

Standards for Better Health 2008/09



Action	Date due	Latest progress	Status	Risk	Links	Responsibility
Actions related to Standards for Better Health 08/09						
CGR222 6 C01a 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.						
A-3214	Element one - The PCT reports incidents locally and to all national organisations to which the PCT is required to report incidents.	03/Apr/2009: Safeguard system in place for logging and disseminating local and national incidents and report into NRLS (National Reporting and Learning System) which reports to the NPSA (National Patient Safety Agency).	Completed	Low	6	Yvette Sheward (Director of Corporate Development) Sara Saville (Head of Assurance)
A-3215	Element two - The PCT analyses individual incidents rapidly after they occur to identify actions required to reduce further immediate risks, and actions required to prevent the reoccurrence of incidents in the future. The PCT makes any necessary improvements.	03/Apr/2009: All incidents are logged on the organisation's Safeguard database. Risk management policies are in place requiring that incidents are investigated and analysed with a view to learning from the incident, managing any identified risk, and establishing an appropriate, auditable action plan. An organisational risk register is maintained, in addition to which departmental risk registers are used to formally record risks. The organisation takes reasonable steps to promote health and safety and safe systems of work and to put preventative measures in place where this is possible in order to eliminate, reduce or manage identified risks. All incidents are risk assessed and action taken to reduce further immediate risks if necessary. Trend analysis is carried out periodically to further mitigate risks and give assurance to the board.	Completed	Low	0	Yvette Sheward (Director of Corporate Development) Nicky Bourne (Corporate Affairs Manager) Sara Saville (Head of Assurance)
A-3216	Element three - Commissioning decisions are informed by information arising from the analysis of local incidents and the national analysis of incidents.	03/Apr/2009: The three main providers are required to report all incidents clinical and non-clinical on a monthly basis via the Clinical Quality Review Meeting (CQR). Significant events are reported to every board meeting. The SHA policy on the reporting of SUI has been adopted by the organisation.	Completed	Low	5	Yvette Sheward (Director of Corporate Development) Sara Saville (Head of Assurance)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR222 7 C1b Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.						
A-3217		03/Apr/2009: With the use of Safeguard system there are robust processes in place to ensure that NPSA alerts, MDA alerts and other relevant patient safety alerts are disseminated effectively. In addition the system does allow us to chase non-responders and track actions that that have been specified in order to implement the alert. There is a Medicines Safety group which incorporates both PCT and Acute Trust to ensure a consistent approach. In order to learn from reported medicines related incidents we have now developed a medicines safety newsletter to share learning and minimise risk in the future.	Completed	Low		6 Yvette Sheward (Director of Corporate Development) Bharat Patel (Pharmacy Lead) Sara Saville (Head of Assurance)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR222 8 C02 Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations.						
A-3218	Element one - The PCT 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".	03/Apr/2009: The Childrens Trust arrangements in place, joint Child protection guidance and joint training in place reporting Child Death. Overview panel in place and reporting to the NHS Board in place as exception reporting but also as Board development. Arrangements in place, through LCSB across the partnership, in all Childrens SLA as a standard to report.	Completed	Low	9	Yvonne Thomas (Director of Partnerships) Jane Evans (Assistant Director of Commissioning Children and Maternity Services)
A-3219	Element two - The PCT works with partners to protect children and participate in reviews as set out in Working together to safeguard children (HM Government, 2006).	03/Apr/2009: All commissions must have in place a Safeguarding working together process and procedure, these will be detailed within the SLA and performance managed. If this is across the partnership the same process is monitored and measured by performance and is outcome focused Child Concern process in place, with regular training and audit. A Common Assessment Framework is in place with lead professionals (across the partnership). The Child Death Overview panel is in place across Walsall and Wolverhampton this is reported on the Board Childrens Executive Group and Childrens Trust and LSCB Serious Case Review panel in place and lessons learnt cascaded through the partnership as in working together , exception report to the Board.	Completed	Low	26	Yvonne Thomas (Director of Partnerships) Jane Evans (Assistant Director of Commissioning Children and Maternity Services)
A-3220	Element three - The PCT should have 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".	03/Apr/2009: Any commissions across the partnership or activities with other organisations follow the Child Concern process and the Common Assessment Framework National guidance is followed and agreed through LSCB through the partnership. Information Sharing Protocol in place across the partnership signed up to by six agencies. In place on our intranet along with all the protocols and procedures around working together and safeguarding. Common Assessment Framework is in place and support team to deliver training and support information in place.	Completed	Low	12	Yvonne Thomas (Director of Partnerships) Jane Evans (Assistant Director of Commissioning Children and Maternity Services)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR222 9 C05a 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.						
A-3221		03/Apr/2009: The Commissioning process includes full assessment of all NICE TAGS and the funding required for their implementation.	Completed	Low	2	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)
A-3222		03/Apr/2009: The governance system identifies new guidance, lead for implementation and on-going monitoring and compliance. A Joint National Guidance Working group is held on a bi monthly basis with the Acute Trust, Commissioners and Providers.	Completed	Low	1	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR223 0 C06 Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.						
A-3223		20/Apr/2009: The PCT is an effective partner. We proactively engage with local stakeholders to inform and drive strategy.	Completed	Low		<p>Yvonne Thomas (Director of Partnerships)</p> <p>Anne Baines (Director of Service Transformation)</p>
<p>Element one - The PCT works in partnership with other health and social care organisations to commission services (including joint commissioning) to ensure that the individual needs of patients / service users are properly managed and met: • where responsibility for the care of a patient is shared between the organisation and one or more other health and/or social care organisations; and/or • where the major responsibility for a patient's care is moved (due to admission, referral, discharge or transfer) across organisational boundaries.</p> <p>Where appropriate, these arrangements are in accordance with: • Section 75 partnership arrangements of the National Health Service Act 2006 (previously section 31 of the Health Act 1999); • the Community Care (Delayed Discharges etc.) Act 2003 and Discharge from hospital pathway, process and practice (DH, 2003). Where appropriate, these arrangements are in accordance with the relevant aspects of the following guidance or equally effective alternatives: • Guidance on the Health Act Section 31 partnership agreements (DH, 1999); • guidance on partnership working contained within relevant National Service Frameworks and national strategies (for example, the National Service Framework for Mental Health (DH, 1999), the National Service Framework for Older People (DH, 2001) and the Cancer Reform Strategy (DH, December 2007); • the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (DH, 2007).</p>						

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR223 C07a&c Healthcare organisations: 1 a) Apply the principles of sound clinical and corporate governance, and c) Undertake systematic risk assessment and risk management.						
A-3224	Element one - The PCT has effective clinical governance arrangements in place to promote clinical leadership and improve and assure the quality and safety of clinical services for patients/ service users.	03/Apr/2009: We have good systems from the Medicines Management Committee providing the clinical leadership, the developing links to governance team and assurance processes in place including audit, use of IT solutions, e.g. Scriptswitch, CDR Intell. Associate Director in Primary Care is in place. The Trust has a newly formatted PEC (Professional Executive Committee). Darzi Clinical Leads are in place. Clinical Quality Review meetings are in place for the three main providers. Membership of these meeting are primarily clinicians. Quality and Safety are standing items on the agenda.	Completed	Low	15	Yvette Sheward (Director of Corporate Development) Bharat Patel (Pharmacy Lead) Narinder Sahota (Associate Medical Director Primary Care) Pam Skinner (PEC Chair) Paul Deeley-Brewer (Head of Healthcare Governance) Sara Saville (Head of Assurance)
A-3225	Element two - The PCT has effective corporate governance arrangements in place that where appropriate are in accordance with Governing the NHS: A guide for NHS boards (Department of Health and NHS Appointments Commission, 2003), and the Primary care trusts model standing orders, reservation and delegation of powers and standing financial instructions August 2006 (DH, 2006).	03/Apr/2009: Scheme of Delegation is in place which include Standing Orders and Standing Financial Instructions which are reviewed annually by the Board and the committee to the Board.	Completed	Low	1	Yvette Sheward (Director of Corporate Development) Hall Lorraine (PA to Director of Corporate Development)
A-3226	Element three - The PCT systematically assesses and manages its risks, both corporate and clinical, in order to ensure probity, clinical quality and patient safety.	03/Apr/2009: The PCT has a Risk Strategy and policy in place together with agreed risk protocol with a 3 tier risk register process which feeds into the Assurance Framework. This is regularly updated and reported through Execs.	Completed	Low	0	Yvette Sheward (Director of Corporate Development) Sara Saville (Head of Assurance)
CGR223 C07b Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources. 2						
A-3227	Element one - The PCT actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the Code of conduct for NHS managers (Department of Health, 2002), NHS Counter fraud & corruption manual third edition (NHS Counter Fraud Service, 2006), and having regard to guidance or advice issued by the CFSMS.	03/Apr/2009: The PCT actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the Code of Conduct for NHS Managers (DoH 2002), NHS Counter Fraud and Corruption manual third edition (NHS Counter Fraud Service 2006), and having regard to guidance or advice issued by the CFSMS.	Completed	Low	11	Robert Mackie (Director of Resources) Val Nadel (Corporate Assurance)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR223 3 C07e Healthcare organisations challenge discrimination, promote equality and respect human rights.						
A-3230	Element one - The PCT should challenge discrimination and respect human rights in accordance with: the Human Rights Act 1998, No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (Department of Health, 2000), The 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", and "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.	02/Apr/2009: The Trust has an Equality and Diversity Policy and Single Equality Scheme in place.	Completed	Low	4	Denise McLellan (Chief Executive) Raj Gill (Head of Equality and Diversity)
A-3231	Element two - The PCT 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, equality schemes for race, disability and gender, along with impact assessments) under: • The Race Relations (Amendment) Act 2000 • The Disability Discrimination Act 2005 • The Equality Act 2006 and where appropriate, having due regard to the associated codes of practice.	03/Apr/2009: NHS Walsall includes Equality and Diversity awareness in all Trust inductions All staff attend Mandatory updates and training sessions in Equality and Diversity NHS Walsall has an Equality impact assessment process in place that will go through a process of identifying any discriminatory practice in policies and services delivered. relevant scheme/policies are in place that demonstrate that the PCT promotes Equality and have an Equality impact assessment. This information is available via the intranet to staff, is discussed in mandatory training updates and can be found on the internet page.	Completed	Low	8	Denise McLellan (Chief Executive) Raj Gill (Head of Equality and Diversity)
CGR223 4 C08a Healthcare organisations support their staff through 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.						
A-3232	Element one - PCT staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position, including in accordance with The Public Disclosure Act 1998: Whistle Blowing in the NHS (HSC 1999/198)	03/Apr/2009: The PCT has policies in place to support this standard. These include:- Whistleblowing Policy and Grievance Policy.	Completed	Low	2	Tony Kettle (Director of Resources - WCH) Janet Hunt (Head of Employee Services) Michelle Taylor (Interim Head of Human Resources)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR223 5 C08b Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.						
A-3233	Element one - The PCT supports and involves its 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" ; and where appropriate, having regard to the associated codes of practice. 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"* 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 practice .	03/Apr/2009: Policies are in place. Staff Opinion Survey is carried out annually. All staff have access to learning and development opportunities and flexible working practices are available to all staff. Policies include:- Equal Opportunities Policy, Study Leave Policy, Employment Break Scheme, Flexible Working Policy, Paternity Leave Policy, PDR Policy, Breastfeeding Policy, Compassionate Leave, Emergency Time Off, Job Share Policy, Parental Leave Policy, Adoption Leave Policy, Maternity Leave Policy.	Completed	Low	9	Tony Kettle (Director of Resources - WCH) Adele Hall (Workforce Transformation Manager) Michelle Taylor (Interim Head of Human Resources) Yvette Sheward (Director of Corporate Development)
A-3234	Element two - PCT staff from minority groups are offered opportunities for personal development to address under-representation in the workforce 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 its "public body duties"* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender.	03/Apr/2009: All staff have access to learning and development opportunities. There is a study leave policy in place. Monitoring access of minority groups is being developed and appropriate action to address under-representation of minority groups is being undertaken.	Completed	Low	1	Tony Kettle (Director of Resources - WCH) Adele Hall (Workforce Transformation Manager) Michelle Taylor (Interim Head of Human Resources) Yvette Sheward (Director of Corporate Development)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR223 6 C09 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.						
A-3235	Element one - The PCT has effective systems for managing records in accordance with Records management: NHS code of practice (Department of Health, April 2006), Information security management: NHS code of practice (Department of Health, April 2007) and NHS Information Governance (Department of Health, September 2007). The PCT should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.	02/Apr/2009: NHS Walsall has in place all relevant information governance policies. A data mapping exercise has been carried out in order to identify all data flows (internal and external to the organisation) and any associated risks. Action plans were developed from the mapping exercise, and departments which were identified as being at risk were asked to rectify the situation, ensuring that all data flows were secure. Actions from the letter dated May 2008 are underway with the role of SIRO being allocated to the Director of Corporate Development and the information Governance Toolkit assessment score is 83%.	Completed	Low	0	Yvette Sheward (Director of Corporate Development) Frank Botfield (Head of Informatics) Kirstie Macmillan (Records Management Project Manager) Steve Darkes (Director of Informatics)
CGR223 7 C10a Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.						
A-3236	Element one - The necessary 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 Standards (NHS Employers) 2008	03/Apr/2009: Policies are in place this includes Recruitment and Retention policy. The PCT provides Safer Recruitment Guidance for Managers together with Recruitment and Selection Training Courses. The PCT also has in place a Professional Registration Checking Procedure.	Completed	Low	3	Tony Kettle (Director of Resources - WCH) Michelle Taylor (Interim Head of Human Resources)
A-3237	Element two (new) - PCTs meet their specific duties in relation to ensuring that those who join their performers list as GPs and dentists have the appropriate checks.	03/Apr/2009: The PCT ensures that GPs and Dentists have appropriate checks to join their performers list and also undergoes all appropriate employment checks and ensuring all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Completed	Low		Yvette Sheward (Director of Corporate Development) Alison Simmons (Primary Care Commissioning Manager) Narinder Sahota (Associate Medical Director Primary Care) Paul Deeley-Brewer (Head of Healthcare Governance)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR223 8 C10b Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.						
A-3238	Element one - The PCT explicitly requires all employed healthcare professionals to abide by relevant codes of professional conduct. Mechanisms are in place to identify, report and take appropriate action when codes of conduct are breached.	03/Apr/2009: Relevant codes are referred to in job description and contract of employment. Policies are in place these include the Professional Registration checking procedure and Disciplinary Policy.	Completed	Low	3	Tony Kettle (Director of Resources - WCH) Michelle Taylor (Interim Head of Human Resources)
CGR223 9 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.						
A-3239	Element one - The PCT recruits staff in accordance with relevant "employment and equalities legislation" and with particular regard to employment and equalities regulations including legislation regarding age, disability, gender, race, religion and belief, and sexual orientation, 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 discrimination legislation; and where appropriate, having due regard to the associated codes of practice. * The phrases "public body duties" and "employment and equalities legislation" are defined in C7e.	02/Apr/2009: Policies are in place to support this standard. e.g. Recruitment and Retention Policy, Safer Recruitment Guidance for Managers, Professional Registration Checking Procedure and Recruitment and Selection Training courses are provided.	Completed	Low	3	Tony Kettle (Director of Resources - WCH) Michelle Taylor (Interim Head of Human Resources)
A-3240	Element two - The PCT 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 as a commissioning organisation.	02/Apr/2009: There are workshops established for the provider organisation training managers on workforce planning. There are discussions underway to extend this to commissioning managers	Completed	Low	2	Yvette Sheward (Director of Corporate Development) Anne Baines (Director of Service Transformation) Yvonne Thomas (Director of Partnerships)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 0 C11b Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.						
A-3241	Element one - Staff participate in relevant mandatory training programmes as defined by the relevant sectorspecific NHSLA Risk Management Standards.	02/Apr/2009: Mandatory training programmes are in place for clinical and non-clinical staff. E-learning packages are being developed to replace taught courses in some cases - this will additionally facilitate access to this training for staff who find it difficult to attend taught courses. ESR has been implemented to facilitate self service to book courses; managers may also book staff on the courses.	Completed	Low	7	Yvette Sheward (Director of Corporate Development) Jane Bayliss (Head of Learning & Development) Michala Dytor (HR Advisor)
A-3242	Element two - Staff and students participate in relevant induction programmes	02/Apr/2009: The organisation has an induction policy. Local and workplace inductions are also in place. This is currently being reviewed.	Completed	Low	1	Yvette Sheward (Director of Corporate Development) Jane Bayliss (Head of Learning & Development) Michala Dytor (HR Advisor)
A-3243	Element three - The PCT verifies that staff participate in those mandatory training programmes necessary to ensure probity, clinical quality and patient safety (including that referred to in Element 1). Where trusts identify non-attendance, action is taken to rectify this.	02/Apr/2009: Annual attendance on mandatory training is monitored and reported through the HR Indicators and KPIs. ESR collects all training attended by staff.	Completed	Low	3	Yvette Sheward (Director of Corporate Development) Jane Bayliss (Head of Learning & Development) Michala Dytor (HR Advisor)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 1 C11c Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.						
A-3244		02/Apr/2009: Staff have the opportunity to participate in professional occupational development. This development is agreed as part of the Professional Development Plan (PDP) and in line with the KSF.	Completed	Low		Yvette Sheward (Director of Corporate Development) Anne Baines (Director of Service Transformation) Yvonne Thomas (Director of Partnerships)
CGR224 2 C12 Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirement of the research governance framework are consistently applied.						
A-3245		02/Apr/2009: NHS Walsall has a Research and Development Committee which is chaired by Dr Gutteridge who is a Non Executive Director. The purpose of the Committee is to approve research projects which are to take place within the organisation, and discuss research governance issues in general. The Research Lead for NHS Walsall collates all information about research projects, ensuring that all relevant documentation is in place before either Trust or overall research governance approval is given. All non-portfolio research has a 6 monthly check to ensure no details have changed. All portfolio research is managed by Birmingham and Black Country CLRN, although NHS Walsall still has to give Trust approval for the research to take place. The Research Lead provides resource materials to researchers, and provides support to researcher if required in completing the IRAS forms.	Completed	Low	23	Yvette Sheward (Director of Corporate Development) Kirstie Macmillan (Records Management Project Manager) Sara Saville (Head of Assurance)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 3 C13a Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.						
A-3246	Element one - The PCT ensures that staff treat patients/ service users, carers and relatives with dignity and respect and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect	03/Apr/2009: NHS Walsall expects all staff to treat patients and members of the public with dignity and respect. Concerns or complaints suggesting that staff had not complied with this expectation would be investigated via the appropriate processes, which may be via the Complaints Procedure, the whistleblowing policy, the management of risk/incident reporting policy or via disciplinary procedures.	Completed	Low	1	Yvette Sheward (Director of Corporate Development) Nicky Bourne (Corporate Affairs Manager) Sara Saville (Head of Assurance)
A-3247	Element two - In commissioning healthcare services, the PCT seeks to meet the needs and rights of different patient groups with regard to dignity including by meeting the relevant requirements in accordance with the Human Rights Act 1998 and the 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 following "public body duties" statutes:the Race Relations (Amendment) Act 2000 the Disability Discrimination Act 2005, and the Equality Act 2006. and where appropriate, having due regard to the associated codes of practice. The healthcare organisation should act in accordance with the requirements in the National Service Framework for older people (Health Service circular 2001/007), to ensure that older people are not unfairly discriminated against in accessing NHS or social care services as a result of their age. * The phrase "public body duties" is defined in C7e.	03/Apr/2009: All contracts for main providers include a schedule for Equality and Diversity. Main providers provide monthly figures and quarterly equality reports.	Completed	Low		Yvette Sheward (Director of Corporate Development) Narinder Sahota (Associate Medical Director Primary Care) Paul Deeley-Brewer (Head of Healthcare Governance) Sara Saville (Head of Assurance)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 4 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 patient confidential information.						
A-3248	Element two - The PCT provides patients/service users, including those with language and/or communication support needs, with appropriate and sufficient information suitable to their needs, on the use and disclosure of confidential information held about them in accordance with Confidentiality: NHS code of practice (Department of Health 2003)	03/Apr/2009: NHS Walsall has a Consent to Examination or Treatment Policy and also a Confidentiality Code of Conduct Policy which addresses all of the issues highlighted. Currently a Clinical Record Keeping Policy is being written which will also make reference to these issues.	Completed	Low		<p>Yvette Sheward (Director of Corporate Development)</p> <p>Barbara Yates (Clinical Informatics)</p> <p>Kirstie Macmillan (Records Management Project Manager)</p>
A-3249	Element three - The PCT monitors and reviews current practices to ensure effective consent processes relating to element 2 (on the use and disclosure of confidential information held about them).	03/Apr/2009: The Consent to Examination or Treatment Policy is due to be reviewed in order to ensure the effectiveness of the policy. The Confidentiality Code of Practice has recently been reviewed and is waiting final approval. The Clinical Record Keeping Policy is currently being compiled.	Completed	Low	2	<p>Yvette Sheward (Director of Corporate Development)</p> <p>Barbara Yates (Clinical Informatics)</p> <p>Kirstie Macmillan (Records Management Project Manager)</p>

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 5 C13c Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, expect where authorised by legislation to the contrary.						
A-3250	Element one - When using and disclosing patients'/service users personal information, PCT staff act in accordance with the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 and Confidentiality: NHS code of practice (Department of Health 2003), Caldicott Guardian Manual 2006 (Department of Health 2006) PCTs should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.	<p>03/Apr/2009: NHS Walsall has policies in place to safeguard the management of records and patient identifiable data, and conducted an organisation-wide audit in 2008 in accordance with the Department of Health Information Governance Assurance Programme. Actions required in response to the Chief Executive's letter (Gateway 9912) have been carried out and the organisation was rated "green" for Information Governance "Connecting for Health" standards. All staff are informed at appointment of their responsibilities in regard to Information Governance and Data Protection. Advice and support on Information Governance issues is available to staff via the Corporate Development Department.</p> <p>This is permanently ongoing since staff are consistently being made aware of such matters through induction (where the issue of confidentiality is specifically addressed along with all the various legislative requirements) and mandatory training and occasional specific training on consent matters to clinicians. Occasional spot checks of staff understanding are taken including mention in our Record Keeping Audit.</p> <p>The confidentiality of patient information (in line with the requirements of the NHS Code of Practice:- Confidentiality) is covered in our policies and procedures regarding confidentiality. All our equipment including laptops and blackberry's are now password protected.</p>	Completed	Low		<p>Sam Ramaiah (Director of Public Health / Medical Director)</p> <p>Nicky Bourne (Corporate Affairs Manager)</p>

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 6 C14a Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.						
A-3251	Element one - PCTs ensure that patients/ service users, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system relating to the PCT's functions as a commissioning body, including information about how to escalate their concerns and the PCT acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to them.	03/Apr/2009: NHS Walsall ensures that patients are able to access and are properly informed about our Complaints Procedures and ensures that formal complainants are advised as regards next steps available to them should they be dissatisfied with the outcome of Local Resolution. NHS Walsall has high levels of compliance with statutory NHS Complaints Procedure regulations with very few complaints progressing beyond Local Resolution.	Completed	Low		Yvette Sheward (Director of Corporate Development) Nicky Bourne (Corporate Affairs Manager)
A-3252	Element two - Patients/ service users, relatives and carers are provided with opportunities to give feedback to the PCT on the quality of services it commissions.	03/Apr/2009: Details of how to complain are mailed to every household in Walsall in December of each year. Details of how to contact PALS are mailed to every household in Walsall in December each year. Details of how to contact PALS regularly appear in the local press. PALS and complaints feature prominently on the website, and have a dedicated email address PALS and complaints information features on service literature. NHS Walsall is extremely active in gaining feedback from patients, service users, relatives and carers, through: MyNHS Walsall -- the UK's first PCT membership scheme, with the first 'patient's parliament'. 2500 members, 50 parliamentarians.	Completed	Low	3	Yvette Sheward (Director of Corporate Development) Dominic Leadbetter () Martin Turner (Head of Communications)
CGR224 7 C14b Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.						
A-3253	Element one - The PCT has systems in place to ensure that patients/ service users, carers and relatives are not treated adversely as a result of having complained.	03/Apr/2009: NHS Walsall promotes an absolute expectation that no patient or other member of the public should be disadvantaged or treated adversely because they have complained. In the event that NHS Walsall did receive a report from a patient that they believed that they had been treated adversely because they had complained, then they would be offered the opportunity to have this concern investigated also. NHS Walsall advises all formal complainants of details for the Independent Complaints Advocacy Service.	Completed	Low		Yvette Sheward (Director of Corporate Development) Nicky Bourne (Corporate Affairs Manager)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 8 C14c Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.						
A-3254	Element one - The PCT acts on, and responds to, complaints appropriately and in a timely manner and acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to the PCT.	03/Apr/2009: NHS Walsall encourages responsiveness to complaints and works closely with investigating officers and PALS to enable complaints to be resolved at the earliest possible stage. NHS Walsall has high levels of compliance with statutory NHS Complaints Procedure regulations with very few complaints progressing beyond Local Resolution.	Completed	Low		Yvette Sheward (Director of Corporate Development) Nicky Bourne (Corporate Affairs Manager)
A-3255	Element two - Demonstrable improvements are made to the delivery of a PCT's functions as a commissioning body as a result of concerns and complaints from patients/ service users, relatives and carers.	03/Apr/2009: Individual complaints raised with NHS Walsall about our services are investigated in order that a response can be provided. Organisational policy and procedures encourage investigating officers to proactively approach complaints from the perspective of a learning organisation, and complaint responses incorporate details of actions or changes made as a result of the complaint. All complaints are logged on the organisation's Safeguard database and are analysed in order to identify any patterns or trends to facilitate opportunity for organisational learning. Learning, improvements and service developments arising from complaints are reported to the Board.	Completed	Low		Yvette Sheward (Director of Corporate Development) Nicky Bourne (Corporate Affairs Manager)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR224 9 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.						
A-3256		<p>03/Apr/2009: The patient prospectus, Your Guide to Local Health Services, is mailed to every household in Walsall annually with information on services and how to access them.</p> <p>A supplementary document, including the contact details of every GP in Walsall, as well as details for all the NHS Walsall services, is mailed to every household in Walsall in February. The Annual Report completes information available on general services, and is published in September. Extensive information is available on the website, www.walsall.nhs.uk A suite of clinically-led information is developed by clinicians in conjunction with the Communications department and distributed at the point of clinical contact on the care and treatment they received. Services which have been identified as poorly understood by the public, or where take-up is poor, are the subject of specific Social Marketing campaigns for the entire population. These included in 2008 Quit Smoking, Cervical Screening, Chlamydia Screening, Healthy Weight, Teenage Pregnancy, Access to contraception, Access to Sexual Health clinics, Access to flu vaccination, Accident and Emergency. NHS Walsall has a Public Information Strategy which was ratified by the Board and approved by the Healthcare Commission and the West Midlands Strategic Health Authority in 2004. The strategy is supported by a suite of policies, and an annual investment of £70k is made in translation, interpreting and signing, in support of this strategy. NHS Walsall, in partnership with local disability organisations, funds a braille machine. In addition, NHS Walsall has commissioned an information feasibility study to examine current channels and arrangements for disseminating health related information in Walsall, explore how these might be enhanced and make appropriate recommendations (with costings) about the options available to us. This study has been undertaken with the full co-operation of partners, including the Local Authority, voluntary sector, local people etc., and has involved both primary and secondary research.</p>	Completed	Low	3	<p>Yvonne Thomas (Director of Partnerships)</p> <p>Catherine Boneham (Head of PPI)</p> <p>Dominic Leadbetter (MyNHS Walsall Manager)</p> <p>Martin Turner (Head of Communications)</p>

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
<p>A-3257 Element two - The PCT provides patients/ service users and, where appropriate, carers with sufficient and accessible information on the services it commissions, including those patients/ service users and carers with communication or language support needs. In doing so PCTs must have regard, where appropriate, to the Code of Practice to the Mental Capacity Act 2005 (Department of Constitutional Affairs 2007) and the Code of Practice to the Mental Health Act (Department of Constitutional Affairs 1983).</p>		<p>03/Apr/2009: The PCT sends information on services available to every house in Walsall twice each year, and makes information available throughout through www.walsall.nhs.uk. A clinician-led suite of clinical leaflets and other information has been developed for use as appropriate at commencement of care. The PCT runs an active programme of Social Marketing campaigns to inform patients of services where indications are that take-up is lower than would be expected from public health data on prevalence of particular conditions. The PCT's Public Information Strategy sets out its provision of on demand of materials and information in user-requested formats, and invests £70,000 pa in fulfilling these policies, primarily for hearing-impaired, visually-impaired, and non-English speaking service users. The PCT has invested substantially with the Local Authority through the joint Learning Disabilities service in provision of patient information for people with Learning Disabilities. The PCT's commissioned service for Mental Health, Dudley and Walsall Mental Health Partnership Trust, has invested substantially in providing patient information through the care pathway approach, and this has been verified through the Mental Health patient survey.</p>	Completed	Low		<p>Yvonne Thomas (Director of Partnerships)</p> <p>Dominic Leadbetter (MyNHS Walsall Manager)</p> <p>Martin Turner (Head of Communications)</p>

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR225 0 C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.						
A-3258		<p>03/Apr/2009: Patient and Public involvement is an integral part of all planning and decision making groups within NHS Walsall. When considering the strategic plans for the Local Health Economy earlier in this financial year, all the commissioning managers consulted with interested members of the public about their vision and future actions. The event took place over 2 days and covered 9 clinical pathways. The report of the event is attached as evidence.</p> <p>Other specific examples of PPI work are as follows: In relation to young carers, NHS Walsall has commenced a piece of work with young people, using participatory appraisal techniques, to gather their views on caring and the support that they need. This is expected to report in March and the information gained will be used to inform and validate the Multi-agency Young Carers Plan.</p> <p>Public consultation was also undertaken concerning plans for Urgent care in Walsall. A copy of the report is attached as evidence.</p>	Completed	Low	19	<p>Yvonne Thomas (Director of Partnerships)</p> <p>Catherine Boneham (Head of PPI)</p> <p>Dominic Leadbetter (MyNHS Walsall Manager)</p> <p>Martin Turner (Head of Communications)</p>
<p>Element one - The PCT seeks and collects the views and experiences of patients/service users, carers and the local community, particularly those people who are seldom listened to, on an ongoing basis when commissioning, designing, planning, and improving healthcare services, as required by Section 242 of the National Health Services Act 2006 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 any subsequent statutory guidance introduced in the assessment year. In doing so PCT acts in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender along with impact assessments) under the following "public body duties" * statutes: the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005, and the Equality Act 2006; and where appropriate, having due regard to the associated codes of practice. * The phrase "public body duties" is defined in C7e.</p>						

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
A-3259		<p>03/Apr/2009: NHS Walsall uses its database of individuals and groups who have expressed an interest in a particular health issues/areas of service to promote opportunities for involvement to all concerned. Following public consultation events, interested groups who request specific information are given the input they require. One example was a visit to Apnar Ghar Day Centre by the Senior Commissioning Manager and Head of Engagement following a request from members of the group, and some of the sheltered housing residents who had attended our local Health Economy event, to continue the discussion with other members of their group who had been unable to attend the original event.</p> <p>NHS Walsall has established the UK leading public engagement programme, MyNHS Walsall, which gives the public a greater say in the NHS than ever before, and than anywhere else. MyNHS Walsall has 2500 members. In one recent request for feedback, 500 members replied during a single week. The MyNHS Walsall parliament has the power to put items onto the Board agenda, thereby creating an unprecedented level of response. NHS Walsall has established the UK leading public engagement programme, MyNHS Walsall, which gives the public a greater say in the NHS than ever before, and than anywhere else. MyNHS Walsall has 2500 members. In one recent request for feedback, 500 members replied during a single week. The MyNHS Walsall parliament has the power to put items onto the Board agenda, thereby creating an unprecedented level of response. NHS Walsall actively recruits to MyNHS Walsall in a range of types of venues and areas, and through a wide range of media, including media specific to under-represented groups, and, when running promotional programmes on the street, carefully selects an ethnic and gender balance of promotional staff to reflect the make up of the population, and ensure the greatest accessibility. Identification of the impact PPI has had on service improvement and commissioning decisions by managers and leads ia ongoing and feedback to those who have been involved is expected as part of the PPI process. This is reviewed and monitored regularly through Senior Managers and as part of contract management.</p>	In progress	Low	3	<p>Yvonne Thomas (Director of Partnerships)</p> <p>Catherine Boneham (Head of PPI)</p> <p>Dominic Leadbetter (MyNHS Walsall Manager)</p> <p>Martin Turner (Head of Communications)</p>

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR225 1 C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.						
A-3260		03/Apr/2009: NHS Walsall complies with this standard. We commission new services, NHS Walsall commissions these in response to local and borough wide Health Care Needs Assessments. Our approach is to ensure that services are provided to facilitate easy and local access in order to ensure all members of the population access services they need, examples of this approach include the EAPC GP practice procurement programme and also the Dental practices procurement programme. Concerning the EAPC programme we conducted an equality impact assessment, which identified the specific service access requirements for the intended population. The outcome of the assessment informed the procurement evaluation approach in order to ensure that this was more sensitive and responsive to the needs identified and to ensure contracts awarded complied with the requirements set out in this standard. In addition, this approach is being applied and operated in a systematic way to other NHS Walsall primary care procurement, e.g. new Dental practices. Also the accreditation process for any willing providers also asks providers how they will meet the service access requirements for the specific services being commissioned, e.g. Gynaecology, Outpatients clinics and Community ENT clinics.	Completed	Low	2	Anne Baines (Director of Service Transformation) Phil Griffin (Associate Director of Primary Care Commissioning)
A-3261		03/Apr/2009: NHS Walsall complies with this standard. All patients are offered choice with regard to local health care services, this is discussed at the point of referral with the GP. All contractors have a contractual obligation to ensure that services are offered on a fair, just and reasonable basis and that patients are not discriminated against on the grounds of: Race, gender, social class, age, religion, sexual orientation or appearance Disability or medical condition. This is written in as a contractual standard to primary care contracts, including GMS, PMS, APMS and Dental services.	Completed	Low	2	Anne Baines (Director of Service Transformation) Phil Griffin (Associate Director of Primary Care Commissioning)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR225 2 C20a Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.						
A-3262		<p>03/Apr/2009: The NHS Walsall Estate Strategy was fully updated in March 2008 and agreed by the Board in April 2008. This strategy highlights overall compliance with the environment in which healthcare is delivered. A complete re-survey of the six facet study is currently underway and will be complete by the end of March 2009.</p> <p>Required investment to bring any of the six facets up to condition 'B' is scheduled into the Trust five year Capital Programme.</p>	Completed	Low		Julian Rainsford (Director of Estates)
A-3263		<p>03/Apr/2009: The tPCT remains compliant with standard C20a and maintains a high standard of the environment to protect all users of our premises and our assets. Any physical issues with our assets will be highlighted within the six facet report which is being re-surveyed during March 2009. Resources required to improve to condition 'B' will be included within the five year capital programme.</p> <p>The tPCT also has an active Local Security Management Specialist (LSMS) who advises on security matters and conducts security reviews on premises in a planned and reactive manner.</p>	In progress	Low	10	Julian Rainsford (Director of Estates) Clive Spencer (Facilities Manager) Mark Doran (Health and Safety Manager)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR225 3 C22a&c Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) co-operating with each other and with local authorities and other organisations; and c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.						
A-3264	Element one - The PCT actively 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 through the Local Strategic Partnership(s), children's partnership arrangements, Crime and Disorder Reduction Partnerships, and other recognised partnerships, such as Youth Offending Teams.	<p>15/Apr/2009: Work across the partnership to support the LSP and Crime and Reduction Partnership, minutes of meetings and membership available. The Drugs and Alcohol strategy sits under the CDRP, we fully contribute to joint commissioning with partnerships evidence of minutes and TOR for the above</p> <p>Joint Strategic Partnership for Children and Young People and Maternity services are in place. Childrens Trust arrangements in place and Governance framework and Performance team, minutes of meeting of the above as evidence and the framework available. Childrens Trust and Children & Young peoples voices, documents available. The Children Plan jointly written to address health inequalities available as evidence Commenced discussions about Joint Strategic Commissioning for Adult services, away day evidence to support this development.</p>	Completed	Low		<p>Yvonne Thomas (Director of Partnerships)</p> <p>Jane Evans (Assistant Director of Commissioning Children and Maternity Services)</p>
A-3265	Element two - The PCT works closely with partners in coordinating health equity audits, conducting a comprehensive Joint Strategic Needs Assessment (JSNA), and contributing to developing the health and health-related Local Area Agreements, which are reflected in their strategic or operational planning.	03/Apr/2009: The JSNA Core Strategy Group has full representation from the LA, LSP and PCT Senior Directors.	Completed	Low	1	<p>Sam Ramaiah (Director of Public Health / Medical Director)</p> <p>Paulette Myers (Consultant in PH Medicine)</p>
A-3266	Element three - Commissioning decisions are taken based on the JSNA and in line with the LAA, and taken in consultation with clinicians, local authorities and other partners, including patients, the public and their representatives.	20/Apr/2009: JSNA developed in partnership with the local authority.	Completed	Low		<p>Anne Baines (Director of Service Transformation)</p> <p>Mark Lane (Performance Manager)</p>
A-3267	Element four - The PCT monitors and reviews its contribution to public health partnership arrangements and takes action as required.	03/Apr/2009: This year we have, together with our LSP partners, produced a Health Inequalities Strategy 2008. The CEO is Vice Chair of the Borough's LSP Board and we are part of an on-going review of the partnership structures in Walsall. The PCT has recently appointed a Director of Partnerships	Completed	Low	7	<p>Sam Ramaiah (Director of Public Health / Medical Director)</p> <p>Rachel Robinson ()</p>

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR225 4 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.						
A-3268	Element one - The PCT's policies and practice to improve health and narrow health inequalities are informed by the local director of public health's (DPH) annual public health report (APHR).	03/Apr/2009: The annual report of the Director of Public Health is presented to the PCT Board, Borough Partnership (LSP) and a range of other relevant joint fora. It is widely disseminated. Key PCT strategies are based on the recommendations from the DPH report. This year's report is entitled 'Walsall's Socially Excluded: Who are they?'	Completed	Low	7	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
CGR225 5 C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.						
A-3269	Element one - The PCT coordinates health equity audit, equality impact assessments and assesses the health needs of its local population, including analysis of its demography, health status and health inequalities, health and social care use, and patient and public views and contributes this to the joint strategic needs assessment (JSNA).	03/Apr/2009: We have developed our first JSNA strategy in partnership which is being used to support prioritisation and commissioning decisions. Specific themed health needs assessments and equity audits are an on-going part of our work and programme.	Completed	Low	2	Sam Ramaiah (Director of Public Health / Medical Director) Paulette Myers (Consultant in PH Medicine)
A-3270	Element two - The PCT's commissioning decisions and local target setting are informed by intelligence from its assessment of health needs, the JSNA, the Director of Public Health's Annual Public Health Report (APHR), information from health equity audits, equality impact assessments, evidence of effectiveness and national priorities	03/Apr/2009: NHS Walsall's (World Class Commissioning) Strategic Plan, in setting out priorities and objectives draws heavily upon key public health and strategy documents. The strategic plan is the PCT's key document in defining its priorities and is the basis upon which commissioning decisions are made. The key contributory documents to the strategic plan are: JSNA 2008 Towards a Healthier Walsall - 5 year strategy Local Health Economy Plan and Vision Local Development Plan Annual Patient Surveys IPSOS Mori Poll NHS Policy documents: High Quality Care for All (DH) Investing for Health: A Strategic Framework for NHS West Midlands 2007 Investing for Health Step 2: NHS West Midlands 2008	Completed	Low		Anne Baines (Director of Service Transformation) Mark Lane (Senior Commissioning Manager)
A-3271	Element three - The PCT commissions good-quality, evidencebased programmes and services to improve health and well-being, and narrow health inequalities, based on the needs of the population served.	03/Apr/2009: Allocation of funding through the investment plan process is dependent on proposals demonstrating that they are evidence based and that they will lead to reductions in health inequalities. We are in the process of introducing Health Inequalities gap targets and Health Inequalities Impact Assessment for all new strategies. The JSNA and specific themed needs assessments are used to support prioritisation and commissioning decisions.	Completed	Low	3	Anne Baines (Director of Service Transformation) John Linnane (Deputy Director of Public Health) Mark Lane (Senior Commissioning Manager)
A-3272	Element four - The PCT monitors and reviews its commissioning decisions in relation to improving health and tackling health inequalities and, where appropriate, makes changes	03/Apr/2009: We are in the process of implementing a Health Inequalities Impact Assessment process for all new PCT strategies and policies. This will be integrated into the Investment Plan prioritisation process	Completed	Low	3	Anne Baines (Director of Service Transformation) Sam Ramaiah (Director of Public Health / Medical Director)

Action	Date due	Latest progress	Status	Risk	Links	Responsibility
A-3273	Element five - The PCT implements policies and practices to improve the health and wellbeing of its workforce.	03/Apr/2009: Policies and procedures are in place to support the health and wellbeing of all staff. The Trust has a health promotion programme that meets the requirements of the national service frameworks with regards to obesity, smoking etc.	Completed	Low	0	Yvette Sheward (Director of Corporate Development) Michelle Taylor (Interim Head of Human Resources)
CGR225 6 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.						
A-3274	Element one - In commissioning services, the PCT is satisfied that the provider will protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with The NHS Emergency Planning Guidance 2005, and associated supplements (Department of Health, 2005, 2007), NHS Resilience and Business Continuity Management Guidance: Interim Strategic National Guidance for NHS Organisations (Department of Health, 2008) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).	03/Apr/2009: All the existing Incident Plans are being re-drafted to take into account of recent guidance, this work is due for completion by 31st March 2009. The PCT commissioners require providers to have emergency plans in place for major incidents and pandemic flu supported by business continuity plans. These have to be available for inspection and they are required to test/exercise these annually.	Completed	Low		Sam Ramaiah (Director of Public Health / Medical Director) Gary Evans (Emergency Planning Officer)
A-3275	Element two - The PCT protects the public by working with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, The NHS Emergency Planning Guidance 2005 and associated annexes (Department of Health 2005, 2007) and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).	03/Apr/2009: The PCT works closely with Walsall Hospitals NHS Trust; Walsall Council and Walsall Resilience Forum to co-ordinate plans for emergency preparedness. This includes both organisational and multi agency training and exercising in accordance with national guidance. A new programme of exercises is currently being compiled and commences in February 2009 with Executive Team Major Incident Plan awareness sessions and table top exercises.	Completed	Low		Sam Ramaiah (Director of Public Health / Medical Director) Gary Evans (Emergency Planning Officer)