Healthcare Commission

Assessment for improvement The annual health check

Criteria for assessing core standards

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Introduction

The Healthcare Commission published a range of consultation documents in November 2004, which outlined our proposals for our new systems of assessment. Following consultation, we now present this revised version.

In July 2004, the Department of Health published *Standards for better health*, which includes 24 core standards that "describe a level of service which is acceptable and which must be universal"[1]. Thus, the core standards represent a level of services that all patients and service users of all ages should be able to expect from the NHS.

As part of the process of consultation, we published the draft guidance, *Understanding the standards*, highlighting the component parts or 'elements' making up the standards. We also suggested prompts and information for checking against each core standard. Some of the responses we received during the consultation raised concerns that our proposed prompts were too prescriptive. There was also a general need for more clarity about the information to be used in the checking stages of the assessment process. In response to those concerns we have:

- defined the elements more precisely, and included the 'must do' issues that lie behind the standards
- removed the prompts
- provided more detailed listings of how we will be using this information in the checking stages of the assessment of compliance with core standards[2]

In this document we present our revised version of the elements and we will use these to assess compliance against the core standards. The elements break the 24 core standards down into their component parts. Within each element, wherever possible, we have included the key pieces of national guidance and/or statute that describe the underlying requirements that will form the basis of our assessment. For a limited number of the elements, there is no underpinning guidance or the guidance cannot be readily summarised. In these cases, we have broken down the material further, so that the specific aspects of compliance that we will consider are made more explicit.

We will also be giving inspection guides to our regional staff which will contain 'evidence frameworks' to inform their enquiries. This will ensure that they seek and judge evidence in a consistent manner. These evidence frameworks will be developed with reference to the elements and relevant guidance, while making clear that the material is optional and that trusts may have other ways, which are entirely appropriate, of assuring themselves that they meet the standards. As the guides are developed, they will be available on the Healthcare Commission's website so that NHS organisations may understand the types of evidence that our regional staff will be gathering to arrive at their judgements.

[1] *National Standards, Local Action,* Department of Health 2004

[2] Criteria for assessing core standards: information for acute services, PCTs, ambulance trusts, mental health services and learning disabilities services

Application of standards across healthcare sectors

Standards for better health should be taken into account "by those providing NHS care directly, no matter what the setting, those managing the health service, [and] those commissioning healthcare."[3] Core standards apply to all healthcare services, whether they are provided by primary care trusts (PCTs), ambulance trusts, care trusts, mental health trusts, learning disability trusts, specialist trusts or acute trusts (including foundation trusts). We recognise, however, that some elements of the standards will not be applicable to all healthcare organisations and that some will need to be applied differently to reflect the activity of that particular organisation.

Most of the elements are high level and apply to all types of healthcare organisations. However, there are a number of elements that are specific to particular healthcare settings. Where this is the case, we have indicated which services the element refers to. For example, under standard C16 we have included an additional element for mental health services and learning disability services.

Healthcare organisations will need to consider all of the elements which refer to the services they provide. For example, a PCT that provides mental health services and/or learning disability services will need to consider the elements that explicitly refer to PCTs and to mental health services and learning disability services, in addition to the elements that apply to all organisations.

Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to services provided through partnerships, commissioning or other forms of contractual arrangement. When such arrangements are put in place, all parties should take the core standards into account, with the aim that the services in question meet the requirements of the standards.

Primary care trusts

In general terms, the elements apply to all services and functions provided by the PCT, whatever their service configuration. Our assessment of a PCT's compliance with the core standards will include reference to their arrangements with independent contractors and their arrangements for commissioning.

i) Independent contractors

The elements apply to services provided by independent contractors and we expect PCTs to include these services in their declaration. We expect the PCT to have taken reasonable steps to ensure that the services provided by independent contractors are compliant with the core standards, such as through the work of the professional executive committee and, where relevant, through the quality and outcomes framework (QOF).

[3] National Standards, Local Action, Department of Health 2004

ii) Commissioning

When commissioning services, PCTs should be taking into account the core standards, with the aim that those services meet the core standards. However, in year one, the Healthcare Commission will not base its assessment of a PCT's compliance with core standards on the level of compliance achieved by their commissioned services.

A PCT's declaration of its compliance with the core standards should include consideration of whether its commissioning processes, including those relating to specialised services[4], where commissioning may operate through partnership arrangements, take into account the requirements of the core standards. In addition, there are a number of standards for which we have constructed elements that specifically refer to a PCT's role as a commissioner of services. For example, under C22 b) there is an element for PCTs that refers to commissioning.

Staff

Across the elements, we have used the term 'staff'. This term refers to everyone delivering NHS services. Whenever an element includes the term 'staff' the healthcare organisation should consider, where relevant, their arrangements for the following groups:

- employed staff
- independent contractors and their staff
- other contractors
- staff on honorary contracts
- staff seconded from other organisations
- locum, temporary and agency staff
- volunteers

Equality, diversity and human rights

One of the Healthcare Commission's strategic goals is to encourage respect within services for people's human rights and for their diversity, and to promote action to reduce inequalities in people's health and experiences of healthcare. In line with the intention of *Standards for better health*, we expect that healthcare organisations will interpret and implement the standards in ways which challenge discrimination, promote equity of access and quality of services, and which respect and protect human rights.

We have included references to the relevant equality and human rights legislation and guidance across the elements presented below. Our assessment will recognise that the human rights of different individuals, groups and the wider society must be balanced against each other and applied in a proportionate manner, and that people have a right not to be discriminated against on grounds such as age, disability, ethnicity, faith, gender, sexual orientation or national status.

[4] Services provided in relatively few specialist centres to catchment populations of more than a million people covering more than a single PCT. Detailed definitions are given in *The Specialised Services National Definitions Set* (Department of Health)

Information for checking the declaration

Our approach to using information for assessment of compliance with core standards

In order to make our assessment process targeted and proportionate, we need to use available information to guide us as to where we need to ask further questions. During the year, we will build up a profile of information for every NHS trust. This information will be mapped to the core standards and will be used to prioritise which organisations and standards need further checking.

It is important to recognise that this cross checking process does not tell us whether a trust is meeting the core standards. Instead, it identifies the trusts most at risk of not doing so and identifies areas that we will want to examine more thoroughly.

Information used

We aim to use as wide a range of data sources as possible to build up a profile of information for every NHS trust. The profile will be based on data sets that have national coverage – including some from our own assessments and work programmes (for example improvement reviews, national staff survey) and information from other regulators and review agencies. Part of this information set will include established indicators that in the past contributed to the calculation of the NHS annual performance ratings, known as star ratings. We want to use the best information in the most intelligent way – this will mean that we include measures of outcome, output and process.

Using the widest range of data sources means that the list of items of information can be very long. A single item of information may link with more than one standard. Items vary in terms of their data quality and the extent to which they describe the intent of a standard and element. We will be most confident in results where there is agreement between different items of information that bear on the same underlying question. We expect the list of items of information we use to change during the year, for example, due to:

- routine updating using the latest information
- awareness of new items of information
- removing those that appear to have little value

The current list of items of information will be published on the Healthcare Commission website and updated as necessary. We welcome suggestions for how this list may be improved.

It is important to recognise that for some standards, the information we can currently access is very limited or non-existent.

Combining and analysing information

We will apply rigorous statistical analysis to help interpret the information. We have developed a system whereby the differences between observed and expected values for each item can be placed on a common scoring system. Moreover, where we have

quantitative data elements, the system is able to assess differences taking account of:

- sample size of the observed values
- characteristics of the distributions of expected values
- the use of statistical process control methods to look at trends where we have time series data

For each item of information, we want to be able to assess whether the observed values for a given organisation are in line with what we would expect. The expected value may be calculated in a number of different ways. For example, it may be an absolute measure such as the achievement of targets or in other cases, we may want to adjust for factors that are outside the control of a particular organisation (for example the effects of deprivation).

For some standards, we can consider weighting some items of information as being particularly important. For example, if we have recent information from the NHS Litigation Authority that an organisation is adhering with a particular process with regard to consent, then we need ask no follow up questions with respect to that element. We have indicated these items of information with an asterisk (*) in the tables in *Criteria for assessing core standards*.[5]

The items of information will raise concerns where a group of related items shows a broadly consistent pattern – say of good or poor performance. For example, we might see 10 items linked to one standard where eight of those 10 show that observed values are worse than expected. This would be a cause for concern – something that we will call a red light. Alternatively, a red light could be an individual item of information, which has a high level of validity, with an extreme score.

The results we derive will be subject to continual testing to identify false positives, where screening identifies a possible problem that is found not to exist. Our programme of random spot checks also allows us to look for false negatives, and consider whether modifications to our analysis could ever have detected these.

Standardisation and adjusting for context

To make the most of the information we have available, we have to account for factors that we know are beyond the control of the individual organisation. In many cases, the adjustments that we have to make are obvious. For example, standardising for the age and sex of the local population, or in case mix adjusted measurement in acute care.

In other cases, it is more difficult to say how our expected values should be adjusted to ensure that we are identifying issues where

[5] Criteria for assessing core standards: information for acute services, PCTs, ambulance trusts, mental health services and learning disabilities services

the organisation itself is capable of effecting change to move to the required level. The problem is in identifying those factors which make achievement on a given indicator difficult, and which are genuinely outside the scope of the healthcare services to improve.

For example, local factors that have a significant impact on an expected value and that are beyond the scope of the organisation's control might include:

- demographic variables (age, sex, ethnicity)
- socio-economic effects (deprivation and proxies for income) and population mobility
- features of local economy, for example ability to attract labour, geographic isolation

In order to adjust expectations away from a national norm, we suggest that we have to be able to point to:

- convincing theoretical reasons that there are significant factors beyond the control of the organisation
- empirical evidence of a relationship at national level between performance and the selected variable – statistically significant differences between groups

In some special circumstances, we may want to adjust a variable because of limitations in the measurement system; for example, comparing case mix analysis of community hospitals versus acute settings.

These considerations need to be made specific to individual items of information.

Different items will be adjusted in different ways. It is important to stress that core standards apply to all healthcare organisations across England. Particular issues of local context, such as deprivation, are not an excuse for standards of care to fall below the level set in the core standards.

Reporting and information management

We are currently developing ways of presenting the summary information at different levels. At the highest level we need to assess overall risk against individual standards. Below that we can identify specific items of information that lead to the summary score. The information we use will be changing throughout the year and we aim to develop a system that can provide updates, when necessary, presenting the latest position.

The richness of the information gathered also means that we will be able to look at the data in different ways; for example, to look at items of information linked with a particular function or client group. By doing this we aim to provide regional staff with the best possible picture of areas of strength and weakness within an organisation.

We will present profiles of the information to individual trusts later in the year. Through our regional staff we will be actively seeking feedback on the accuracy of these profiles and looking to incorporate local perceptions within the broader picture.

Standards and elements

First domain: Safety

Domain outcome: patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core standard C1

Healthcare organisations protect patients through systems that:
a) 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

All organisations
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) through 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).

All organisations
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).

All organisations
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 NPSA's national analysis of incidents through the National Reporting and Learning System.

b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales

All organisations
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).

Core standard C2

Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations

All organisations
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).

All organisations
The healthcare organisation works with all relevant partners and communities to protect children in accordance with *Working together to safeguard children* (Department of Health 1999).

All organisations
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 accordance with *CRB disclosures in the NHS* (NHS Employers 2004).

Core standard C3

Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance

All organisations
The healthcare organisation follows NICE interventional procedures guidance in accordance with *The interventional procedures programme* (Health Service Circular 2003/011).

Core standard C4

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:
a) the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA)

Acute services, mental health services and learning disability services
The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients, taking account of *Winning ways* (Department of Health 2003), *A matron's charter: an action plan for cleaner hospitals* (Department of Health 2004), *Revised guidance on contracting for cleaning* (Department of Health 2004), and *Audit Tools for Monitoring Infection Control Standards* (Infection Control Nurses Association 2004).

Ambulance services
The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients, taking account of the *Ambulance Service Association Framework for Infection Control* (2004), *Joint Royal Colleges Ambulance Liaison Committee (JRCALC)* guidance PROC 12, and *Infection control practices for ambulance services* (Infection Control Nurses Association April 2001).

PCTs
The PCT has taken steps to minimise the risk of healthcare acquired infection to patients, 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) and *Prevention of Healthcare-associated Infection in Primary and Community Care* (NICE 2003).

All organisations
The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards, in accordance with local delivery plans.

b) all risks associated with the acquisition and use of medical devices are minimised

All organisations
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.

c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed

All organisations
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.

d) medicines are handled safely and securely

All organisations
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, the Misuse of Drugs Act 1971 and the Misuse of Drugs Act 1971 *(Modification) Order* (2001).

e) 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

All organisations
Waste is properly managed to minimise the risks to patients, staff, the public and the environment, in accordance with *Health and Safety Executive (HSE) guidance: Safe disposal of clinical waste* (ISBN 0 7176 24927) (updated publication scheduled for May 2005).

Second domain: Clinical and cost effectiveness

Domain outcome: patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services, based on what assessed research evidence has shown provides effective clinical outcomes

Core standard C5

Healthcare organisations ensure that:

a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care

All organisations

The healthcare organisation conforms to the procedures for the adoption of NICE technology appraisals in accordance with *Implementation of NICE guidance* (Department of Health 2004).

All organisations

The healthcare organisation takes into account, when planning and delivering care, nationally agreed best practice as defined in national service frameworks, NICE clinical guidelines, national plans and nationally agreed guidance.

b) clinical care and treatment are carried out under supervision and leadership

All organisations

All staff involved in delivering clinical care and treatment receive appropriate supervision, taking into account national guidance from the relevant professional bodies.

All organisations

Clinical leadership is supported and developed within all disciplines.

c) clinicians continuously update skills and techniques relevant to their clinical work

All organisations

Clinicians[6] from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.

d) clinicians participate in regular clinical audit and reviews of clinical services

All organisations

Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits.

All organisations

Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.

[6] Professionally qualified staff providing clinical care to patients

Core standard C6

Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met

All organisations

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

Domain outcome: managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

Core standard C7

Healthcare organisations:

a) apply the principles of sound clinical and corporate governance

c) undertake systematic risk assessment and risk management

All organisations

The healthcare organisation has effective arrangements in place for clinical governance which take account of *Clinical governance in the new NHS* (HSC 1999/065).

Acute services, mental health services, learning disability services and ambulance services

The healthcare organisation has arrangements in place for corporate governance, that accord with *Governing the NHS: A guide for NHS 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).

PCTs

The healthcare organisation has arrangements in place for corporate governance, that accord with *Governing the NHS: A guide for NHS boards* (Department of Health and NHS Appointments Commission 2003), *Corporate governance framework manual for primary care trusts* (Department of Health 2003 version 6), *Assurance: the board agenda* (Department of Health 2002) and *Building the assurance framework: a practical guide for NHS boards* (Department of Health 2003).

b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources

All organisations

The healthcare organisation actively supports staff to promote openness, honesty, probity, accountability and the economic, effective use of resources in accordance with the *Code of conduct for NHS managers* (Department of Health 2002) and *Directions to NHS bodies on counter fraud measures* (Department of Health 2004).

d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources

This standard will be measured through the *use of resources* assessment.

e) challenge discrimination, promote equality and respect human rights

All organisations
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.

f) meet the existing performance requirements

This standard will be measured through the *existing targets*[7] assessment.

[7] National targets set by the Department of Health as outlined in appendix 1 of *National standards, local action*

Core standard C8
Healthcare organisations support their staff through:
a) 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

All organisations
The healthcare organisation has arrangements in place to ensure that staff know how to raise concerns, and are supported in so doing, in accordance with *The Public Disclosure Act 1998: Whistle blowing in the NHS* (HSC 1999/198).

b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups

All organisations
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.

All organisations
Staff from minority groups have opportunities for personal development in accordance with *Leadership and Race Equality in the NHS Action Plan* (Department of Health 2004).

Core standard C9

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 organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required

All organisations

The healthcare organisation has systems in place to ensure that records are managed in accordance with the NHS Information Authority's (NHSIA) *information governance toolkit*.

Core standard C10

Healthcare organisations:
a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies

All organisations

The necessary employment checks are undertaken for all staff in accordance with *Pre and post employment checks for all persons working in the NHS in England* (HSC 2002/008) and *CRB disclosures in the NHS* (NHS Employers 2004).

b) require that all employed professionals abide by relevant published codes of professional practice

All organisations

The healthcare organisation requires staff to abide by relevant codes of professional practice, including through employment contracts and job descriptions.

All organisations

The healthcare organisation has systems in place to identify and manage staff who are not abiding by relevant codes of professional practice.

Core standard C11

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:
a) are appropriately recruited, trained and qualified for the work they undertake

All organisations

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 Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation)

Regulations 2003 and the *Code of practice for the international recruitment of healthcare professionals* (Department of Health 2004).

All organisations
The healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs.

All organisations
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.

b) participate in mandatory training programmes

All organisations
All staff participate in relevant mandatory training in accordance with the Management of Health and Safety at Work Regulations 1999.

All organisations
Staff and students participate in relevant induction programmes.

c) participate in further professional and occupational development commensurate with their work throughout their working lives

All organisations
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).

Core standard 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

All organisations
The healthcare organisation complies with the requirements of the *Research governance framework for health and social care* (Department of Health 2001).

Fourth domain: Patient focus

Domain outcome: healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

Core standard C13

Healthcare organisations have systems in place to ensure that:
a) staff treat patients, their relatives and carers with dignity and respect

All organisations
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.

All organisations
The healthcare organisation acts in accordance with relevant equalities legislation, with particular regard to the Disability Discrimination Act 1995, the Race Relations Act 1976 (as amended) and the Human Rights Act 1998, to meet the needs and rights of different patient groups with regard to dignity and respect.

All organisations
The healthcare organisation has systems in place to identify areas where dignity and respect may have been compromised and takes action in response.

b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information

Acute services, ambulance services and PCTs
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).

Mental health services and learning disability services
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).

All organisations
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) staff treat patient information confidentially, except where authorised by legislation to the contrary

All organisations
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.

Core standard C14

Healthcare organisations have systems in place to ensure that patients, their relatives and carers:
a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

All organisations
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.

All organisations
The healthcare organisation provides opportunities for patients, relatives and carers to give feedback on the quality of services.

b) are not discriminated against when complaints are made

All organisations
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) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery

All organisations
The healthcare organisation responds to complaints from patients, relatives and carers in accordance with NHS (Complaints) Regulations 2004 and associated guidance.

All organisations
The healthcare organisation uses concerns and complaints from patients, relatives and carers, to improve service delivery, where appropriate.

Core standard C15

Note: this standard is applicable only to healthcare organisations that routinely provide patients with food. The elements do not apply to ambulance services.

Where food is provided, healthcare organisations have systems in place to ensure that:
a) patients are provided with a choice and that it is prepared safely and provides a balanced diet

Acute services, PCTs, mental health services and learning disability services
The healthcare organisation offers patients a choice of food in line with the requirements of a balanced diet and in accordance with the six key 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.

Acute services, PCTs, mental health services and learning disability services
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).

b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day

Acute services, PCTs, mental health services and learning disability services
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).

Acute services, PCTs, mental health services and learning disability services
The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met.

Acute services, PCTs, mental health services and learning disability services
Patients requiring assistance with eating and drinking are provided with appropriate support.

Core standard C16

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

All organisations

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 Race Relations Act 1976 (as amended).

All organisations

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)* and other nationally agreed guidance where available.

Mental health services and learning disability services

The healthcare organisation provides information to mental health service users, and where appropriate carers, about their care plan (including after care) under the care 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

Domain outcome: patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or the care pathway.

Core standard C17

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

All organisations
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).

All organisations
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.

Core standard C18

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

All organisations
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 the Race Relations Act 1976 (as amended).

All organisations
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).

Core standard C19

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

This standard will be measured under the existing targets and new national targets assessments.

Sixth domain: Care environment and amenities

Domain outcome: care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core standard C20

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:
a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation

All organisations

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).

Acute services, PCTs, mental health services and learning disability services

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.

Ambulance services

The healthcare organisation protects patients, relatives, carers and staff by ensuring that vehicles are safe and secure taking into account *BS EN 1789:2000 Medical vehicles and their equipment – road ambulances* and *A professional approach to managing security in the NHS* (Counter Fraud and Security Management Service 2003).

All organisations

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).

b) supportive of patient privacy and confidentiality

Acute services and PCTs

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.

Mental health services and learning disability services

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) including according with *Safety, privacy and dignity in mental health units: guidance on mixed sex accommodation for mental health services* (NHS Executive 1999).

Ambulance services
The healthcare organisation has taken steps to provide services in environments, including on scene and in vehicles, which are supportive of patient privacy and confidentiality.

Core standard 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

Acute services, mental health services, learning disability services and PCTs
The healthcare organisation has taken steps to provide care in well designed and well maintained environments taking into account *Developing an estate's 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 associated code of practice.

Ambulances services
The healthcare organisation has taken steps to ensure its fleet is well designed and well maintained taking into account *BS EN 1789:2000 Medical vehicles and their equipment – road ambulances* and in accordance with the Disability Discrimination Act 1995 and associated code of practice.

Acute services, mental health services, learning disability services and PCTs
The healthcare organisation provides care in an environment that meets the national specification for clean NHS premises in accordance with the *Revised guidance on contracting for cleaning* (Department of Health 2004) and *A matron's charter: an action plan for cleaner hospitals* (Department of Health 2004).

Ambulance services
The healthcare organisation provides care in clean ambulances in accordance with the *Framework for infection control* (Ambulance Service Association June 2004).

Seventh domain: Public health

Domain outcome: programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core standard C22

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

Acute services, ambulance services, mental health services and learning disability services

The healthcare organisation actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised and statutory partnerships, such as the local strategic partnership, or the crime and disorder reduction partnership (CDRP), taking account of *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance, *National standards, local action* (Department of Health 2004), *Tackling health inequalities: a programme for action* (Department of Health 2003), *Making partnerships work for patients, carers and service users* (Department of Health 2004).

PCTs

The PCT actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised and statutory partnerships, such as the local strategic partnership, or the CDRP partnership, taking account of *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance, *National standards, local action* (Department of Health 2004), *Tackling health inequalities: a programme for action* (Department of Health 2003), *Making partnerships work for patients, carers and service users* (Department of Health 2004), *Commencement of PCTs as responsible authorities* (Department of Health 2004), *The PCT competency framework* (NatPaCT).

PCTs

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 taking account of *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).

PCTs
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).

b) ensuring that the local Director of Public Health's annual report informs their policies and practices

All organisations
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) taking account of *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance.

PCTs
The PCT's commissioning is informed by the local Director of Public Health's APHR taking account of *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance.

Core Standard C23
Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections

Preface:
All elements are driven by the national target to improve the health of the population. The main national plans are *Choosing health: making healthy choices easier* (Department of Health 2004), *Delivering choosing health: making healthier choices easier* and its associated implementation guidance, and *Tackling health inequalities: a programme for action* (Department of Health 2003). *Delivering choosing health: making healthier choices easier* priorities focus on:

- tackling health inequalities
- reducing the numbers of people who smoke
- tackling obesity
- reducing harm and encouraging sensible drinking
- improving sexual health
- improving mental health and well being
- workforce development for health improvement

All organisations
The healthcare organisation collects, analyses and makes available information on the current and future health and healthcare needs of the local population, to support the disease prevention and health promotion requirements of the national service framework and national plans.

PCTs
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.

Acute, PCTs, mental health services and learning disability services
The healthcare organisation 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.

Ambulance services
The healthcare organisation contributes to disease prevention or health promotion programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness.

All organisations
The healthcare organisation monitors its disease prevention and health promotion services and programmes and uses the findings to inform the planning process.

All organisations
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 associated implementation guidance.

All organisations
The healthcare organisation has an identified lead for public health or access to public health expertise to meet its strategic and operational roles.

Core Standard C24

Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services

All organisations
The healthcare organisation has up to date and tested plans to deal with incidents, emergency situations and major incidents,

in accordance with relevant guidance, including the Civil Contingencies Act 2004, *Getting ahead of the curve* (Department of Health 2002), *Plan for major incidents: the NHS guidance* (Department of Health 1998), and *Beyond a major incident* (Department of Health 2004).

All organisations

The healthcare organisation works with key partner organisations in the preparation of, training for and annual testing of major incident plans, in accordance with the Civil Contingencies Act 2004, *Plan for major incidents: the NHS guidance* (Department of Health 1998) (ID98c 173/235) and *Beyond a major incident* (Department of Health 2004).

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે. મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર ફોન કરો.

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