



Criteria for assessing core standards in 2006/2007

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Introduction

In this document we present our revised criteria for the assessment of core standards in 2006/2007. As in 2005/2006, we have presented our criteria as elements for each of the core standards. Each element, wherever possible, includes the key pieces of national guidance and/or statute that describe the underlying requirements that will form the basis of our assessment.

Application of elements across healthcare sectors

In 2004, the Department of Health published *Standards for better health*, which includes 24 core standards. These should be taken into account “by those providing NHS care directly, no matter what the setting”.

Core standards apply to all healthcare services, whether they are provided by primary care trusts, ambulance trusts, care trusts, mental health trusts, learning disability trusts, specialist trusts or acute trusts (including NHS foundation trusts). As in 2005/2006, there are some elements that will not be applicable to all healthcare organisations and some will need to be applied differently to reflect the activity of that particular organisation. Where an element is specific to particular types of trusts, this is indicated above the element, for example, for standard C16, the third element applies to mental health services and learning disability services only:

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.

Healthcare organisations need to consider all of the elements that refer to the services they provide. For example, a PCT providing 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. Finally, and importantly, we expect healthcare organisations to consider **all** aspects of their services when judging whether they have reasonable assurance that they are meeting the published elements.

Where healthcare organisations provide services directly, they have primary responsibility for ensuring that they meet the core standards. However, their responsibility also extends to those services which they provide via partnerships or other forms of contractual arrangement (for example, 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 requirements of the standards.

Application of the elements to primary care trusts

As set out in our publication *The annual health check in 2006/2007: Assessing and rating the NHS*, our assessment of a PCT's compliance with core standards will again include reference to their arrangements with independent contractors and their arrangements for commissioning.

We will continue to ask that PCTs' declarations include a consideration of whether they have:

- taken reasonable steps to ensure that the services provided by independent contractors are compliant with the core standards
- appropriate mechanisms in place through which they can identify and, where appropriate, respond to any significant concerns with regard to the core standards that arise from the services that they have commissioned

Changes to the elements for 2006/2007

As set out in our September publication *The annual health check in 2006/2007: Assessing and rating the NHS*, we have undertaken a limited review of the elements for use in the 2006/2007 assessment of core standards. The review has focused particularly on updating elements to reflect new guidance or requirements that have come into effect since the publication of the first set of elements. In a small number of cases, we have revised an element to reduce repetition or to increase the clarity of particular elements.

The appendix provides a listing of all of the standards and corresponding elements that have been revised for 2006/2007, with a short description of the change that has been made.

A small number of elements reference new legislation and guidance that has come into effect during the assessment year. In such cases, we will need to understand how trusts have been meeting their statutory duties, or new guidance, from its effective date. For example, under the Disability Discrimination Act 2005, organisations need to meet the new duty to promote disability equality from December 2006. Through our assessment, we will need to understand how trusts have been meeting these duties from December 2006.

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) via the National Reporting and Learning System, taking into account *Building a safer NHS for patients: implementing an organisation with a memory* (Department of Health 2001).

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 via 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* (HM Government, 2006) 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* (HM Government, 2006).

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 carrying out CRB checks the healthcare organisation should be meeting the requirements of *CRB disclosures in the NHS* (NHS Employers 2004).

Core standard C3

Note: the element for this standard does not apply to mental health services, learning disability services or ambulance services.

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

Acute services and PCTs

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

The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients, in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006), and taking account of *Winning ways* (Department of Health, 2003), *A matron's charter: an action plan for cleaner 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), and *Saving lives: A delivery programme to reduce healthcare associated infection (HCAI) including MRSA* (Department of Health, 2005).

Mental health services and learning disability services

The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients, in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of *Winning ways* (Department of Health, 2003), *A matron's charter: an action plan for cleaner 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), and *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

Ambulance services

The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of the *National guidance and procedures for infection prevention and control: Managing Healthcare Associated Infection & Control of Serious Communicable Diseases in Ambulance Services* (Ambulance Service Association, 2004), *Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance PROC 12, Infection control practices for ambulance services* (Infection Control Nurses Association, April 2001) and *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

PCTs

The PCT has taken steps to minimise the risk of healthcare acquired infection to patients, in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of *Winning ways* (Department of Health, 2003), *A matron's charter: an action plan for cleaner hospital* (Department of Health, 2004), *Revised guidance on contracting for cleaning* (Department of Health, 2004), *Audit Tools for Monitoring Infection Control Standards* (Infection Control Nurses Association, 2004) *Prevention of healthcare-associated Infection in Primary and Community Care* (NICE, 2003) and *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

All organisations

The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards.

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 and with the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006).

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.

All organisations

The healthcare organisation has systems in place to ensure that controlled drugs are managed in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 (*Modification*) Order 2001 and *Safer management of controlled drugs: Guidance on strengthened governance arrangements* (Department of Health, 2006).

- 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 the Environmental Protection Act 1990, the Controlled Waste Regulations 1992, and the Hazardous Waste Regulations 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 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

All organisations

The healthcare organisation conforms to NICE technology appraisals taking account of *How to put NICE guidance into practice* (NICE, December 2005).

All organisations

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

- 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) clinicians¹ continuously update skills and techniques relevant to their clinical work

All organisations

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

1 Professionally qualified staff providing clinical care to patients

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.

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 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

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 and respects human rights, including in accordance with 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, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and taking into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.

Mental health services, learning disability services and PCTs

The healthcare organisation promotes equality in accordance with the Race Relations Act 1976 (as amended), the *Code of Practice on the Duty to Promote Race Equality* (Commission for Racial Equality 2002), *Delivering Race Equality in Mental Health Care* (Department of Health, 2005) and the Disability Discrimination Act 2005.

Acute services and ambulance services

The healthcare organisation promotes equality in accordance with the Race Relations Act 1976 (as amended), the *Code of practice on the duty to promote race equality* (Commission for Racial Equality 2002) and with the Disability Discrimination Act 2005.

- f) **meet the existing performance requirements**

This standard will be measured through the *existing targets*² assessment.

² 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 *Records management: NHS code of practice* (Department of Health, April 2006).

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 *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**

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 Disability Discrimination Act 2005, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and the *Code of practice for the international recruitment of healthcare professionals* (Department of Health 2004).

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

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, 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

Healthcare organisations have systems in place to ensure that:

a) staff treat patients, their relatives and carers with dignity and respect

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

The healthcare organisation has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, taking into account, where appropriate, the relevant benchmarks from the Essence of Care toolkit.

Ambulance services

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 has systems in place to meet the needs and rights of different patient groups with regard to dignity and respect including in accordance with the Disability Discrimination Act 1995 and Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Human Rights Act 1998 and taking into account *NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff* (Department of Health, 2003).

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 and/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 and/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).

Ambulance services

The healthcare organisation has processes in place to ensure that valid consent, including from those who have communication and/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), and *Seeking Consent: working with children* (Department of Health 2001).

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 and to PCTs as commissioners of care. 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 relevant requirements of the *Better hospital food programme* (NHS Estates 2001), reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population.

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 Disability Discrimination Act 2005 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), *Guidance On Developing Local Communication Support Services And Strategies* (Department of Health 2004) 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 Disability Discrimination Act 2005 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 provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation, 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 and their property, and the physical assets of the organisation, 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).

- 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 *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 the Disability Discrimination Act 2005 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 the Disability Discrimination Act 2005 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 relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006), *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 relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006), taking account of *National guidance and procedures for infection prevention and control: Managing Healthcare Associated Infection & Control of Serious Communicable Diseases in Ambulance Services* (Ambulance Service Association, 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 partnerships, such as the local strategic partnership, 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), *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 partnerships, such as the local strategic partnership, and to statutory partnerships including the Crime and Disorder Reduction Partnership (CDRP) and Youth Offending Teams, in accordance with *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance, *Tackling health inequalities: a programme for action* (Department of Health 2003), *Making partnerships work for patients, carers and service users* (Department of Health 2004).

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 in accordance with *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance; *Tackling health inequalities: a programme for action* (Department of Health 2003), *National Standards, Local Action* (Department of Health 2004).

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).

PCTs

The PCT's commissioning is informed by the local Director of Public Health's 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

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* (Department of Health 2005) and *Tackling Health Inequalities: A programme for action* (Department of Health 2003). These national plans focus on the following priorities:

- 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 with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and *Delivering Choosing health: making healthier choices easier* (Department of Health 2005).

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 with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and in accordance with *Tackling Health Inequalities: A programme for action* (Department of Health 2003).

Acute, mental health services and learning disability services

The healthcare organisation develops and provides disease prevention and health improvement programmes based on its population needs to improve health and narrow health inequalities using evidence of effectiveness, with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and in accordance with *Tackling Health Inequalities: A programme for action* (Department of Health 2003).

PCTs

The PCT commissions or provides disease prevention and health promotion services and programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness, with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and in accordance with *Tackling Health Inequalities: A programme for action* (Department of Health, 2003).

Ambulance services

The healthcare organisation contributes to disease prevention or health promotion programmes as appropriate to improve health and narrow health inequalities based on population needs and using evidence of effectiveness and taking into account *Tackling Health Inequalities: A programme for action* (Department of Health, 2003).

All organisations

The healthcare organisation monitors and evaluates 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 particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and *Delivering Choosing health: making healthier choices easier* (Department of Health 2005).

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, which includes arrangements for business continuity management, in accordance with the Civil Contingencies Act 2004, *The NHS Emergency Planning Guidance 2005* (Department of Health, 2005), *Beyond a major incident* (Department of Health 2004), *Getting Ahead of the Curve* (Department of Health 2002) and *UK influenza pandemic contingency plan* (Department of Health, 2005).

All organisations

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

Appendix

Standards and elements with revisions for 2006/2007

Where possible, changes to the wording of the elements have been underlined and an explanation of the changes is provided in all cases.

First domain: Safety

Standard: C2
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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 (HM Government, 2006) and Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities (Department of Health July 2001).

Both elements now reference the guidance *Working together to safeguard children* (HM Government, 2006).

All organisations

The healthcare organisation works with all relevant partners and communities to protect children in accordance with Working together to safeguard children (HM Government, 2006).

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 carrying out CRB checks the healthcare organisation should be meeting the requirements of CRB disclosures in the NHS (NHS Employers 2004).

The third element has been revised to tighten the reference to the requirements of the document *CRB disclosures in the NHS* for staff and students with access to patients in the normal course of their duties.

Standard: C3
Changes apply to: Mental health services, learning disability services and ambulance services

Revised element (changes underlined):

Change:

Acute services and PCTs only

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

This standard will not be assessed for ambulance services, mental health services and learning disability services for 2006/2007.

Standard: C4a
Changes apply to: Acute services

Revised element (changes underlined):

Change:

Acute services

The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of *Winning ways* (Department of Health, 2003), *A matron's charter: an action plan for cleaner 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) and *Saving lives: A delivery programme to reduce healthcare associated infection (HCAI) including MRSA* (Department of Health, 2005).

This element has been updated to include reference to the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections. It also includes reference to the document *Saving lives: A delivery programme to reduce healthcare associated infection (HCAI) including MRSA* (Department of Health, 2005).

Standard: C4a
Changes apply to: Mental health services and learning disability services

Revised element (changes underlined):

Change:

Mental health services and learning disability services

The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of *Winning ways* (Department of Health, 2003), *A matron's charter: an action plan for cleaner 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) and *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

For mental health services, learning disability services, ambulance services and primary care trusts, the element also includes reference to the document *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

This element has been updated to include reference to the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections and includes reference to the document *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

Standard: C4a
Changes apply to: Ambulance services

Revised element (changes underlined):

Change:

Ambulance services

The healthcare organisation has taken steps to minimise the risk of healthcare acquired infection to patients in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of the *National guidance and procedures for infection prevention and control: Managing Healthcare Associated Infection & Control of Serious Communicable Diseases in Ambulance Services* (Ambulance Service Association, 2004), *Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidance PROC 12*, and *Infection control practices for ambulance services* (Infection Control Nurses Association, April 2001) and *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

This element has been updated to include reference to the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections and guidance and procedures from the Ambulance Service Association 2004. It also includes reference to the document *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

Standard: C4a
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation has systems in place to ensure it contributes to year on year reductions in MRSA in inpatient wards.

This element has been revised to remove the previous reference to local delivery plans. This is to emphasise that the element focuses on the systems that trusts have in place to contribute to reductions in MRSA in inpatient wards. The measurement of the target is undertaken through the 'new national targets' component of the annual health check.

Standard: C4a
Changes apply to: PCTs

Revised element (changes underlined):

Change:

PCTs

The PCT has taken steps to minimise the risk of healthcare acquired infection to patients, in accordance with *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006) and taking account of *Winning ways* (Department of Health, 2003), *A matron's charter: an action plan for cleaner 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), *Prevention of healthcare-associated Infection in Primary and Community Care* (NICE, 2003) and *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

This element has been updated to include reference to the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections and includes reference to the document *Essential steps to safe, clean care: introduction and guidance* (Department of Health, 2006).

Standard: C4c
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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 and with the relevant requirements of *The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections* (Department of Health, 2006).

The element has been revised to reference the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections.

Standard: C4d
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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.

All organisations

The healthcare organisation has systems in place to ensure that controlled drugs are managed in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 (*Modification*) Order 2001 and *Safer management of controlled drugs: Guidance on strengthened governance arrangements* (Department of Health, 2006).

The previous element has been separated into two elements. The second element focuses on systems for the management of controlled drugs. The second element also references *Safer management of controlled drugs: Guidance on strengthened governance arrangements* (Department of Health, 2006).

Standard: C4e
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

Waste is properly managed to minimise the risks to patients, staff, the public and the environment, in accordance with the Environmental Protection Act 1990, the Controlled Waste Regulations 1992, and the Hazardous Waste Regulations 2005.

The element has been revised to reference the statutory requirements for management of waste, as “Safe disposal of clinical waste” has now been withdrawn.

Second domain: Clinical and cost effectiveness

Standard: C5a
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation conforms to NICE technology appraisals taking account of How to put NICE guidance into practice (NICE, December 2005).

The element has been updated to reference the 2005 document published by NICE.

Third domain: Governance

Standard: C7e
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation challenges discrimination and respects human rights, including in accordance with 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, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and taking into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.

The element has been split into two parts to differentiate between the requirements for challenging discrimination and respecting human rights, and for the positive duty for promotion of equality in relation to race equality, and from December 2006 for disability equality.

For mental health services and learning disability services the second element also refers to the guidance document *Delivering Race Equality in Mental Health Care*.

Mental health services, learning disability services and PCTs

The healthcare organisation promotes equality in accordance with the Race Relations Act 1976 (as amended), the *Code of Practice on the Duty to Promote Race Equality* (Commission for Racial Equality 2002), *Delivering Race Equality in Mental Health Care* (Department of Health, 2005) and the Disability Discrimination Act 2005.

Acute services and ambulance services

The healthcare organisation promotes equality in accordance with the Race Relations Act 1976 (as amended), the *Code of practice on the duty to promote race equality* (Commission for Racial Equality 2002) and with the Disability Discrimination Act 2005.

Standard: C9
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation has systems in place to ensure that records are managed in accordance with the Records management: NHS code of practice (Department of Health, April 2006).

The element now references the Records Management: NHS Code of Practice document.

Standard: C10a
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

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).

The element has been updated to include the *Safer recruitment* document, which replaced *Pre and post employment checks for all persons working in the NHS in England* (HSC 2002/008).

Standard: C11a
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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 Disability Discrimination Act 2005, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Age) Regulations 2006 and the *Code of practice for the international recruitment of healthcare professionals* (Department of Health 2004).

The element has been updated to reference the requirements of the Disability Discrimination Act 2005 and the Employment Equality (Age) Regulations 2006.

Standard: C12
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation complies with the requirements of the Research governance framework for health and social care, second edition (Department of Health 2005).

The element has been changed to reflect the update to the Research governance framework.

Fourth domain: Patient focus

Standard C13a
Changes apply to: Acute services, PCTs, mental health services and learning disability services

Revised element (changes underlined):

Change:

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

The healthcare organisation has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, taking into account, where appropriate, the relevant benchmarks from the Essence of Care toolkit.

The element has been updated to refer to the Essence of Care benchmarks relating to C13a.

The element for ambulance services remains unchanged.

Standard: C13a
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation has systems in place to meet the needs and rights of different patient groups with regard to dignity and respect including in accordance with the Disability Discrimination Act 1995 and Disability Discrimination Act 2005, the Race Relations Act 1976 (as amended) and the Human Rights Act 1998 and taking into account NHS Chaplaincy Meeting the religious and spiritual needs of patients and staff (Department of Health, 2003).

This element has been reworded to focus on the systems that trusts have in place to ensure that the needs and rights of different groups of patients are being met. In addition, the element has been updated to include the Disability Discrimination Act 2005 and also includes reference to the NHS Chaplaincy document.

Standard: C15a
Changes apply to: Acute services, PCTs, mental health services and learning disability services

Revised element (changes underlined): Change:

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 relevant requirements of the *Better hospital food programme* (NHS Estates 2001), reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population.

The reference to the *Better Hospital Food Programme* has been revised to focus on the requirements that relate specifically to this standard. (The other requirements are picked up through C15b).

Standard: C16
Changes apply to: All organisations

Revised element (changes underlined): Change:

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 Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended).

The element has been updated to reference the requirements of the Disability Discrimination Act 2005.

Standard: C16
Changes apply to: All organisations

Revised element (changes underlined): Change:

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), *Guidance On Developing Local Communication Support Services And Strategies* (Department of Health 2004) and other nationally agreed guidance where available.

The element has been updated to reference guidance on developing local communication support services and strategies.

Fifth domain: Accessible and responsive care

Standard: C18
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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, the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended).

The element has been updated to reference the requirements of the Disability Discrimination Act 2005.

Sixth domain: Care environment and amenities

Standard: C20a
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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

The healthcare organisation provides a secure environment which protect patients, staff, visitors and their property, and the physical assets of the organisation, 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.

The number of elements has been reduced. The previous two elements relating to security for the protection of patients, staff, visitors and their property, and for the physical assets of the organisation have been combined into one element.

Ambulance services

The healthcare organisation protects patients, relatives, carers and staff and their property, and the physical assets of the organisation, 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).

Standard: C21
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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 the Disability Discrimination Act 2005 and associated code of practice.

The element has been updated to reference the requirements of the Disability Discrimination Act 2005.

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 the Disability Discrimination Act 2005 and associated code of practice.

Standard: C21
Changes apply to: Acute services, mental health services, learning disability services and PCTs

Revised element (changes underlined):

Change:

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 relevant requirements of The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health 2006) *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).

The element has been revised to reference the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections.

Standard: C21
Changes apply to: Ambulance services

Revised element (changes underlined):

Change:

Ambulance services

The healthcare organisation provides care in clean ambulances 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) taking account of *National guidance and procedures for infection prevention and control: Managing Healthcare Associated Infection & Control of Serious Communicable Diseases in Ambulance Services* (Ambulance Service Association, 2004).

The element has been revised to include the guidance and procedures from the Ambulance services Association and the provisions of the Code of Practice for the Prevention and Control of Health Care Associated Infections.

Seventh domain: Public health

Standard: C22a and c
Changes apply to: Acute services, ambulance services, mental health services and learning disability services

Revised element (changes underlined):

Change:

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 partnerships, such as the local strategic partnership, 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), *Making partnerships work for patients, carers and service users* (Department of Health 2004).

The reference to Crime and Disorder Reduction Partnerships has been removed. In addition, the guidance referenced has been reduced.

Standard: C22a&c
Changes apply to: PCTs

Revised element (changes underlined):

Change:

PCTs

The PCT actively works with partners to improve health and narrow health inequalities, including by contributing appropriately and effectively to nationally recognised partnerships, such as the local strategic partnership, and to statutory partnerships including the Crime and Disorder Reduction Partnership (CDRP) and youth offending teams, in accordance with *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance, *Tackling health inequalities: a programme for action* (Department of Health 2003), *Making partnerships work for patients, carers and service users* (Department of Health 2004).

The element has been revised to include a reference to youth offending teams. In addition, the reference to the guidance has been strengthened to read: “in accordance with”, replacing “taking account of”.

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 in accordance with *Choosing health: making healthier choices easier* (Department of Health 2004) and associated implementation guidance; *Tackling health inequalities: a programme for action* (Department of Health 2003), *National Standards, Local Action* (Department of Health 2004).

Reference to the guidance has been strengthened to read: “in accordance with”, replacing “taking account of”.

Standard: C22b
Changes apply to: All organisations

Revised element (changes underlined):

Change:

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).

To reflect local priority setting and knowledge of local health needs and public health concerns, the references have been removed from both these elements.

PCTs

The PCT's commissioning is informed by the local Director of Public Health's APHR.

Standard: C23
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation collects, analyses and makes available information on the current and future health and healthcare needs of the local population with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and *Delivering Choosing health: making healthier choices easier* (Department of Health 2005).

The elements have been reworded to focus on delivering *Choosing Health* and *Tackling Health Inequalities*. Both these documents incorporate relevant aspects of the national service frameworks and national plans in relation to public health issues.

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 with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and in accordance with *Tackling Health Inequalities: A programme for action* (Department of Health 2003).

Acute, mental health services and learning disability services

The healthcare organisation develops and provides disease prevention and health improvement programmes based on its population needs to improve health and narrow health inequalities using evidence of effectiveness, with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and in accordance with *Tackling Health Inequalities: A programme for action* (Department of Health 2003).

PCTs

The PCT commissions or provides disease prevention and health promotion services and programmes to improve health and narrow health inequalities based on population needs and using evidence of effectiveness, with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and in accordance with *Tackling Health Inequalities: A programme for action* (Department of Health, 2003).

Ambulance services

The healthcare organisation contributes to disease prevention or health promotion programmes as appropriate to improve health and narrow health inequalities based on population needs and using evidence of effectiveness and taking into account *Tackling Health Inequalities: A programme for action* (Department of Health, 2003).

All organisations

The healthcare organisation implements policies and practice to support healthy lifestyles among the workforce in accordance with particular regard to the priorities of *Choosing health: making healthy choices easier* (Department of Health 2004) and *Delivering Choosing health: making healthier choices easier* (Department of Health 2005).

Standard: C24
Changes apply to: All organisations

Revised element (changes underlined):

Change:

All organisations

The healthcare organisation has up to date and tested plans to deal with incidents, emergency situations and major incidents, which includes arrangements for business continuity management, in accordance with the Civil Contingencies Act 2004, *The NHS Emergency Planning Guidance* (Department of Health 2005), *Beyond a major incident* (Department of Health 2004), *Getting Ahead of the Curve* (Department of Health 2002) and *UK influenza pandemic contingency plan* (Department of Health, 2005).

Both elements have been revised to reflect recommendations in The Civil Contingencies Act 2004, the NHS Emergency Planning Guidance 2005 and the *UK influenza pandemic contingency plan 2005*.

All organisations

The healthcare organisation works with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, *The NHS Emergency Planning Guidance 2005* (Department of Health 2005), *Beyond a major incident* (Department of Health 2004) and *UK influenza pandemic contingency plan* (Department of Health 2005).

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે.
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