

Evidence to support compliance with core standards in 2009/10

Standard	Elements	Evidence to support compliance	Gaps in compliance
<p>C1a Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents</p>	<ol style="list-style-type: none"> 1. Incidents are reported locally and nationally via the appropriate reporting routes to the NPSA, Health and Safety Executive, Medicines and Healthcare Regulatory Agency, Health protection Agency, care Quality Commission, the Counter Fraud and Security management Service and all other national organisations to which the healthcare organisation is required to report incidents 2. Individual incidents are analysed rapidly after they occur to identify required to reduce further immediate risks, and where appropriate individual incidents are analysed to seek to identify root causes, likelihood of repetition and actions required to prevent the reoccurrence of incidents in the future 3. Reported incidents are aggregated and analysed to seek to identify common patterns, relevant trends, likelihood of repetition and actions required to prevent reoccurrence of similar incidents in the future, for the benefit of patients/service users as a whole 4. Demonstrable improvements in practice are made to prevent the reoccurrence of incidents based on information arising from the analysis 	<ul style="list-style-type: none"> • Incident Reporting Policy • NPSA reports • MESS reports • RIDDOR reports • Counter Fraud and Security reports • HPA data base • High risk incident investigation reports • RCA reports • STEIS reports • SUI investigation reports • Regular clinical incident reports to Clinical Governance Committee • Regular SUI reports to Clinical Governance Committee • Audit Committee minutes • "Falls" improvement programme and reports • CATS Eyes • Resuscitation in non – clinical areas 	

	of local incidents and the national analysis of incidents by the organisations stated in element one		
C1b: Ensure that patient safety notices , alerts and other communications concerning patient safety, which require action, are acted upon within required timescales	<ol style="list-style-type: none"> 1. All relevant communications requiring action concerning patient safety issued on behalf of the Medicines and Healthcare products Regulatory Agency (MHRA), the National Patient Safety Agency (NPSA), and the Department of Health via national distribution systems, including the Central Alert System (CVAS), are implemented within the required timescales. 	<ul style="list-style-type: none"> • SABS system • NPSA alerts system • MHRA alerts system • Patient Safety Committee minutes 	
C2: Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations	<ol style="list-style-type: none"> 1. The healthcare organisation has made arrangements to safeguard children under section 11 of the Children Act 2004, having regard to statutory guidance entitled Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. 2. The healthcare organisation works with partners to protect children and participate in reviews as set out in Working together to safeguard children (HM Government, 2006). 3. The healthcare organisation has agreed systems, standards and protocols about sharing information about a child and their family both within the organisation, and with outside agencies, having regard to statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004. 	<ul style="list-style-type: none"> • Child protection guidelines • London Child Protection Guidelines on intranet • Serious case review reports • Haringey and Islington Local Safeguarding Children's minutes / terms of reference • Child protection guidelines • Working together to safeguard children guidelines • Training and Induction record for child protection 	

<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 the <i>interventional procedures programme (HSC 2003/011)</i>. Arrangements for compliance are communicated to all relevant staff</p>	<ul style="list-style-type: none"> • Written NICE guidance • Implementation guidance • Clinical Governance Committee minutes 	
<p>C4a: Healthcare organisation keep patients, staff and visitors safe by having systems to ensure that: 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>Please note: This standard will not be assessed in 2009/2010</p>	<p>N/A</p>	
<p>C4b: Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that 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 risks associated with the acquisition and use of medical devices in accordance with guidance issued by the Medicines Healthcare Regulatory Authority.</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> and any subsequent amendment</p>	<ul style="list-style-type: none"> • Medical devices maintenance policy • Medical equipment library policy • Medical devices group minutes • Capital monitoring committee minutes • Job descriptions of: Steven Primrose, John Nuss, Ashwina Seerutun and Lisa Smith • Medical devices procurement form • Alerts • Training policy • IRMER policy • Training records 	

<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>Please note: This standard will not be assessed in 2009/2010</p>	<p>N/A</p>	
<p>C4d: All medicines are handled safely and securely</p>	<p>1. Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, in accordance with the statutory requirements of the Medicines Act 1968, as amended, and subsequent regulations, including the Medicines for Human Use (Prescribing) Order 2005, the Health and Safety at Work Act 1974, as amended, and subsequent regulations including Hazardous to Health Regulations 2002; and the good practice identified in the <i>Safe and secure handling of medicines: A team approach (RPS, 2005)</i> should be considered and where appropriate followed.</p> <p>2. Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971, (and amendments), <i>Safer management of controlled drugs: guidance on strengthened governance arrangements (DH, 2007)</i> and the <i>Controlled Drugs (Supervision of management and use) regulations 2006</i>.</p>	<ul style="list-style-type: none"> • Medicines administration policy • Self-administration of medication policy • Medication errors reports for NRLS and Clinical Governance Committee • Trust's prescription chart – recently updated and improved <ul style="list-style-type: none"> • Regular CD audits undertaken and findings presented to Patient Safety Committee • Accountable Officer's Occurrence Report of CD concerns 	
<p>C4e: The prevention, segregation, handling,</p>	<p>1. The prevention, segregation, handling, transport and disposal of waste is properly</p>	<ul style="list-style-type: none"> • Waste management policy • EFSC minutes 	

<p>transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.</p>	<p>managed to minimise the risks to patients, staff, the public and the environment in accordance with all legislative requirements referred to on Environment and Sustainability: Health Technical Memorandum 07-01: Safe Management of healthcare waste (DH, 2006) and Environment and sustainability: Health Technical Memorandum 07-05: the treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment (DH, 2007).</p>	<ul style="list-style-type: none"> • Job descriptions of Steven Packer and Allan Perry • Training records • Duty of care visits • Waster transfer notes • Ward audits • Public area audits of waste • Colour coding of bins • Offensive waste stream 	
Second Domain: Clinical and Cost Effectiveness			
<p>C5a: Healthcare organisations ensure that: they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.</p>	<ol style="list-style-type: none"> 1. The healthcare organisation ensures that it conforms to new and existing NICE technology appraisals where relevant to its services. Mechanisms are in place to: identify relevant technology appraisals, take account of clinical views and current practice in decision making and where necessary, assess costs and develop, communicate implement and review an action plan for relevant technology appraisals. 2. The healthcare organisation can demonstrate how it takes into account nationally agreed guidance where it is available as defined in national strategies, NSFs, NICE guidelines and nationally agreed guidance, when delivering care and treatment. The healthcare organisation has mechanisms in place to: identify relevant guidance, take account of clinical views and current practice in decision making; and where necessary assess costs, 	<ul style="list-style-type: none"> • Written guidance on NICE process • Medical devices group minutes • Clinical Governance Committee minutes • Policy on new procedures and new techniques • Clinical Governance Committee minutes • Clinical Guidelines Committee minutes • Clinical Audit and Effectiveness Committee - minutes • Policy/algorithm 	

	and develop, communicate, implement and review an action plan for appropriate guidelines.		
C5b: Clinical care and treatment are carried out under supervision and leadership	<p>1. The healthcare organisation ensures that appropriate supervision and clinical leadership is provided to staff when delivering clinical care and treatment. Where appropriate, staff also have the opportunity to receive “clinical supervision”, and where appropriate this is in accordance with requirements from relevant professional bodies. Arrangements for clinical leadership and supervision (including clinical supervision) are communicated to all relevant staff. The effectiveness of these arrangements is monitored and reviewed on a regular basis and action is taken accordingly.</p> <p>2. The healthcare organisation ensures that it provides opportunities for clinicians to develop their clinical leadership skills and experience.</p>	<ul style="list-style-type: none"> • Preceptorship guidelines • Visible Leadership reports to Clinical Governance Committee • Role of matrons – job description • Supervisor of midwives role – job description • 6 weeks programme for competency in ITU • 6 weeks programme for competency in maternity • LSA annual report • Role of practice development nurses – job description • Appraisal of staff • Staff survey • Policy on when to call a consultant • Education supervision of Drs – feedback from trainee survey • Darzi fellow programme • Next generation programme • CPD programme • Clinical directors job descriptions • Terms of reference for CD role in HMB and ICC 	
C5c: Clinicians continuously update skills and techniques relevant to their clinical work	<p>1. The healthcare organisation ensures that clinicians from all disciplines participate in activities to update their skills and techniques that are relevant to their clinical work in accordance with relevant guidance and curricula. This includes identifying and reviewing skills needs and skills gaps; providing and supporting on the job training</p>	<ul style="list-style-type: none"> • Training needs analysis report • Annual mandatory induction training update report • Mandatory annual clinical training programme • Role of practice development nurses • Education and training action plan • Peripheral cannulae care training programme • Blood culture competency training 	

	and other training opportunities; and where appropriate working in partnership with education and training providers to ensure effective delivery of training.	<ul style="list-style-type: none"> • Pandemic flu training • CPD programme for Drs • SPA time for consultants • Medical grand round • Professional development plans 	
C5d: Clinicians participate in regular clinical audits and reviews of clinical services	<ol style="list-style-type: none"> 1. The healthcare organisation ensures that clinicians are involved in prioritising, conducting, reporting and acting on regular clinical audits. 2. The healthcare organisation ensures that clinicians participate in regular reviews of the effectiveness of clinical services through evaluation, audit or research. 	<ul style="list-style-type: none"> • Clinical audit annual report • Clinical audit programme • Consultants job description – SPA • Appraisal programme for consultants • JAG assessment • CPA assessment • Cancer per review • MHRA reports • CEMACH reports • CEPOD reports • ICT audit reports 	
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. The healthcare organisation works in partnership with other health and social care organisations to ensure that the individual needs of patients are properly managed and met: <ul style="list-style-type: none"> ▪ Where responsibility for the care of a patient is shared between the organisation and one or more other health and/or social care organisations. <p>And/or</p> <ul style="list-style-type: none"> ▪ Where the major responsibility for a patient's care is moved due to admission, referral, discharge or transfer across organisational boundaries. <p>Where appropriate these arrangements are in accordance with:</p>	<ul style="list-style-type: none"> • NHSLA level 2 achieved in November 2008 • Role of Director of Primary Care • Primary care interface meetings – minutes • Clinical quality meetings • Service developments: anticoagulation service (Barnet), Right Care, Right Place (ED), Maternity early booking (Haringey), Dermatology Service (Islington) • SLA review meetings • Strategic escalation meeting forum for DTOCs • SLA with Mental Health Liaison Team • Joint protocol of care with C7IMHT • Pooled budget for DTOC • Host social workers on site • Strategic escalation meetings for winter 	

	<ul style="list-style-type: none"> ▪ Section 75 partnership arrangements of the National Health Service Act 2006 ▪ The Community care (Delayed discharge etc) Act, 2003 and Discharge from hospital pathway, process and practice (DH, 2003). <p>2. Staff concerned with all aspects of the provision of healthcare work in partnership with colleagues in other health and social care organisations to ensure that the needs of the patients are properly managed and met.</p>	<p>pressures, with Whittington, Islington and Haringey</p> <ul style="list-style-type: none"> • Joint major incident planning with fire, police, LAS. London Borough of Islington and NHS Islington • Health action meetings with Haringey • Islington and Haringey safeguarding meetings – minutes • Policy for transferring women for post-natal care out of area • Member of Haringey Children’s Trust– minutes available • Minutes of Islington’s Children’s and Young People partnership board • Shared Children’s Allergy CNS with NHS Islington • Family nurses partnership protocol 	
Third Domain: Governance			
<p>C7a: Healthcare organisations apply the principles of sound clinical and corporate governance</p>	<p>1. The healthcare organisation has effective clinical governance arrangements in place to promote clinical leadership and improve and assure the quality of clinical services (effectiveness, safety and patient experience) for patients.</p> <p>2. The healthcare organisation has effective corporate governance arrangements in place that, where appropriate, are in accordance with <i>Governing the NHS: a guide for NHS Boards</i> (DH and NHS Appointments Commission, 2003), and the <i>NHS trust model standing orders, reservation and delegation of powers and standing financial instructions</i></p>	<ul style="list-style-type: none"> • Clinical Governance Strategy • Clinical Governance annual planner • Board Assurance Framework • Risk Register • Corporate objectives • Self certification • Statement of internal control • Internal audit report • Quality assurance submission to NHS London 	

<p>C7c: undertake systematic risk assessment and risk management</p>	<p><i>march 2006</i> (DH, 2006).</p> <p>3. The healthcare organisation systematically assesses and manages its risks, both corporate and clinical risks, in order to ensure probity, clinical quality and patient safety.</p>	<ul style="list-style-type: none"> • Risk Management Strategy • SUI Policy • SUI investigation reports • H&S risk assessments 	
<p>C7b: Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources</p>	<p>1. The healthcare organisation actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the <i>Code of conduct for NHS managers</i>, (DH, 2002), <i>NHS counter Fraud and Corruption manual third edition</i> (NHS Counter Fraud Service, 2006) and having regard to guidance or advice issued by the CFSMS.</p>	<ul style="list-style-type: none"> • External audit progress report • Counter fraud service report • Staff raising health care concerns • Register of interests 	
<p>C7d: Ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources</p>	<p>Not applicable: This standard will be measured though the use of resources assessment</p>	<p>N/A</p>	
<p>C7e: Challenge discrimination, promote equality and respect human rights</p>	<p>1. The healthcare organisation challenges discrimination and respects human rights in accordance with: -</p> <ul style="list-style-type: none"> • Human Rights Act, 1998 • <i>No Secrets: Guidance on developing and</i> 	<ul style="list-style-type: none"> • Age legislation guide • Cultural and religious diversity guidelines • Harassment, bullying and victimisation procedure • Dress Code Policy 	

	<p><i>implementing multi-agency policies and procedures to protect vulnerable adults from abuse</i>, DH, 2000</p> <ul style="list-style-type: none"> • The general and specific duties imposed on public bodies in relation to race, disability and gender (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the “public body duties” • Employment and equalities legislation, including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time. <p>2. The healthcare organisation promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties imposed on public bodies, including, among other things: -</p> <ul style="list-style-type: none"> • The Race Relations (Amendment) Act, 2000 • The Disability Discrimination Act. 2005 • The Equality Act, 2006 	<ul style="list-style-type: none"> • Equality Impact Assessment guidelines • Equality and Diversity Steering Group minutes • Equality and Diversity Steering Group terms of reference • Equality and Diversity training programme • Fixed term guidelines • Continuation in employment after disability guidelines • Rehab policy • SES employment action plan • Staff attitude survey • Whittington BEL programme • Role of workplace harassment advisors • Learning disabilities strategy <ul style="list-style-type: none"> • Trust Board minutes 	
C7f: Healthcare organisations meet the existing performance targets	This standard will be measured through the existing national targets assessment	N/A	
C8a: Healthcare organisations support their staff through	1. Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position, including in	<ul style="list-style-type: none"> • Getting the most form an occupational health referral • Health and work centre information 	

<p>having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.</p>	<p>accordance with the Public Disclosure Act 1998: Whistle blowing in the NHS (HSC1999/198)</p>	<ul style="list-style-type: none"> • Helpline for Drs • Incident reporting policy • Oasis sheet one • Oasis sheet 2 • Staff raising healthcare concerns (whistle blowing) policy • Staff survey • Induction programme 	
<p>C8b: Healthcare organisations support their staff by having organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups</p>	<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, and in accordance with employment and equalities legislation, including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its public body duties to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of practice. 2. Staff from minority groups are offered opportunities for personal development to address under-representation in the workforce 	<ul style="list-style-type: none"> • Equality and Diversity Steering Group minutes • Agenda plan • Appraisal paper • BEL aims and objectives • Education and development report for EDSG • Education hub • JIF paper • JIF strategic development paper • Policy for dealing with staff affected by change • Project team notes • Recognition agreement • Education structure • Skills pledge statement of intent • Study leave and expenses policy • Flexible working policy • Training needs analysis • Personal Development Plans 	

	<p>compared to the local population in accordance with employment and equalities legislation, including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with it's public body duties to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender.</p>		
<p>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</p>	<ol style="list-style-type: none"> 1. The healthcare organisation has effective systems for managing records in accordance with Records management: NHS code of practice (DH, 2006, updated 2009), Information Security Management: NHS Code of practice (DH, 2007) and NHS Information Governance (DH, 2007). 2. The healthcare organisation has a strategy to ensure the correct NHS Number is recorded for each active patient and that it is used routinely in clinical communications. Planning for the correct assignment and use of NHS Numbers was mandated in the NHS in England: the Operating Framework for 2008/09 (DH, 2007), hence organisations must have a relevant strategy. The NHS in England: the Operating Framework for 2008/09 (DH, 2007) has mandated implementation and achievement of level 2 performance in the Information Governance Tool Kit key requirement 401, by the end of 	<ul style="list-style-type: none"> • NHSLA level 2 achieved in Nov 2008 • Audits of tracking health records • Data loss SUI action plan • Statement of internal control • Information management policy • Staff training at induction and mandatory updates • Role of SIRO • Records Management Policy • Information Governance Policy • Information Governance steering group minutes • SOPs for staff dealing with information and data quality • Investment in records tracking system • Data collection project and action plan 	

	2009/10.		
C10a: Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	1. The necessary employment checks are undertaken in respect of all applications for NHS positions (prospective employees) and staff in ongoing NHS employment, in accordance with the NHS Employment Check Standards (NHS Employers, 2008)	<ul style="list-style-type: none"> • CRB checking procedure • CRB checking process step by step • How to complete CRB forms • POCA letter • Pre-employment checks • Registration checking procedure • Staff appointment checklist personal file • Step by step guide to health clearance • Step by step guide to registration checking • What is a POCA check • Work permit (certificate of sponsorship) step by step guide • EC paper on recruitment processes 	Not met but compliant by the end of the year
C10b: Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice	1. The healthcare organisation explicitly requires staff to abide by relevant codes of professional conduct and takes action when codes of conduct are breached	<ul style="list-style-type: none"> • Standard clause in job descriptions of clinical staff • NMC referral database • GMC processes • Drs performance policy - NCAS 	
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	1. The healthcare organisation recruits staff in accordance with employment and equalities legislation, including legislation regarding age, disability, gender, race, religion and belief, part-time workers, fixed term employees, flexible working and working time; and in accordance with its public body duties in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the	<ul style="list-style-type: none"> • CRB checking procedure • CRB checking process step by step • Payroll Manager band 7 job description • Payroll manager band 7 p spec • Pre-employment checks • Recruitment Procedure • Recruitment and selection of sessional interpreters procedure • Registration checking procedure • Staff appointment check list personal file • Staff recruitment checklist job file 	

	<p>associated codes of conduct</p> <p>2. The healthcare organisation aligns workforce requirements to its service needs by undertaking workforce planning, and by ensuring that its staff are appropriately trained and qualified for the work they undertake</p>	<ul style="list-style-type: none"> • Step by step guide to health clearance • Step by step guide to registration checking • Temporary staff recruitment procedure • Work permit step by step • EC paper on recruitment processes • Nurses open day • Maths test • Workforce planning IBP • Appraisal work • Intranet training packages 	
<p>11b: Health care organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes</p>	<p>1. Staff participate in relevant mandatory training programmes as defined by the NHSLA's risk management standards for acute trusts</p> <p>2. Staff and students participate in relevant induction programmes</p> <p>3. The healthcare organisation verifies that staff participate in those mandatory training programmes necessary to ensure probity, clinical quality and patient safety (including that referred to in element one). Where the healthcare organisation identifies non-attendance, action is taken to rectify this.</p>	<ul style="list-style-type: none"> • Proposal for annual mandatory training paper • EDSG minutes • Appraisal paper for EDSG • Risk management training needs analysis • Risk management training prospectus • Education and development report for EDSG • Induction programme for all staff • Induction programme for clinical staff • Mandatory training timetable • Revised education structure • EC paper on proposed 2 yearly training • Oracle Learning Management System (OLM) • Education and development reports to Clinical Governance Committee 	
<p>C11c: Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development</p>	<p>1. The healthcare organisation ensures that all staff concerned with all aspects of the provision of healthcare have opportunities to participate in professional and occupational development at all points in their career.</p> <ul style="list-style-type: none"> • This is done in accordance with employment and equalities legislation including legislation regarding age, disability, gender, race, religion and belief, part-time workers, fixed 	<ul style="list-style-type: none"> • EDSG minutes April 2009-10-28 EDSG appraisal paper • Risk Management training needs analysis • Risk Management training prospectus • Education and development report for EDSG July 2009 • Education hub • Education partnership agenda June 2009 • HE demonstration site case study report June 	

<p>commensurate with their work throughout their working lives</p>	<p>term employees, flexible working and working time; and in accordance with its public body duties in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of conduct</p> <ul style="list-style-type: none"> This is also done in accordance with the relevant aspects of <i>Working together – learning together: a framework for lifelong learning for NHS</i> the (DH, 2001) or an equally effective alternative 	<p>2009</p> <ul style="list-style-type: none"> JIF paper on education – bands 1 – 4 training JIF strategy development template Leading for success letter Leadership programme leaflet OATS paper on off site training Revised education structure Study leave and expenses policy Clinical skills training, e.g. taking of blood cultures, care of peripheral cannulae, hand hygiene Pandemic flu training 	
<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>	<p>1. The healthcare organisation has an effective research governance framework in place which complies with the principles and requirements of the <i>Research governance framework for health and social care, second edition</i> (DH, 2005, amended 2008)</p>	<ul style="list-style-type: none"> Research Governance Strategy Research Governance Committee meeting minutes Research Strategy Committee meeting minutes R&D annual report 	
<p>Fourth Domain: Patient Focus</p>			
<p>C13a: Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect</p>	<p>1. The healthcare organisation ensures that staff treat patients, service users, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify and take preventative actions where there are issues and risks with dignity and respect</p>	<ul style="list-style-type: none"> Whittington promise Essence of care privacy and dignity audits and reports Visible leadership teams audit of ward environment with regard to privacy and dignity Change to kimono style gowns 	

	<p>2. The healthcare organisation meets the needs and rights of different patient groups with regard to dignity including by acting in accordance with the Human Rights Act 1998, and general and specific duties imposed on public bodies in relation to race, disability and gender (including, amongst other things, equality schemes for race, disability and gender along with impact assessment) under the following public body duties statutes: -</p> <ul style="list-style-type: none"> • The Race Relations (Amendment) Act 2000 • The Disability Discrimination Act, 2005 • The Equality Act, 2006 <p>And where appropriate, having due regard to the associated codes of practice</p>	<ul style="list-style-type: none"> • Analysis of complaints • Privacy and dignity awareness day • Single sex wards work • Single equality scheme for trusts • Learning disability strategy • DNR policy 	
<p>C13b: Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information</p>	<p>1. Valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem), decisions and investigations in accordance with the Human Rights Act, 1998, the <i>Reference guide to consent for examination or treatment, Families and post mortems: a code of practice</i> (DH, 2001), <i>Human Tissue Authority: a code of practice</i> (2006) and having regard to the <i>Code of Practice to the Mental Health Act 1983 and 2007</i> and the <i>Code of Practice to the Mental Capacity Act 2005</i></p>	<ul style="list-style-type: none"> • Consent policy • Capacity and consent guideline • Consent audits • Interpreting services policy • HMB minutes 	

	<p>2. Patients, including those with language and/or communication support needs, are provided with appropriate and sufficient information suitable to their needs, on the use and disclosure of confidential information held about them in accordance with <i>Confidentiality: NHS code of practice</i> (DH, 2003)</p> <p>3. The healthcare organisation monitors and reviews current practices to ensure effective consent processes.</p>		
<p>C13c: Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary</p>	<p>1. When using and disclosing patients personal information staff act in accordance with the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 , Confidentiality: NHS Code of practice 9DH, 2003) and the Caldicott Guardian Manual (DH, 2006)</p> <p>2. The healthcare organisation complies with the actions specified in the NHS Chief Executive's letter of 20th May 2008 (Gateway reference 9912); and with supplemental mandates and guidance if they are introduced during the assessment period</p>	<ul style="list-style-type: none"> • Confidentiality policy • Confidentiality guideline • Standard clause in job description • Hand held devices and lap top encryption rule letter from Cathy Parker • Use of email and internet policy 	
<p>C14a: Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable information about, and clear access to,</p>	<p>1. Patients, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system, including how to escalate their concerns, and the healthcare organisation acts in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations(April 2009), in so far as they are relevant to that</p>	<ul style="list-style-type: none"> • Policy for responding to complaints • Patient information leaflet on how to complain 	

<p>procedures to register formal complaints and feedback on the quality of services</p>	<p>healthcare organisation</p> <p>2. Patients, relatives and carers are provided with opportunities to give feedback on the quality of services</p>	<ul style="list-style-type: none"> • Patient Information Steering Group terms of reference • Patient Information Steering Group minutes • Patient experience feedback info – monthly reports and for dashboard (from surveys, kiosks, hand held) • Focus groups feedback • PALS feedback reports • Reports on patient experience to HMB and Trust Board 	
<p>C14b: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made</p>	<p>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</p>	<ul style="list-style-type: none"> • Policy for responding to complaints 	
<p>C14c: Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and where appropriate, make changes to ensure improvements</p>	<p>1. The healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner and acts in accordance with Local Authority Social Services and NHS Complaints (England) Regulations (April 2009) in so far as they are relevant to that organisation</p> <p>2. Demonstrable improvements are made to service delivery as a results of concerns and complaints from patients, relatives and carers</p>	<ul style="list-style-type: none"> • Complaints reports, including improvements made • Quarterly patient feedback report 	

in service delivery			
<p>C15a: Where food is provided healthcare organisations have systems in place to ensure that 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 and drink 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; storage, and disposal of food is carried out in accordance with food safety legislation and national guidance, including the <i>Food Safety Act (1990)</i>, and the <i>Food Hygiene (England) Regulations 2006</i>. 	<ul style="list-style-type: none"> • HACCP policy • EFSC minutes • Clinical Nutrition Steering Group minutes • Job descriptions of Cecil Douglas and Paul Hepworth • Food safety training records • Temperature records • Audits and inspections reports • EHO visit letters • Foods standards agency subscription • Maintenance of regeneration trolleys and fridges • Procurement of food • Patient menus / new folders • PEAT 	
<p>C15b: Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day</p>	<ol style="list-style-type: none"> 1. Patients have access to food and drink that meets the individual needs of the patients 24 hours a day 2. The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met at all stages of their care and treatment 3. Patients requiring assistance with eating and drinking are provided with appropriate support, including provision of dedicated meal times, adapted appliances and appropriate consistency of food where necessary 	<ul style="list-style-type: none"> • Ward handbook • Nutritional breakdown of food • Nutritional assessment audits by VLT and nutrition team • New nutrition documentation • Protected meal time policy • Food questionnaire form for food tasting sessions • Red trays • Training of volunteers to feed patients 	
<p>C16: Healthcare organisations make</p>	<ol style="list-style-type: none"> 1. The healthcare organisation has identified the information needs of its service population, 	<ul style="list-style-type: none"> • Patient Information Policy • Patient Information action plan 	

<p>information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care</p>	<p>and provides suitable and accessible information on the services it provides in response to these needs. This includes the provision of information in relevant languages and formats in accordance with the general and specific duties imposed on public bodies (including, amongst other things; equality schemes for race, disability and gender, along with impact assessments) under the following public body duties; -</p> <ul style="list-style-type: none"> • The Equality Act, 2006 • The Disability Discrimination Act 2005, • The Race Relations (Amendment) Act 2000 <p>And where appropriate, having due regard to the associated codes of practice</p> <p>2. The healthcare organisation provides patients and, where appropriate, carers, with sufficient and accessible information on the patient's care, treatment and after care. Including those patients and carers with communication or language support needs. In doing so healthcare organisations must have regard, where appropriate, to the <i>Code of Practice to the Mental Capacity Act (2005)</i>, and the <i>Code of Practice to the Mental Health Act (revised 2008)</i>.</p>	<ul style="list-style-type: none"> • Examples of patient information leaflets • Improving information – information review group minutes • Website • GP intranet • System for leaflets to be translated into other languages <ul style="list-style-type: none"> • Interpreting Services Policy • Learning Disabilities strategy 	
Fifth Domain: Accessible and responsive care			
<p>C17: The views of patients, their carers and other are sought and taken into account</p>	<p>1. The healthcare organisation seeks the views of patients, carers and the local community, (including Local Involvement Networks), particularly those people who are seldom</p>	<ul style="list-style-type: none"> • Patient experience feedback • Focus groups • Roles of governors, members and friends • Work with Islington LINK 	

<p>in designing, planning, delivering and improving healthcare services</p>	<p>listened to, on an ongoing basis, when planning, designing, delivering and improving services as required by Section 242(1B) of the NHS Act, 2006, and having regard to Real Involvement: Working with people to improve health services, (DH, 2008) and any subsequent statutory guidance introduced in the assessment year. In doing so, the healthcare organisation acts on accordance with the general and specific duties imposed on public bodies, (including, amongst other things; equality schemes for race, disability and gender, along with impact assessments) under the following public body duties; -</p> <ul style="list-style-type: none"> • The Equality Act, 2006 • The Disability Discrimination Act 2005, • The Race Relations (Amendment) Act 2000 <p>And where appropriate, having due regard to the associated codes of practice</p> <p>2. The healthcare organisation demonstrates to patients, carers and the local community (including Local Involvement Networks), particularly those people who are seldom listened to, how it has taken their views and experiences into account in the designing, planning, delivering and improving healthcare services, having regards to Real Involvement: Working with people to improve health services (DH, 2008), and any other statutory guidance introduced in the assessment year, and in accordance with the duties listed in element one.</p>	<ul style="list-style-type: none"> • Haringey LINK rep attends Trust Board • Part of primary care consultation hosted by Islington LINK • Receive and act on feedback from Islington LINK • Working with OVS re engaging hard to reach groups • Involvement of public / governors in: improvements to booking office and appointment system • Improving signage • MLBU development • Single sex accommodation review • Posters displayed with OP feedback results • Outreach community work with Ron Jacob 	
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	<p>3. The healthcare organisation actively involves patients, carers and the local community (including Local Involvement Networks), particularly those people who are seldom listened to, how it has taken their views and experiences into account in the designing, planning, delivering and improving healthcare services, having regards to Real Involvement: Working with people to improve health services (DH, 2008), and any other statutory guidance introduced in the assessment year, and in accordance with the duties listed in element one.</p>		
<p>C18: Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably</p>	<p>1. The healthcare organisation ensures that all members of the population it serves are able to access its services equally, including acting in accordance with; The general and specific duties imposed on public bodies (including, amongst other things, equality schemes for race, disability and gender, along with impact assessments) under the following public body duties statutes; -</p> <ul style="list-style-type: none"> • The Race Relations (Amendment) Act, 2000 • The Disability Discrimination Act, 2005, • The Equality Act 2006 <p>And with the Goods, Facilities and Services Provisions of the following statutes; -</p> <ul style="list-style-type: none"> • The Sex Discrimination Act, 1975 • The Race Relations Act, 1976 • The Disabilities Discrimination Act, 1995 	<ul style="list-style-type: none"> • Results of studies of equality of access to demonstrate compliance (Anita Garrick) • Minutes from SG • Equality impact assessments • Choose and Book • Telephone booking • Evening booking • Personal booking of further appointments with consultants at clinic • Interpreting Service Policy • Access Policy • Disability Discrimination policies 	

	<ul style="list-style-type: none"> • The Equality Act, 2006 • The Equality Act (Sexual Orientation) Regulations 2007 <p>2. The healthcare organisation offers patients choice in access to services and treatment, and those choices in access to services and treatment are offered on a fair, just and reasonable basis, including to disadvantaged groups, and including acting in accordance with the general and specific duties imposed on public bodies as in element one, and including, where appropriate, having due regard to the associated codes of practice</p>		
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	1. This standard will be measured under the existing national targets and new national targets assessment.	N/A	
Sixth Domain: Care environments and amenities			
C20a: Healthcare services are provided in environments which promote effective care and optimise health	1. The healthcare organisation effectively manages the health, safety and environmental risks to patients/service users, staff and visitors, in accordance with all relevant health and safety legislation, fire safety legislation,	<ul style="list-style-type: none"> • Security policy • Fire policy • Photographic ID policy • Violence and aggression policy 	

<p>outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation</p>	<p>the <i>Disability Discrimination Acts</i> of 1995 and 2005; and by having regard to <i>The duty to promote disability equality: Statutory Code of Practice</i> (Disability Rights Commission, 2005). It also acts in accordance with the mandatory requirements set out in <i>Firecode-fire safety in the NHS Health Technical Memorandum (HTM) 05-01:Managing healthcare fire safety</i> (DH, 2006) in so far as the requirements are relevant to the healthcare organisation, and follows the guidance contained therein, or equally effective alternative means to achieve the same objectives. It also considers, and where appropriate follows, the good practice guidance referred to in <i>The NHS Healthy Workplaces Handbook</i> (NHS Employers 2007) or equally effective alternative means to achieve the same objectives.</p> <p>2. The healthcare organisation provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation, including in accordance with <i>Secretary of State directions on measures to tackle violence against staff and professional who work in or provide services to the NHS</i> (DH, 2003, as amended 2006), and <i>Secretary of State directions on security management measures</i> (DH, 2004, as amended 2008).</p>	<ul style="list-style-type: none"> • Working at heights policy • Control and restraint policy • Door locking policy • Weapons policy • Crime investigation policy • H&S and Security Committee minutes • Job descriptions of Steven Primrose and Peter Brown • Fire, H&S and Security inspections • Fire brigade audits • Fire risk assessments • Crime reduction survey • Contract with fire safety officer • Training records • LSMS qualifications • Contracts with fire and security alarms companies • Portable/non-portable water policy • Deprivation of Liberty safeguards 	
<p>C20b: Healthcare services are provided in environments which promote effective care</p>	<p>1. The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and</p>	<ul style="list-style-type: none"> • Single sex survey results • SHA bid details • Ward refurbishment programme • EC minutes re single sex work discussions 	

<p>and optimise health outcomes by being supportive of patient privacy and confidentiality</p>	<p>accommodation, access to private areas for religious and spiritual needs and for confidential consultations. This should happen at all stages of care and during transfer.</p> <p>2. Healthcare organisations have systems in place to ensure that preventative and corrective actions are taken in situations where there are risks and /or issues with patient privacy and /or confidentiality.</p>	<ul style="list-style-type: none"> • Bed Management policy • Trust dashboard indicator – includes any breaches • Patient survey feedback 	
<p>C21: Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises</p>	<p>1. The healthcare organisation has systems in place and has taken steps to ensure that care is provided in well designed and well maintained environments, including in accordance with all relevant legislative requirements referred to in <i>Health Building Notes (HBN) and Health Technical Memorandum (HTM)</i>, and by following the guidance therein, or equally effective alternative means to achieve the outcomes of the HBNs and HTMs. The healthcare organisation should also act in accordance with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, and have regard to the duty to promote disability equality: Statutory Code of Practice (Disability Rights Commission, 2005).</p> <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</i></p>	<ul style="list-style-type: none"> • Building maintenance policy • Uniform policy • Safe use of actichlor plus policy • Infection Control Committee minutes • EFSC minutes • Decontamination committee minutes • Job descriptions of: Philip Lent, Steven Packer and Camilla Wiley • Bi-monthly ward audits • Internal public space audits • External audits • Wash hand basin audits • Hand hygiene audits • Linen contract (HGS 95/18) • PPMS • Capital monitoring • Help line • Intranet guidance on how to log faults 	

	<i>health care associated infections. N.B This element of the standard will not be assessed in 2009/2010</i>		
Seventh Domain: Public Health			
<p>C22a & c : 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</p> <p>C22c: making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships</p>	<ol style="list-style-type: none"> 1. The healthcare organisation works with other healthcare organisations, local government and other local partners to promote, protect and demonstrably improve the health of the community served and narrow health inequalities, such as by working to improve care pathways for patients across the health community, and between the health, social care and the criminal justice system, and/or participating in the JSNA and health equity audits to identify population health needs 2. The healthcare organisation contributes appropriately and effectively to nationally recognised and /or statutory partnerships, such as Local Strategic Partnership, children's partnership arrangements and, where appropriate, the Crime and Disorder Reduction Partnership 3. The healthcare organisation monitors and reviews their contribution to public health partnership arrangements and takes action as required 	<ul style="list-style-type: none"> • Care pathways work • Minutes of primary care interface group • North Islington federation and work with consultants • Health and well being partnership • Board minutes form NHS Islington and Haringey • Smoke free Islington reports and minutes • Anticoagulant service development • LSPs • Haringey Children's Trust • Partnership work with LA Islington • Islington DH Health inequalities review visit report and implementation plan <ul style="list-style-type: none"> • Exec Committee minutes re attendance at partnership meetings 	

<p>C22b: Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs their policies and practices.</p>	<p>1. The healthcare organisation's policies and practice to improve health and narrow health inequalities are informed by the local Director(s) of Public Health's Annual Report(s)</p>	<ul style="list-style-type: none"> • Report on DH equalities visit in Islington • Public Health Report 	
<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>1. The healthcare organisation collects, analyses and shares data about its patients and services, including, where relevant, data on ethnicity, gender, age, disability and socio-economic factors, including with its commissioners, to influence health needs assessments and strategic planning to improve the health of the community served.</p> <p>2. Patients are provided with evidence based care and advice along their care pathway in relation to public health priority areas, including through referral to specialist advice and services</p> <p>3. The healthcare organisation implements policies and practices to improve the health and well being of its workforce</p>	<ul style="list-style-type: none"> • Co-creating health programme for diabetes • Child health mapping exercise • Smoke free hospital and smoking cessation service • Alcohol advice • North Islington drugs advice • Teenage pregnancy service • HIV Specialist midwifery service • Maternal obesity project with Haringey and Islington • Working towards UNICEF bay friendly accreditation <ul style="list-style-type: none"> • Health and Work policies • Staff wellbeing policy • Alcohol policy • Bike loan policy • Walking group • BMI checking 	

		<ul style="list-style-type: none"> • Highgate Fun Run • Health eating • Bullying and Harassment policy • Continuation of employment after disability guidance • Health questionnaire • Swine and seasonal flu guidance and vaccination programme 	
<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>	<ol style="list-style-type: none"> 1. The healthcare organisation has a planned, prepared, tested, exercised and regularly reviewed response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with the Civil Contingencies Act (2004) the NHS Emergency Planning Guidance (2005), underpinning material and other associated supplements (DH, 2005, 2007) and <i>Pandemic Influenza: A national framework for responding to an influenza pandemic</i> (DH, 2007) 2. The healthcare organisation protects the public by working with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and exercising and testing of emergency preparedness plans, in accordance with the <i>Civil Contingencies Act 2004, the NHS Emergency Planning Guidance 2005, underpinning guidance and associated supplements</i> (DH, 2005, 2007) and <i>Pandemic Influenza: A national framework for</i> 	<ul style="list-style-type: none"> • Major incident planning group • Emergency planning preparedness work, including plans on intranet • Executive led pandemic flu working group • Business continuity plans • Green rating for SHA pandemic flu plan • Table top pandemic flu exercise carried out on 23rd October • Internal training – CBRN for silver and gold teams • Member of Islington AND Haringey emergency planning forum • Participate in local authority planning meetings • NHS London flu committee minutes and resilience plans 	

	<i>responding to an influenza pandemic</i> (DH, 2007).		
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