

**^ DIRECTORS RESPONSIBILITES FOR
HEALTHCARE COMMISSION CORE STANDARDS ASSESSMENT
2008/9**

Standard	Elements	Director
<p>Healthcare organisations protect patients through systems that:</p> <p>C1a: 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 form the analysis of incidents</p>	<ol style="list-style-type: none"> 1. incidents are reported locally and to the 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 	Deborah Wheeler
<p>C1b: ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales</p>	<ol style="list-style-type: none"> 1. all communications, including drug alerts, issued by the SABS system are implemented within the defined timescales, in accordance with the <i>Chief executive's bulletin article (Gateway 2326)</i> 	Deborah Wheeler
<p>C2: healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations</p>	<ol style="list-style-type: none"> 1. effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with <i>Working together to safeguard children (2006)</i> 2. the healthcare organisation works with partners to protect children as set out in <i>Working together to safeguard children</i> 	Deborah Wheeler

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	<p>3. CRB checks are conducted for all staff and students with access to children in the normal course of their duties, in accordance with <i>CRB disclosures in the NHS</i>.</p>	
<p>C3: healthcare organisations protect patients by following NICE interventional procedures guidance</p>	<p>1. the healthcare organisation follows NICE interventional procedures guidance in accordance with <i>The interventional procedures programme (HSC 2003/011)</i></p>	<p>Celia Ingham Clark Deborah Wheeler</p>
<p>Healthcare organisation keep patients, staff and visitors safe by having systems to ensure that:</p> <p>C4a: 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 MRSA</p>	<p>1. the healthcare organisation has systems in place to ensure the risk of healthcare associated infection is reduced in accordance with <i>The Health Act 2006 code of practice for the prevention and control of healthcare associated infections</i></p>	<p>Deborah Wheeler</p>
<p>C4b: all risks associated with the acquisition and use of medical devices are minimised</p>	<p>1. the healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA</p> <p>2. the healthcare organisation has systems in place to meet the requirements of the <i>Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER)</i></p>	<p>Philip lent</p>
<p>C4c: all reusable medical devices are properly decontaminated prior to use and the risks associated with decontamination facilities and processes are well managed</p>	<p>1. reusable medical devices are properly decontaminated in appropriate facilities, in accordance with the relevant requirements of <i>The Health Act 2006 code of practice for the prevention and control of healthcare associated infections</i></p>	<p>Philip lent</p>

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C4d: all medicines are handled safely and securely	<ol style="list-style-type: none"> 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 <i>safer management of controlled drugs: guidance on strengthened governance (2006)</i> 	Deborah Wheeler
C4e: 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	<ol style="list-style-type: none"> 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 <i>Environment and sustainability HTM 07-01: safe management of healthcare waste</i> 	Philip lent
Healthcare organisations ensure that: C5a: they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	<ol style="list-style-type: none"> 1. the healthcare organisation conforms to NICE technology appraisals where relevant to its services 2. the healthcare organisation can demonstrate how it takes into account nationally agreed best practice as defined in NSFs, NICE clinical guidelines, national plans and nationally agreed guidance, when delivering services, care and treatment 	Celia Ingham Clark/ Deborah Wheeler
C5b: clinical care and treatment are carried out under supervision and leadership	<ol style="list-style-type: none"> 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 	Celia Ingham Clark/ Deborah Wheeler

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C5c: clinicians continuously update skills and techniques relevant to their clinical work	<ol style="list-style-type: none"> 1. clinicians from all disciplines participate in activities to update the skills and techniques relevant to their clinical work 	Celia Ingham Clark/ Deborah Wheeler
C5d: clinicians participate in regular clinical audits and reviews of clinical services	<ol style="list-style-type: none"> 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 	Celia Ingham Clark/ Deborah Wheeler
C6: healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	<ol style="list-style-type: none"> 1. staff work in partnership with colleagues in other health and social care organisations to meet the individual needs of patients 	Kate Slemeck
<p>C7a: healthcare organisations apply the principles of sound clinical and corporate governance</p> <p>C7c: undertake systematic risk assessment and risk management</p>	<ol style="list-style-type: none"> 1. the healthcare organisation has effective arrangements in place for clinical governance 2. there are effective corporate governance arrangements in place that accord with <i>Governing the NHS: a guide for NHS Boards</i>, and the <i>Corporate governance framework manual for NHS trusts</i> 3. the healthcare organisation systematically assesses and manages its risks 	<p>Celia Ingham Clark/ Deborah Wheeler</p> <p>Susan Sorensen</p> <p>Deborah Wheeler</p>
C7b: actively support all employees to promote openness, honesty, probity,	<ol style="list-style-type: none"> 1. the healthcare organisation actively promotes openness, honesty, probity and accountability to its staff and ensures that 	Margaret Boltwood

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<p>accountability, and the economic, efficient and effective use of resources</p>	<p>resources are protected from fraud and corruption in accordance with the <i>Code of conduct for NHS managers</i>, and <i>NHS counter Fraud and Corruption manual third edition</i></p>	
<p>C7e: challenge discrimination, promote equality and respect human rights</p>	<ol style="list-style-type: none"> 1. the healthcare organisation challenges discrimination and respects human rights in accordance with the Human Rights Act 1008, <i>No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse</i>, 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 healthcare organisation promotes equality, including publishing information required 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, the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, the code of practice on the duty to promote disability equality, the Equality Act 2006 and the Gender Equality Duty Code of Practice. 	<p>Margaret Boltwood</p>
<p>Healthcare organisations support their staff through:</p> <p>C8a: 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</p>	<ol style="list-style-type: none"> 1. staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position, including in accordance with <i>the Public Disclosure Act 1998: whistle blowing in the NHS</i> 	<p>Margaret Boltwood</p>

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detrimental effect on patient care or on the delivery of services		
C8b: organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	<ol style="list-style-type: none"> 1. the healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level 2. staff from minority groups are offered opportunities for personal development to address under-representation in senior roles 	Margaret Boltwood
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	<ol style="list-style-type: none"> 1. the healthcare organisation has effective systems for managing clinical records in accordance with <i>Records management: NHS code of practice</i> 	Kate Slemeck
C10a: healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	<ol style="list-style-type: none"> 1. the necessary employment checks are undertaken for all staff in accordance with <i>safer recruitment – a guide for NHS employers and CRB disclosures in the NHS</i> 	Margaret Boltwood
C10b: require that all employed professionals abide by relevant published codes of professional practice	<ol style="list-style-type: none"> 1. the healthcare organisation explicitly requires staff to abide by relevant codes of professional conduct and takes action when codes of conduct are breached 	Celia Ingham Clark/ Deborah Wheeler

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<p>C11a: healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake</p>	<ol style="list-style-type: none"> 1. the healthcare organisation recruits staff in accordance with relevant legislation and with particular regard to the Sex Discrimination (Gender Reassignments) Regulation 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 healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs 	<p>Margaret Boltwood</p>
<p>C11b: staff participate in mandatory training programmes</p>	<ol style="list-style-type: none"> 1. staff participate in mandatory training programmes as defined by the NHSLA's risk management standards for acute trusts 2. staff and students participate in relevant induction programmes 	<p>Margaret Boltwood</p>
<p>C11c: participate in further professional and occupational development commensurate with their work throughout their working lives</p>	<ol style="list-style-type: none"> 1. staff have opportunities to participate in professional and occupational development at all points in their career in accordance with <i>Working together – learning together: a framework for lifelong learning for the NHS</i> 	<p>Margaret Boltwood</p>
<p>C12: healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied</p>	<ol style="list-style-type: none"> 1. the healthcare organisation has an effective research governance framework in place which complies with the requirements of the <i>Research governance framework for health and social care, second edition</i> 	<p>Deborah Wheeler</p>
<p>C13a: healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and</p>	<ol style="list-style-type: none"> 1. the healthcare organisation ensures that staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, takes action 	<p>Deborah Wheeler</p>

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respect	<p>where dignity and respect have been compromised</p> <ol style="list-style-type: none"> the healthcare organisation 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 	
C13b: appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	<ol style="list-style-type: none"> 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 <i>Reference guide to consent for examination or treatment, Families and post mortems: a code of practice</i>, and Code of Practice to the Mental Capacity Act 2005 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 <i>Confidentiality: NHS code of practice</i> 	Celia Ingham Clark/ Deborah Wheeler
C13c: staff treat patient information confidentially , except where authorised by legislation to the contrary	<ol style="list-style-type: none"> staff act in accordance with <i>Confidentiality: NHS code of practice</i>, the Data Protection Act 1998, <i>Protecting and using patient information: a manual for Caldicott guardians</i>, the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients' personal information 	Celia Ingham Clark
C14a: patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the	<ol style="list-style-type: none"> patients, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system 	Deborah Wheeler

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quality of services	2. patients, relatives and carers are provided with opportunities to give feedback on the quality of services	Siobhan Harrington
C14b: patients, their relatives and carers are not discriminated against when complaints are made	1. the healthcare organisation has systems in place to ensure that patients, carers and relatives are not treated adversely as a results of having complained	Deborah Wheeler
C14c: patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery	<ol style="list-style-type: none"> 1. the healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner 2. demonstrable improvements are made to service delivery as a results of concerns and complaints from patients, relatives and carers 	Deborah Wheeler
<p>Where food is provided healthcare organisations have systems in place to ensure that:</p> <p>C15a: patients are provided with a choice and that it is safely prepared and provides a balanced diet</p>	<ol style="list-style-type: none"> 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) 	Philip lent
C15b: patients' individual nutritional, personal and clinical dietary requirements	1. patients have access to food and drink 24 hours a day	Philip lent

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<p>are met, including where necessary help with feeding and access to food 24 hours a day</p>	<ol style="list-style-type: none"> 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 	<p>Deborah Wheeler</p> <p>Deborah Wheeler</p>
<p>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</p>	<ol style="list-style-type: none"> 1. the healthcare organisation 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 and, where appropriate in accordance with the Code of Practice to the Mental Capacity Act 2005. 	<p>Siobhan Harrington/ Deborah Wheeler</p>
<p>C17: the views of patients, their carers and other are sought and taken into account in designing, planning, delivering and improving healthcare services</p>	<ol style="list-style-type: none"> 1. the healthcare organisation seeks the views of patients, carers and the local community, including those from disadvantaged and marginalised groups, when planning, delivering and improving services in accordance with <i>Strengthening Accountability, patient and public involvement guidance – Section 11 of the Health and Social care Act 2001</i> 	<p>Siobhan Harrington</p>
<p>C18: healthcare organisations enable all members of the population to access services equally and offer choice in access</p>	<ol style="list-style-type: none"> 1. the healthcare organisation 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 	<p>Kate Slomeck</p>

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to services and treatment equitably	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	
<p>Healthcare services are provided in environments which promote effective care and optimise health outcomes by being:</p> <p>C20a: a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation</p>	<ol style="list-style-type: none"> 1. the healthcare organisation 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, <i>the Management of Health, safety and Welfare Issues for NHS staff</i> and the Disability Discrimination Act 1995 2. the healthcare organisation provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation 	Philip lent
C20b: supportive of patient privacy and confidentiality	<ol style="list-style-type: none"> 1. the healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation 	Philip lent/ Deborah Wheeler
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	<ol style="list-style-type: none"> 1. the healthcare organisation has taken steps to provide care in well designed and well maintained environments including in accordance with <i>Building Notes and Health Technical Memorandum</i>, the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005, and associated code of practice 	Philip lent

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	<p>2. care is provided in clean environments, in accordance with the <i>national specification for cleanliness in the NHS</i>, and the relevant requirements of the <i>Health Act 2006 Code of Practice for the prevention and control of health care associated infections</i></p>	
<p>Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>C22a: cooperating with each other and with local authorities and other organisations C22c: making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships</p>	<p>1. the healthcare organisation works with local partners to deliver the health and well being agenda, such as by working to improve care pathways for patients across the health community and participating in equity audits to identify population health needs</p>	<p>Siobhan Harrington</p>
<p>C23: healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the NSFs and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections</p> <p>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</p>	<p>1. the healthcare organisation collects, analyses and shares data about its patients and services, including with commissioners, to influence health needs assessments and strategic planning to improve the health of the community served</p> <p>2. patients are provided with advice and support along their care pathway in relation to public health priority areas, including through referral to specialist advice and services</p> <p>3. the healthcare organisation implements policies and practices to improve the health and well being of its workforce</p>	<p>Kate Slemeck/ Siobhan Harrington</p> <p>Margaret Boltwood</p>

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<p>priority areas:</p> <ul style="list-style-type: none"> - 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 - 		
<p>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</p>	<p>1. the healthcare organisation 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 <i>the NHS Emergency Planning Guidance</i> and <i>UK influenza pandemic contingency plan</i></p>	<p>Kate Slemeck</p>

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