Inspecting Informing Improving

Healthcare Commission

Criteria for assessing core standards in 2007/2008

Primary care trusts

November 2007

Contents

Overview

These are the 2007/2008 criteria for assessing core standards for primary care trusts (PCTs). As in previous years, we have set out our criteria as "elements" for each of the core standards.

What has changed?

One main change is that this year we have produced separate criteria documents, one for each type of trust (i.e. acute and specialist services, mental health and learning disability services, ambulance services, and primary care trusts). Each trust will need to consider the sets of criteria relevant to the services they provide. For example, if your organisation also provides specialist mental health services you will also need to consider the criteria that apply to mental health and learning disability trusts.

The other main change is that, as we detailed in our publication *The annual health check in 2007/2008: Assessing and rating the NHS*, we have rationalised the elements further, and where possible, reduced the number that apply to each trust.

In particular, we have:

- focused on the outcomes of the standards. We have revised some of the elements to set out more clearly the outcomes required for each standard – particularly those that affect service users. We expect trusts' boards to consider these outcomes when reviewing their compliance.

  For example, in standard C14c (learning from complaints), the second element now states "demonstrable improvements are made to service delivery as a result of concerns and complaints from service users, relatives and carers". So trusts' boards will wish to be assured that service improvements have occurred

- simplified the wording of the elements. We have done this by reducing the number of the references to guidance and removing all references that we had previously asked trusts to "take into account". These are now listed in appendix two as background information but they will not be the basis on which the Healthcare Commission makes judgments in inspection

- reduced the number of elements for some standards, particularly where trusts have told us that there was duplication, for example, in the evidence needed for a number of different elements

- increased our reliance on the findings of others. For trusts that are taking part in the NHS Litigation Authority's pilot assessments for the new risk management standards for PCTs, trusts' boards can rely on this information at level 2 and above for the relevant standards. Once the NHS Litigation Authority has rolled out its revised standards to all PCTs we will rely on this information for the 2008/2009 assessment for the relevant core standards

We have detailed all of the changes to the elements for 2007/2008 in a separate document, available on the Healthcare Commission's website www.healthcarecommission.org.uk.

How should trusts consider the elements?

Trusts' boards should consider the level of compliance required by the elements when considering the extent to which they meet a core standard. In keeping with previous years, boards should determine whether they are compliant with a standard by assessing whether they have "reasonable assurance" that they have been meeting it, without "significant lapses", in the period 1 April 2007 to 31 March 2008.

Reasonable assurance

Reasonable assurance, by definition, is not absolute assurance. Reasonable assurance must be based on documentary evidence that can stand up to internal and external challenge.

The core standards are not optional and describe a level of service which is acceptable and which must be universal. We expect each trust's objectives to include compliance with the core standards, and that the organisation will use its routine processes for establishing assurance.

Trusts' boards should consider **all** aspects of their services when judging whether they have reasonable assurance that they are meeting the elements.

Where healthcare organisations provide services directly, they have the main responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services that they provide via partnerships or other forms of contractual arrangement (e.g. where human resource functions are provided through a shared service). When such arrangements are in place, each organisation should have reasonable assurance that those services meet the standards.

Significant lapse

Trusts' boards should decide whether a given lapse is significant or not by considering the extent of risk to service users, staff and the public, and the duration and impact of any lapse. There is no simple formula to determine whether a lapse is significant. A simple quantification

of risk, such as the death of a service user or the loss of more than £1 million, cannot provide a complete answer.

Determining whether a lapse is significant depends on the standard under consideration, the circumstances in which a trust operates (such as the services they provide, their functions or the population they serve), and the extent of the lapse (e.g. the level of risk to service users, the duration of the lapse and the range of services affected).

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, reduce health inequalities, and respect and protect human rights.

More specifically, core standard C7e asks trusts to challenge discrimination, promote equality and respect human rights. The second element of the standard focuses on how the trust is promoting equality, including by publishing information specified by statute in relation to race, disability and gender. We have run two audits of trusts' websites, looking for this information, and we are concerned that many trusts are still not complying with the legislation, particularly in relation to race equality. In 2007/2008, therefore, if we discover that a trust has not published the information required under the Race Relations Act 1976 (as amended) or the Disability Discrimination Act 2005, we will be minded to qualify its declaration of compliance with standard C7e.

Application of the elements to PCTs

As in previous years, the 2007/2008 assessment of a PCT's compliance with core standards includes reference to their arrangements with independent contractors and their arrangements for commissioning. The Commission will not base its assessment of a PCT's compliance with core standards on the level of compliance achieved by its independent contractors or commissioned services. Instead, we ask PCTs to consider the services provided by independent contractors and the services they have commissioned from other providers, in the following ways:

- **independent contractors** – the PCT should have taken reasonable steps to ensure that the services provided by independent contractors (general practitioners, dentists, community pharmacists and optometrists) are compliant with the core standards. We have set out in

appendix three which standards and elements we expect PCTs to consider for their declaration for their independent contractors

- **commissioned services** – the PCT should consider whether it has appropriate mechanisms in place for identifying and, where appropriate, responding to any significant concerns that arise from the services that they have commissioned.

The Commission recognises that PCTs will differ in the mechanisms used in relation to quality and safety in its commissioned services. Some PCTs may have formalised their requirements and monitoring arrangements, through detailed contractual clauses and service level agreements. Others may rely on more general mechanisms to monitor quality and safety in commissioned services, e.g. considering feedback from patients, reviewing performance monitoring information, risk assessing commissioned services, holding regular meetings with their commissioned services or with the lead PCT commissioning that service.

Using the findings of others

Our intention is to increase our use of the findings of others in the core standards assessment for PCTs. We will use information from our Concordat partners, and from other bodies, in three particular ways: as adequate assurance that an element or a standard has been met for the year, secondly, to answer specific lines of enquiry in inspection and thirdly, we will continue to use information in our cross checking process to target trusts for inspection.

The NHS Litigation Authority's standards for PCTs are being piloted in 2007/2008, and therefore we will not be able to rely on this information for all primary care trusts until 2008/2009. However, for those trusts taking part as pilot sites in 2007/2008, the trust's board may wish to rely on the NHS Litigation Authority's findings at level 2 and above, as adequate assurance for specific standards when making its declaration. We have set out, as part of appendix one, the standards for which information from the NHS Litigation Authority, at level 2 and above, provides an appropriate level of assurance.

We have marked with an asterisk* those standards and elements where information from Patient Environment Action Teams' assessments 2008 provides an appropriate level of assurance. Trusts' boards may wish to rely on this information when making their declarations.

We will continue, where relevant, to use information from the Audit Commission's Auditor's Local Evaluation (ALE) to answer specific lines of enquiry in inspection.

In appendix one, we have set out further details of the findings of others that we are using in the core standards assessment 2007/2008.

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	Elements
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	**1** Incidents are reported locally and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System **2** Reported incidents are analysed to seek to identify root causes, relevant trends and likelihood of repetition **3** Demonstrable improvements in practice are made to prevent reoccurrence of incidents as a result of information arising from the analysis of local incidents and from the NPSA's national analysis of incidents
b) ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales	**1** All communications, including drug alerts, issued by the Safety Alert Broadcast System (SABS) are implemented within the defined timescales, in accordance with *Chief executive's bulletin article* (Gateway 2326)

Core standard C2	Elements
Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	**1** Effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with *Working together to safeguard children* (HM Government, 2006) **2** The PCT works with partners to protect children as set out in *Working together to safeguard children* (HM Government, 2006) **3** Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to children in the normal course of their duties, in accordance with *CRB disclosures in the NHS* (NHS Employers, 2004)

Core standard C3	Elements
Healthcare organisations protect patients by following National Institute for Health and Clinical Excellence (NICE) interventional procedures guidance	This standard will not be assessed for PCTs for 2007/2008

Core standard C4	Elements
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)	**1** The PCT 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 Health Care Associated Infections* (Department of Health, 2006)

b) all risks associated with the acquisition and use of medical devices are minimised	**1**	The PCT 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	**1**	Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)
d) medicines are handled safely and securely	**1**	Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, including in accordance with the statutory requirements of the Medicines Act 1968
	2	Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 *(Modification) Order 2001* and *Safer management of controlled drugs: Guidance on strengthened governance arrangements* (Department of Health, 2006)
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	**1**	The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients, staff, the public and the environment in accordance with *Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste* (Department of Health, November 2006)

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	Elements
Healthcare organisations ensure that:	
a) they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	**1** The PCT conforms to NICE technology appraisals where relevant to its services
	2 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 services, care and treatment
b) clinical care and treatment are carried out under supervision and leadership	**1** Appropriate supervision and clinical leadership is provided to staff involved in delivering clinical care and treatment in accordance with guidance from relevant professional bodies
c) clinicians[1] continuously update skills and techniques relevant to their clinical work	**1** Clinicians from all disciplines 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	**1** Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits
	2 Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research

1 Professionally qualified staff providing care to patients

Core standard C6	Elements
Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	1 Staff work in partnership with colleagues in other health and social care organisations to meet the individual needs of patients, including, where appropriate, 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	Elements
Healthcare organisations:	
a) apply the principles of sound clinical and corporate governance c) undertake systematic risk assessment and risk management	1 The PCT has effective arrangements in place for clinical governance 2 There are effective corporate governance arrangements in place that accord with *Governing the NHS: A guide for NHS boards* (Department of Health and NHS Appointments Commission, 2003), *Corporate governance framework manual for PCTs* (Department of Health, April 2003) 3 The PCT systematically assesses and manages its risks
b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	1 The PCT 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) and *NHS Counter Fraud and Corruption Manual, third edition* (NHS Counter Fraud Service, 2006).
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

1 The PCT challenges discrimination and respects human rights in accordance with the Human Rights Act 1998, *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health, 2000)*, The Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, and The Employment Equality (Age) Regulations 2006

2 The PCT promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties of the Race Relations Act 1976 (as amended), the Code of practice on the duty to promote race equality (Commission for Racial Equality 2002), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the Code of practice on the duty to promote disability equality (Disability Rights Commission, 2005), the Equality Act 2006, Gender Equality Duty Code of Practice (Equal Opportunities Commission, November 2006) and *Delivering Race Equality in Mental Health Care* (Department of Health, 2005)

f) meet the existing performance requirements

This standard will be measured through the existing national targets assessment

Core standard C8	Elements
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	**1** 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)
b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	**1** The PCT supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level **2** Staff from minority groups are offered opportunities for personal development to address under-representation in senior roles

Core standard C9	Elements
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	**1** The PCT has effective systems for managing clinical records in accordance with *Records management: NHS code of practice* (Department of Health, April 2006)

Core standard C10	Elements
Healthcare organisations:	
a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	**1** The necessary employment checks are undertaken for all staff in accordance with *Safer recruitment – A guide for NHS employers* (NHS Employers, 2006) and *CRB disclosures in the NHS* (NHS Employers, 2004)
b) require that all employed professionals abide by relevant published codes of professional practice	**1** The PCT explicitly requires staff to abide by relevant codes of professional conduct and takes action when codes of conduct are breached

Core standard C11	Elements
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	**1** The PCT recruits staff in accordance with relevant legislation and with particular regard to the Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, The Employment Equality (Age) Regulations 2006, Race Relations Act 1976 (as amended), the Disability Discrimination Act 2005 and the Equality Act 2006
	2 The PCT undertakes workforce planning which aligns workforce requirements to its service needs

b) participate in mandatory training programmes	**1** Staff participate in relevant mandatory training programmes
	2 Staff and students participate in relevant induction programmes
c) participate in further professional and occupational development commensurate with their work throughout their working lives	**1** Staff have opportunities to participate in professional and occupational development at all points in their career in accordance with *Working together – learning together: a framework for lifelong learning for the NHS* (Department of Health, 2001)

Core standard C12	**Elements**
Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied	**1** The PCT has an effective research governance framework in place which complies with the requirements of the *Research governance framework for health and social care, second edition* (Department of Health, 2005)

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	Elements
Healthcare organisations have systems in place to ensure that:	
a) staff treat patients, their relatives and carers with dignity and respect	**1** The PCT ensures that staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment and takes action where dignity and respect has been compromised
	2 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, the Disability Discrimination Act 2005, and the Equality Act 2006
b) appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	**1** 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 *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 Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs, 2007)

	2 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	**1** 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	**Elements**
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	**1** Patients, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system
	2 Patients, relatives and carers are provided with opportunities to give feedback on the quality of services
b) are not discriminated against when complaints are made	**1** The PCT has systems in place to ensure that patients, carers and relatives are not treated adversely as a result of having complained

c) are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery	**1** The PCT acts on, and responds to, complaints appropriately and in a timely manner **2** Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients, relatives and carers

Core standard C15	**Elements**
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	**1*** Patients are offered a choice of food in line with the requirements of a balanced diet, reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population **2*** 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

* Adequate levels of assurance can be provided by an outcome of "excellent" for "food" for each relevant site from Patient Environment Action Teams' assessments 2008.

b) patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day	**1*** Patients have access to food and drink 24 hours a day **2*** The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met **3*** Patients requiring assistance with eating and drinking are provided with appropriate support * Adequate levels of assurance can be provided by an outcome of "excellent" for "food" for each relevant site from Patient Environment Action Teams' assessments 2008.

Core standard C16	Elements
Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care	**1** The PCT provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population which accords with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended) **2** Patients and, where appropriate, carers (including those with communication or language support needs) are provided with sufficient and accessible information on their care, treatment and after care

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	Elements
The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	**1** The PCT seeks the views of patients, carers and the local community, including those from disadvantaged and marginalised groups, when planning, commissioning, delivering and improving 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) **2** The PCT demonstrates to patients, carers and the local community how it has taken their views into account when planning, commissioning, delivering and improving services for patients 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)

Core standard C18	Elements
Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably	1 The PCT ensures 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, the Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Equality Act 2006 2 The PCT offers patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably

Core standard C19	Elements
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 national targets and new national targets assessment

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	Elements
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	**1** The PCT effectively manages the health, safety and environmental risks to patients, staff and visitors, including by meeting the relevant health and safety at work and fire legislation, *The Management of Health, Safety and Welfare Issues for NHS staff* (NHS Employers, 2005) and the Disability Discrimination Act 1995
	2 The PCT provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation
b) supportive of patient privacy and confidentiality	**1** The PCT provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation

Core standard C21	Elements
Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	**1** The PCT has taken steps to provide care in well designed and well maintained environments including in accordance with *Building Notes and Health Technical Memorandum,* the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and associated code of practice **2** Care is provided in clean environments, in accordance with the *National specification for cleanliness in the NHS* (National Patient Safety Agency 2007) and the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006)

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	Elements
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**	**1** The PCT actively works with partners (commissioners and providers) to improve health and tackle health inequalities, through the local strategic partnership(s), and other statutory partnerships, such as the Crime and Disorder Reduction Partnership(s) and operational partnerships, such as Youth Offending Teams **2** Commissioning decisions are taken in consultation with clinicians, local authorities and other partners, including patients, the public and their representatives
b) ensuring that the local Director of Public Health's annual report informs their policies and practices	**1** The PCT'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)

Core standard 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

The elements are driven by the health improvement and health promotion requirements set out in NSFs and national plans with a particular focus on the following priority areas:

- **tackling health inequalities**
- **encouraging sensible drinking of alcohol**
- **encouraging people to stop smoking and providing a smokefree environment**
- **promoting opportunities for healthy eating**
- **increasing physical activity**
- **reducing drug misuse**
- **improving mental health and well-being**
- **promoting sexual health**
- **preventing unintentional injuries**

Elements

1 The PCT assesses the health needs of its local population, including analysis of its demography, health status, health and social care use and patient and public views

2 The PCT's commissioning decisions and local target setting are informed by intelligence from its assessment of health needs, the Director of Public Health's Annual Public Health Report, information from equity audits, evidence of effectiveness and national priorities

3 The PCT commissions or provides targeted programmes and services to protect and improve health, based on the needs of its local population

4 The PCT monitors and reviews its commissioning decisions in relation to improving health and tackling health inequalities and, where appropriate, makes changes

5 The PCT implements policies and practices to improve the health and wellbeing of its workforce

Core standard C24	Elements
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	**1** The PCT has 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* (Department of Health, 2005) and *UK influenza pandemic contingency plan* (Department of Health, 2005) **2** The PCT works with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, *The NHS Emergency Planning Guidance 2005* and *UK influenza pandemic contingency plan* (Department of Health, 2005)

Appendix one: Healthcare Commission's use of other Concordat bodies' findings in the core standards assessment 2007/2008

The findings of others are integral to the Healthcare Commission's core standards assessment, and have informed which trusts have been targeted for inspection. For 2007/2008, we have increased our reliance on the findings of others, particularly with regard to the NHS Litigation Authority (please see below for further details). We will use the findings of others in the assessment in three particular ways:

- relying on the information as adequate assurance that a trust is 'compliant' for a standard
- using the information to answer specific 'lines of enquiry' in inspection, to reduce the number of questions asked of a trust
- using the information in cross checking to target our inspections

1. Adequate sources of assurance

NHS Litigation Authority's risk management standards for PCTs (pilots)
Below we have listed the core standards for which attainment of level 2 or higher in the NHS Litigation Authority's risk management standards for PCTs (pilots) will provide a trust's board with appropriate assurance. Achievement of levels 2 or 3 of the NHS Litigation Authority standards is not, however, required by the Commission for a board to make a declaration of 'compliant' for the listed standards. Instead, alternative sources of assurance may inform the board that the standard has been met for the year. The NHSLA will provide the Healthcare Commission with information that relates to the trusts that have achieved level 2 or higher from the pilot assessment in 2007/2008.

The Healthcare Commission will not have access to NHSLA's results relating to trusts that have not achieved compliance with the NHSLA's pilot assessment.

C1a
C9
C10a
C11b
C14a
C14c
C20a

Patient Environment Action Teams' assessments 2008

A trust board may wish to use achievement of 'excellent' as assurance for the standards listed below. Achievement of 'excellent' is not, however, required by the Commission for a trust board to make a declaration of 'compliant' for the listed standards, as alternative sources of assurance may inform the board that there has not been a significant lapse for the standard during the year.

C15a
C15b

The Healthcare Commission reserves the right to act on additional information that indicates there may be a potential issue with compliance with the above standards.

2. Information to inform inspections

NHS Litigation Authority's risk management standards for PCTs (pilots)

In addition to the list of standards provided in 1 above, we will also use information from the NHS Litigation Authority's risk management standards for PCTs (pilots) to inform our inspections. In the event that a trust is selected for an inspection for one of the standards listed below, we will rely upon information from the NHS Litigation Authority to answer particular lines of enquiry, and reduce the number of questions we need to ask in inspection.

The Healthcare Commission will not have access to NHSLA's results relating to trusts that have not achieved compliance with the NHSLA's pilot assessment.

C4a
C4b
C4d
C5a
C13b
C14b
C16

Audit Commission's Auditor's Local Evaluation (ALE)

In the 2006/2007 core standards assessment, we used information from the Audit Commission's ALE assessments in our inspections for standards C7a&c, C7b and C21. We did this by relying on information from the ALE where this provided positive assurance that one or more relevant lines of enquiry for a standard were met, rather than requesting additional information from the trust at inspection.

In 2007/2008 we will again use positive assurance from the ALE to reduce the number of questions that we need to ask a trust in the event that they are selected for inspection for a

particular standard. We recognise that there are additional standards to the three considered in 2006/2007 where there is overlap between the core standards assessment and ALE. We are working closely with the Audit Commission to identify additional standards where we can rely on information from ALE to reduce the questions we need to ask at inspection.

3. Information from other bodies used in cross checking

We will continue to use information from regulatory bodies and other organisations to inform our cross checking process, in order to target our inspection activity following declaration. We will refresh and add to the information we hold on every NHS trust throughout the year, so that we use the most up to date information possible when cross checking trusts' declarations.

We aim to use as wide a range of data sources as possible, to build up a profile of information for every NHS trust, mapped to standards. The profiles are based on data sets that have national coverage – including some from our own assessments and work programmes (for example, information from service reviews, from hygiene code visits). We currently use information from 110 different datastreams to check trusts' declarations.

Appendix two: Reference documents

For the 2005/2006 and 2006/2007 assessment of core standards, we published a number of elements that included references to guidance that we asked trusts to "take into account". Our intention had been that this guidance would in many cases provide a starting point for trusts to consider when reviewing their compliance with a standard. However, as this guidance is not sufficient or necessary for trusts to use to determine whether they have met a particular standard, we have taken the decision to remove these references.

We have provided the references below as some trusts may still find them helpful when considering their compliance. The list is not an exhaustive list of references for each standard, but instead may be useful to trusts as a starting point.

Standard	Guidance
C01a	*Building a safer NHS for patients: implementing an organisation with a memory* (Department of Health, 2001)
C02	*Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities* (Department of Health, July 2001)
C04a	*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) *Audit Tools for Monitoring Infection Control Standards* (Infection Control Nurses Association, 2004) *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006)
C04c	Guidance issued by the MHRA and Medical Devices Directive (MDD) 93/42 EEC
C04d	*Building a safer NHS: improving medication safety* (Department of Health, 2004)
C05a	*How to put NICE guidance into practice* (NICE, December 2005)

Standard	Guidance
C07ac	*Clinical governance in the new* NHS (HSC 1999/065) *Assurance: the board agenda* (Department of Health, 2002) *Building the assurance framework: a practical guide for NHS boards* (Department of Health 2003)
C07b	*Directions to NHS bodies on counter fraud measures* (Department of Health, 2004)
C08b	*Leadership and Race Equality in the NHS Action Plan* (Department of Health 2004)
C11a	*Code of practice for the international recruitment of healthcare professionals* (Department of Health, 2004)
C11c	*Continuing professional development: quality in the new NHS* (HSC 1999/154)
C13a	Relevant benchmarks from the Essence of Care toolkit *NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff* (Department of Health, 2003)
C13b	*Good practice in consent: achieving the NHS plan commitment to patient centred consent practice* (HSC 2001/023) *Seeking Consent: working with children* (Department of Health, 2001) *Code of Practice to the Mental Health Act 1983* (Department of Health, 1999)

Standard	Guidance
C16	*Toolkit for producing patient information* (Department of Health, 2003) Information for patients (NICE) *Guidance On Developing Local Communication Support Services And Strategies* (Department of Health 2004) and other nationally agreed guidance where available *National Service Framework for Mental Health* (Department of Health, 1999)
C17	*Key principles of effective patient and public involvement (PPI)* (The National Centre for Involvement, 2007)
C18	*Building on the best: Choice, responsiveness and equity in the NHS* (Department of Health, 2003)
C20a	*A professional approach to managing security in the NHS* (Counter Fraud and Security Management Service, 2003) and other relevant national guidance
C20b	*Privacy and dignity – a report by the CNO into mixed sex accommodation in hospitals* (Department of Health, 2007)
C21	*Developing an estate's strategy* (1999) *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) *Revised guidance on contracting for cleaning* (Department of Health, 2004) *A matron's charter: an action plan for cleaner hospitals* (Department of Health, 2004)
C22ac	*Choosing health: making healthier choices easier* (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)
C23	*Choosing health: making healthy choices easier* (Department of Health, 2004) *Delivering Choosing health: making healthier choices easier* (Department of Health, 2005) *Tackling Health Inequalities: A programme for action* (Department of Health, 2003)
C24	*Beyond a major incident* (Department of Health, 2004) *Getting Ahead of the Curve* (Department of Health, 2002) *Tuberculosis prevention and treatment: a toolkit for planning, commissioning and delivering high-quality services in England* (Department of Health, 2007)

Appendix three: Standards and elements applicable to independent contractors

When making its declaration, each PCT should consider whether it has taken reasonable steps to ensure that its independent contractors are meeting the standards. The Healthcare Commission recognises that each PCT will have different arrangements in place through which they do this, and that the arrangements will be different for the each of the independent contractor groups.

In the table below we have set out the relevant standards that the Healthcare Commission will apply the 'reasonable steps' assessment in the 2007/2008 assessment. For the standards where we will not apply the reasonable steps, for a particular independent contractor group, this is marked with an N/A. The standards identified as N/A are generally where the assessment focuses on the role of the PCT (such as C22a&c – public health partnerships), or where the standards are not relevant to the services provided by the contractor (such as C15 – food).

Standard	General practitioner	General dental practitioners	Community pharmacists	Community optometrists
C01a	√	√	√	√
C01b	√	√	√	√
C02	√	√	√	√
C03	N/A	N/A	N/A	N/A
C04a	√	√	N/A	√
C04b	√	√	√	√
C04c	√	√	√	√
C04d	√	√	√	√
C04e	√	√	√	X
C05a	√	√	√	√
C05b	√ (element one for GP registrars and medical students)	N/A	N/A	N/A
C05c	√	√	√	√
C05d	√	√	√	√
C06	√	√	√	√
C07ac	√	√	√	√
C07b	√	√	√	√

Standard	General practitioner	General dental practitioners	Community pharmacists	Community optometrists
C07e	√ (element one)	√ (element one)	√ (element one))	√ (element one)
C08a	√	√	√	√
C08b	√	√	√	√
C09	√	√	√	√
C10a	√	√	√	√
C10b	√	√	√	√
C11a	√ (element one)	√ (element one)	√ (element one)	√ (element one)
C11b	√	√	√	√
C11c	√	√	√	√
C12	√	√	√	√
C13a	√	√	√	√
C13b	√	√	√	√
C13c	√	√	√	√
C14a	√	√	√	√
C14b	√	√	√	√
C14c	√	√	√	√
C15a	N/A	N/A	N/A	N/A
C15b	N/A	N/A	N/A	N/A
C16	√	√	√	√
C17	√	√	√	√
C18	√	√	√	√
C20a	√	√	√	√
C20b	√	√	√	√
C21	√	√	√ (element one)	√ (element one)
C22ac	N/A	N/A	N/A	N/A
C22b	N/A	N/A	N/A	N/A
C23	√	√	√	√
C24	√ (communicable disease control)	N/A	√ (communicable disease control)	N/A

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