular 2001/007), to ensure that older people are not unfairly discriminated against in accessing NHS or social care services as a result of their age</p>	Compliant
Patient Focus	C13b	√		<p>Element one 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) investigations and decisions in accordance with the Human Rights Act 1998, the Reference guide to consent for examination or treatment (Department of Health 2001), Human Tissue Authority: a code of practice (July 2006), and having regard to the Code of Practice to the Mental Health Act 1983 and 2007 and the Code of Practice to the Mental Capacity Act 2005.</p>	Compliant
Patient Focus	C13b	√	Appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information	<p>Element two Patients/service users, including those with language and/or communication support needs, are provided with appropriate and sufficient information suitable to their needs, on the use and disclosure of confidential information held about them in accordance with Confidentiality: NHS code of practice (Department of Health 2003).</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C13b	√		<p>Element three The healthcare organisation monitors and reviews current practices to ensure effective consent processes.</p>	Compliant
Patient Focus	C13c	√	<p>Staff treat patient information confidentially, except where authorised by legislation to the contrary.</p>	<p>When using and disclosing patients'/ service users personal information staff act in accordance with the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 and Confidentiality: NHS code of practice (Department of Health 2003), Caldicott Guardian Manual 2006 (Department of Health 2006). Healthcare organisations should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.</p>	Compliant
Patient Focus	C14a	√	<p>Organisations have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services</p>	<p>Element one Patients/ service users, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system, including information about how to escalate their concerns and the healthcare organisation acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the healthcare organisation.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C14a	√		Element two Patients/ service users, relatives and carers are provided with opportunities to give feedback on the quality of services.	Compliant
Patient Focus	C14b	√		Element one The healthcare organisation has systems in place to ensure that patients/ service users, carers and relatives are not treated adversely as a result of having complained.	Compliant
Patient Focus	C14c	√		Element one The healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner and acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the healthcare organisation.	Compliant
Patient Focus	C14c	√	Organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	Element two Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients/ service users, relatives and carers.	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C15a	√		<p>Element one Patients/service users are offered a choice of food and drink in line with the requirements of a balanced diet reflecting the rights (including the rights of different faith groups), needs (including cultural needs) and preferences of its service user population</p>	Compliant
Patient Focus	C15a	√	Patients are provided with a choice and that it is prepared safely and provides a balanced diet	<p>Element two The preparation, distribution, delivery, handling and serving of food, storage and disposal of food is carried out in accordance with food safety legislation including the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2006.</p>	Compliant
Patient Focus	C15b	√		<p>Element one Patients/service users have access to food and drink that meets the individual needs of the patients/ service users 24 hours a day</p>	Compliant
Patient Focus	C15b	√	Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary feeding and access to food 24 hours a day	<p>Element two The nutritional, personal and clinical dietary requirements of individual patients/service users are assessed and met, including the right to have religious dietary requirements met at all stages of their care and treatment.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Patient Focus	C15b	√		<p>Element three Patients/service users requiring assistance with eating and drinking are provided with appropriate support including provision of dedicated meal times, adapted appliances and appropriate consistency of food where necessary.</p>	Compliant
Patient Focus	C16	√	<p>Healthcare organisations make information available to patients and the public on their services, provide</p>	<p>Element one The healthcare organisation has identified the information needs of its service population, and provides suitable and accessible information on the services it provides in response to these needs. This includes the provision of information in relevant languages and formats in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following "public body duties"* statutes: the Race Relations (Amendment) Act (2000),</p>	Compliant
Patient Focus	C16	√	<p>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 □</p>	<p>Element two The healthcare organisation provides patients/ service users and, where appropriate, carers with sufficient and accessible information on the patient's individual care, treatment and after care, including those patients/ service users and carers with communication or language support needs. In doing so healthcare organisations must have regard, where appropriate, to the Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs 2007) and the Code of Practice to the Mental Health Act (Department of Constitutional Affairs 1983).</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Accessible and responsible care</p>	<p>C17</p>	<p>√</p>	<p>The views of patients, their carers and others delivering and improving healthcare services</p>	<p>Element one The healthcare organisation seeks and collects the views and experiences of patients/ service users, carers and the local community, particularly those people who are seldom listened to, on an ongoing basis when designing, planning, delivering and improving healthcare services as required by Section 242 of the National Health Services Act 2006 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 any subsequent statutory guidance introduced in the assessment year. In doing so the trust acts in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender along with impact assessments) under various statutes</p>	<p>Compliant</p>
<p>Accessible and responsible care</p>	<p>C17</p>	<p>√</p>		<p>Element two The healthcare organisation demonstrates to patients/ service users, carers and the local community, particularly those people who are seldom listened to, how it has taken their views and experiences into account in the designing, planning, delivering and improving healthcare services 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 any subsequent statutory guidance introduced in the assessment year. The</p>	<p>Compliant</p>
<p>Accessible and responsible care</p>	<p>C18</p>	<p>√</p>	<p>Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably □</p>	<p>Element one The healthcare organisation ensures that all members of the population it serves are able to access its services equally, including acting in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following “public body duties” statutes: the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005, and the Equality Act 2006 ; and where appropriate, having due regard to the associated codes of practice</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Accessible and responsible care</p>	<p>C18</p>	<p>√</p>		<p>Element two The healthcare organisation offers patients/ service users choice in access to services and treatment, and those choices in access to services and treatment are offered on a fair, just and reasonable basis, including to disadvantaged groups and including acting in accordance with the general and specific duties imposed on public bodies as in Element one and including, where appropriate, having due regard to the associated codes of practice.</p>	<p>Compliant</p>
<p>Care Environment and amenities</p>	<p>C20a</p>	<p>√</p>	<p>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 □</p>	<p>Element one The healthcare organisation effectively manages the health, safety and environmental risks to patients/service users, staff and visitors, in accordance with all relevant¹⁴ health and safety legislation, fire safety legislation, the Disability Discrimination Act 1995, and the Disability Discrimination Act 2005; and by having regard to The duty to promote disability equality: Statutory Code of practice (Disability Rights Commission, 2005). It also acts in accordance with the mandatory requirements set out in Firecode – fire safety in the NHS Health Technical Memorandum (HTM) 05-01: Managing healthcare fire safety (Department of Health, 2006), in so far as the requirements are relevant to the healthcare organisation, and follows the guidance contained therein, or equally effective alternative means to achieve the same objectives. It also considers, and where appropriate follows, the good practice guidance referred to in The NHS Healthy Workplaces Handbook (NHS Employers 2007) or equally effective alternative means to achieve the same objectives.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

<p>Care Environment and amenities</p>	<p>C20a</p>	<p>√</p>		<p>Element two The healthcare organisation provides a secure environment which protects patients/service users, staff, visitors and their property, and the physical assets of the organisation, including in accordance with Secretary of State directions on measures to tackle violence against staff and professionals who work in or provide services to the NHS (Department of Health 2003, as amended 2006) and Secretary of State directions on NHS security management measures (Department of Health 2004, as amended 2006)</p>	<p>Compliant</p>
<p>Care Environment and amenities</p>	<p>C20b</p>	<p>√</p>	<p>Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality □</p>	<p>Element one The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation, access to private areas for religious and spiritual needs and for confidential consultations. This should happen at all stages of care and during transfers.</p>	<p>Compliant</p>
<p>Care Environment and amenities</p>	<p>C20b</p>	<p>√</p>		<p>Element two Healthcare organisations have systems in place to ensure that preventive and corrective actions are taken in situations where there are risks and/or issues with patient privacy and/or confidentiality.</p>	<p>Compliant</p>

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Care Environment and amenities	C21	√	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.	<p>Element one</p> <p>The healthcare organisation has systems in place and has taken steps to ensure that care is provided in well designed and well maintained environments, including in accordance with all relevant legislative requirements referred to in Health Building Notes (HBN) and Health Technical Memoranda (HTM), and by following the guidance contained therein, or equally effective alternative means to achieve the outcomes of the HBNS/HTMs. The healthcare organisation should also act in accordance with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, and have regard to The duty to promote disability equality: Statutory Code of practice (Disability Rights Commission, 2005).</p>	Compliant
Care Environment and amenities	C21	√		<p>Element two</p> <p>Care is provided in clean environments, in accordance with the relevant 17 requirements of duty four of The Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections (Department of Health, revised 2008)</p>	Compliant
Public Health	C22a&C	√		<p>Element one</p> <p>The healthcare organisation actively works with other healthcare organisations, local government and other local partners to promote, protect and demonstrably improve the health of the community served and narrow health inequalities, such as by working to improve care pathways for patients/ service users across the health community and between the health, social care and the criminal justice system, and/or participating in the JSNA and health equity audits to identify population health needs.</p>	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C22a&C	√	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	Element two The healthcare organisation contributes appropriately and effectively to nationally recognised and/or statutory partnerships, such as the Local Strategic Partnership, children's partnership arrangements and, where appropriate, the Crime and Disorder Reduction Partnership.	Compliant
Public Health	C22a&C	√		Element three The healthcare organisation monitors and reviews their contribution to public health partnership arrangements and takes action as required.	Compliant
Public Health	C22a&C	√		N/A	N/a
Public Health	C22b	√	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	Element one The healthcare organisation's policies and practice to improve health and narrow health inequalities are informed by the local director of public health's (DPH) annual public health report.	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C23	√	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. □	Element one The healthcare organisation collects, analyses and shares data about its patients/ service users and services, including where relevant data on ethnicity, gender, age, disability and socioeconomic factors, including with its commissioners	Compliant
Public Health	C23	√		Element two Patients/ service users are provided with evidence-based care and advice along their care pathway in relation to public health priority areas, including through referral to specialist advice services	Compliant
Public Health	C23	√		Element three The healthcare organisation implements policies and practices to improve the health and wellbeing of its workforce.	Compliant
Public Health	C23	√		Element four The healthcare organisation provides support and advice for service users to improve their mental health and well being, including support in retaining or accessing employment, training or volunteering opportunities	Compliant

Summary of 2008/09 Standards for better health compliance for the Commissioning part of the PCT

Public Health	C23	√		N/A	Compliant
Public Health	C24	√	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	<p>Element one</p> <p>The healthcare organisation protects the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with The NHS Emergency Planning Guidance 2005, and associated supplements (Department of Health, 2005, 2007), NHS Resilience and Business Continuity Management Guidance: Interim Strategic National Guidance for NHS Organisations (Department of Health, 2008) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).</p>	Compliant
Public Health	C24	√		<p>Element two</p> <p>The healthcare organisation protects the public by working 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 and associated annexes (Department of Health 2005, 2007) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).</p>	Compliant