Summary report of all actions related to the Standards for better health - Core standards

Walsall **NHS**
Teaching Primary Care Trust

Action		Date due	Latest progress	Status	Links	Responsibility
Actions related to Standards for better health - Core standards						
CGR138	**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 analysis of incidents**					
A-536	There is a defined Reporting Process and Incidents are reported regularly ie. Local processes and national systems.	31 Jul 2005	22 Aug 2005: Level 1A risk Management Scheme for PCTs achieved with a 100% compliance. Level 1B completed October 2005. There is a process in place for reporting incidents. These incidents are analysed and reported on at regular intervals. See below The Risk Management Strategy and Policy have been reviewed and approved by the Trust Board. Risk Management Training is delivered at Induction and Mandatory Training Sessions. It is also mandatory for managers to attend Risk Management and Risk Assessmer Training.	Completed	42	Yvette Sheward (Associate Director of Governance) Judy Preece (Risk Manager)
A-537	Reported incidents are counted, aggregated and analysed to identify patterns and trends, and periodically reported.	31 Jul 2005	11 Apr 2005: Reports are received by: Risk Management Committee - quarterly Clinical Governance Committee - bi-monthly Clinical Governance Task groups-- monthly	Completed	7	Yvette Sheward (Associate Director of Governance) Judy Preece (Risk Manager)
A-538	Improvements in practice are made as a result of analysis of Local and National Incidents.	31 Jul 2005	11 Apr 2005: Serious Event Reviews [SERs] take place following Serious Untoward Incidents. Root Cause Analysis Training in place. Action Plans in pla following SERs	Completed	5	Yvette Sheward (Associate Director of Governance) Judy Preece (Risk Manager)
A-1111	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: Evidence and progress as above	Completed		Karen Williams (General Manager for Service Development)

	Action	Date due	Latest progress	Status	Links	Responsibility
CGR195	**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 timescales**					
A-539	Patient Safety Communications are regularly reviewed by appropriate individuals.	31 Jul 2005	30 Mar 2005: Hazard Alert Notices are distributed throughout WtPCT using SABS. This is co-ordinated by Health & Safety Manager WAH	Completed	2	Julian Rainsford (Deputy Director of Estates) / Mark Doran (Health & Safety Manager)
A-540	Patient Safety Communications are acted upon within stated timeframes.	31 Jul 2005	09 Jun 2005: Paper to Risk Management Committee re: Patients Safety Communications. Risk Management Committee agreed on process.	Completed	2	Julian Rainsford (Deputy Director of Estates) / Mark Doran (Health & Safety Manager)
A-1112	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: As above	Completed		Karen Williams (General Manager for Service Development)
CGR196	**C2 Healthcare Organisations protect children by following National Child Protection Guidance within their own activities and in their dealings with other Organisations**					
A-541	The Healthcare Organisation has Internal Systems in place to protect children.	31 Jul 2005	11 Apr 2005: There is a Health Sub Group which reports to the Full Walsall ACPC, Children's Clinical Governance Tas Group, and children's LIT. We have an updated action plan. Mandatory training for all new staff and existing staff workin on the front line. HVs SHA and CDC have Mandatory Training yearly. Our GP Lead has commenced work with a practices on training and we have regular audits on case notes.	Completed	12	Terry Mingay (Nurse Director / Deputy Chief Executive) / Jane Evans (Associate Director of Childrens Services)
A-542	The Healthcare Organisation works with all relevant partners and Communities to protect children.	31 Jul 2005	29 Jun 2005: There is a Health Sub Group that reports directly to Walsall ACPC (Chaired by Associate Director of Children's Services). The Walsall ACPC has been strengthened New TOR implemented and a full business plan in place to implement Walsall Safeguarding Children's Board which will be statutory in April 2006, (Chaired by Associate Director of Children's Services). We have a Training Group which is joint training between agencies and a tPCT Training Group. The Local Preventative strategy (joi between agencies) is in place and has lead to the Child Concern Model being developed multi agency training in place, and evaluation of the model in progress.	Completed	12	Terry Mingay (Nurse Director / Deputy Chief Executive) / Jane Evans (Associate Director of Childrens Services)
A-1090	Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties.	31 Jul 2005	03 Oct 2005: CRB checks are conducted for all staff and students	Completed	1	Julie Cooper (Director of Human Resources & Workforce Development)

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CGR343 **C3 Healthcare Organisations protect patients by following NICE Interventional Procedures Guidance.**					
A-543 The Healthcare Organisation follows NICE Interventional Procedures Guidance.	31 Jul 2005	26 Sep 2005: Where appropriate NICE Interventions Procedures are followed. The tPCT and Walsall Hospitals NHS Trust hold joint meetings regarding implementation and dissemination of NICE guidelines	Completed	1	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)
CGR344 **C4a Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that; a) The risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.**					
A-544 The Healthcare Organisation takes steps to minimise the risk of healthcare acquired infection to patients.	31 Jul 2005	06 Apr 2005: The evidence to support this standard includes:- Infection Control Plan, The tPCT has adopted "Winning Ways" this is an action plan for the prevention and control of healthcare associated infection, produced by the Department of Health. Infection Control Committee Chaired by Nurse Director, accountable to Clinical Governance Committee.	Completed	27	Terry Mingay (Nurse Director / Deputy Chief Executive) David Shakespeare (Infection, Prevention & Control Nurse)
A-545 The Healthcare Organisation has systems in place to ensure achieves year on year reductions in MRSA.	31 Jul 2005	27 Jul 2005: See above	Completed	6	Terry Mingay (Nurse Director / Deputy Chief Executive) David Shakespeare (Infection, Prevention & Control Nurse)

Action	Date due	Latest progress	Status	Links	Responsibility
CGR345 **C4b Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that; b) all risk associated with the acquisition and use of Medical Devices are minimised;**					
A-546 The Healthcare Organisation takes steps to minimise the risks associated with the acquisition of Medical Devices.	31 Jul 2005	06 Apr 2005: Protocol for Acquisition of Medical Devices is included as part of the Medical Devices Policy. Acquisition group in place.	Completed	3	Julian Rainsford (Deputy Director of Estates) Mark Doran (Health & Safety Manager)
A-547 There are systems in place to minimise the risks associated with the use of Medical Devices.	31 Jul 2005	09 Jun 2005: Policies & Procedures in place to minimize the risks associated with the use of Medical Devices.	Completed	4	Julian Rainsford (Deputy Director of Estates) Mark Doran (Health and Safety Manager)
A-1099 Mental Health specific evidence	31 Jul 2005	04 Oct 2005: ECT accreditation achieved	Completed	1	Karen Williams (General Manager for Service Development)
CGR346 **C4c Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that; c) all reusable Medical Devices are properly decontaminated prior to use and that the risks associated with the decontamination Facilitators and process are well managed.**					
A-548 The Healthcare Organisation ensures that all reusable Medical Devices are properly decontaminated in appropriate facilities.	31 Jul 2005	30 Sep 2005: Policies and Procedures in place.	Completed	8	Terry Mingay (Nurse Director / Deputy Chief Executive) David Shakespeare (Infection, Prevention & Control Nurse)
CGR347 **C4d Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that; d) medicines are handled safely and securely**					
A-549 The Healthcare Organisation has systems in place to ensure that medicines are handled safely and securely.	31 Jul 2005	26 Sep 2005: Systems and procedures in place. Also see evidence in Healthcare Commission PCT and Mental Health Survey (medicines questions)	Completed	3	Sam Ramaiah (Director of Public Health / Medical Director) Emma Russell (Pharmaceutical Advisor)
A-1100 Mental Health specific evidence	31 Jul 2005	04 Oct 2005: systems and procedures in place	Completed	1	Karen Williams (General Manager for Service Development)

	Action	Date due	Latest progress	Status	Links	Responsibility
CGR348	**C4e Healthcare Organisations keep patients, staff and visitors safe by having systems to ensure that; e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the Health and Safety of the environment.**					
A-550	There are clear lines of accountability for Waste Management.	31 Jul 2005	30 Sep 2005: Information on registration for the hazardous waste regulations has been submitted to the environmental agency for all tPCT premises that generate I clinical waste this includes: GPs, Pharmacists, Dentists and hospitals.	Completed	2	Julian Rainsford (Deputy Director of Estates) Keith Palmer (Senior Support Services Manager)
A-551	Waste is properly managed to minimise the risks to Patients, Staff, Public and Environment.	31 Jul 2005	04 Oct 2005: well setablished systems in place	Completed	6	Julian Rainsford (Deputy Director of Estates) Keith Palmer (Senior Support Services Manager)
CGR350	**C5a Healthcare Organisations ensure that: a) 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-466	The Healthcare Organisation conforms to NICE Technology Appraisals, when appropriate, or provides an acceptable rationale for non-compliance.	31 Jul 2005	22 Aug 2005: Accountabilities for dissemination and implementation of guidance have been agreed. Monitoring c clinical effectiveness guidance throughout the PCT agreed. A joint NICE Working Group established. Database and procedures for dissemination and implementation of guidance produced.	Completed	20	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)
A-467	Nationally agreed best practice is taken into account when planning and delivering care, as appropriate.	31 Jul 2005	13 May 2005: As above	Completed	24	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR351	**C5b Healthcare Organisations ensure that b) clinical care and treatment are carried out under Supervision and Leadership.**					
A-468	There are mechanisms in place to ensure that all staff involve in delivering clinical care and treatment receive appropriate supervision.	31 Jul 2005	30 Sep 2005: In all areas of nursing services in the tPCT, nurses have reporting mechanisms to more senior nurses and subsequently to the Nurse Director. Senior nurses in all areas form the Nurse Professional Forum (Chaired by the Nurse Director) which discusses all issues pertaining to the profession, develops models of working and develops and approves policies and procedures for dissemination to the nursing workforce via discipline-specific groups and the Mental Health Nurse Forum (chaired by the Head of Mental Health Nursing). Specialist nurses are also managed by a senior nurse (also on the forum) and use evidence bases in their own specialist areas to ensure that best practice is disseminated. They and the clinical nurse specialists for education conduct individual and service audits, pick up issues and problems and devise mechanisms to address them. As part of this work and linked to Agenda for Change the KSF is being developed such that career pathways are place in all areas. Heads of the AHPs have similar process for each profession. A Clinical Practice Development Strategy for Community Nurses is in place. Heads of AHP have similar processes for each profession.	Completed	10	Terry Mingay (Nurse Director / Deputy Chief Executive) Margaret Willcox (Director of Mental Health) Sam Ramaiah (Director of Public Health / Medical Director)
A-469	Clinical Leadership is supported and developed across all Disciplines.	31 Jul 2005	29 Jun 2005: The new management structure ensured that all nurses have direct links to appropriate clinical leadership (e.g. DNs for DNs, HVs for HVs etc - including mental health and learning disability nurses in their own professional groups. All clinical leads for nurses report to the Nurse Director, thus ensuring the clinical leadership. All AHPs have reporting links to their head of profession. See also A468.	Completed	8	Terry Mingay (Nurse Director / Deputy Chief Executive) Margaret Willcox (Director of Mental Health)
A-1101	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: Progress included in above information	Completed		Karen Williams (General Manager for Service Development)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR352	**C5c Healthcare Organisations ensure that c) Clinicians continuously update skills and techniques relevant to their clinical work**					
A-471	Clinical professionals from all disciplines have access to and participate in activities to update the skills and techniques relevant to their clinical work.	31 Jul 2005	06 Jul 2005: Appraisal and personal development planning systemised throughout the organisation with links to training plans on an organisation wide and departmental basis. Clinical Nurse Specialists for Education (CNS-Educ) are based in the training department to form the professional and education links. Specialist nurses develop education programmes in their own areas and with the CNS-Educ have processes in place to train staff and check competences. Heads of Mental Health and Learning Disability Nursing develop programmes required in their areas. Consultants are appraised annually by Medical Director, the in turn they appraise the Associate Specialists and junior Medical staff. SHOs' complete documentation and their Educational Supervisors complete three reports a year. SHOs' also have to regularly update their official log books, which they take from one rotation to another. CNS for Education and Development (DNs') training needs analysis is linked to block contract. There is also a robust in house training programme linked to PDP's - updated 3 monthly. Staff Nurse assessment programme developed following information gathered from staff nurse appraisals. Induction Programme developed for all Community Nurses. Final placement programme developed incorporating, recruitment initiatives for newly qualified staff. Links with academic centres and external facilitators to provide staff update and specialist training e.g. Palliative Care. AHPs' have in-house training programmes and access to training via BBC funds.	Completed	19	Terry Mingay (Nurse Director / Deputy Chief Executive) (Lead nurses) Margaret Willcox (Director of Mental Health)
A-1102	Mental Health	31 Jul 2005	05 Oct 2005: See above	Completed	5	Karen Williams (General Manager for Service Development)

Action	Date due	Latest progress	Status	Links	Responsibility

CGR353 **C5d Healthcare Organisations ensure that (d) Clinicians participate in regular Clinical Audit and reviews of Clinical Services.**

Action	Date due	Latest progress	Status	Links	Responsibility
A-472	Clinical Professionals are involved in the system for prioritisin conducting, reporting and acting on Clinical Audits.	31 Jul 2005	23 Aug 2005: Clinical Audit strategy, protocol, register and action plan in place, monitored by tPCT-wide Clinical Audit Team. PEC has approved corporate priorities for clinical audit. Each directorate has projects on their clinical audit forward plan. Much clinical audit activity is taking place across the tPCT. Clinical audit training is carried out on a monthly basis.	Completed	36	Yvette Sheward (Associate Director of Governance) Robin Sasaru (Clinical Audit Manager)
A-473	Clinical Professionals participate in reviewing the effectivenes of Clinical Services.	31 Jul 2005	22 Aug 2005: Clinical Effectiveness Strategy developed. Clinical Effectiveness Team and Clinical Audit Team in plac Joint NICE group established with Walsall Hospitals NHST. See C3 543	Completed	25	Yvette Sheward (Associate Director of Governance) Robin Sasaru (Clinical Audit Manager)
A-1097	Mental Health specific evidence	31 Jul 2005	04 Oct 2005: Progress/evidence included in above	Completed	2	Karen Williams (General Manager for Service Development)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR354	**C6 Healthcare Organisations cooperate with each other and Social Care Organisations to ensure that patients' individual needs are properly managed and met.**					
A-474	The Healthcare Organisation has systems in place to ensure Health and Social Care Organisations cooperate with each other.	31 Jul 2005	13 May 2005: Senior members of the Organisation meet monthly with partners from Health and Social care in Health and Social Care Partnership Board, and at User Group Partnership Boards - Older people, children's, Learning Disabilities, Younger Adults. These groups develop strategie which are signed off by Partnership Executive Groups whic in turn report to a Joint Executive team (Director of Social Services and Chief Execs of PCT and Hospital Trust). The PCT contributes through the above procedures to all joint strategies. Wherever possible services are delivered in multi agency, multidisciplinary ways. Examples include the Intermediate Care Team, the Stroke Team, the Child and Adolescent Mental Health Team, the Mental Health Crisis Team, servic for Looked After Children, Child Protection Services. The user group partnership boards also carry out the functions of the Local Implementation Teams which are therefore multidisciplinary and multi agency. Other LITs (cancer and diabetes, for example) are also MD and MA.	Completed	10	Paul Jennings (Chief Executive) Terry Mingay (Nurse Director / Deputy Chief Executive)
A-475	The Healthcare Organisation works with relevant partner agencies to ensure that patients' individual needs are properly met and managed.	31 Jul 2005	29 Jun 2005: Wherever possible and relevant processes ar in place to work with partner organisations to identify and manage individuals needs. Systems are robust in several areas e.g. Children's Services (including CAMHS which ha a multi-agency Strategy that sets out aims and objectives tc meet the comprehensive CAMHS by 2006). Mental Health Services for adults, older peoples services and learning disability services where person centred planning is well established. The development of the single assessment process is well developed and increasing the relationship with partner agencies in management of care needs.	Completed	8	Paul Jennings (Chief Executive) Terry Mingay (Nurse Director / Deputy Chief Executive)
A-1098	Mental Health specific evidence	31 Jul 2005	04 Oct 2005: Progress /evidence as above	Completed	6	Karen Williams (General Manager for Service Development)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR359	**C7a Healthcare Organisations a) apply the principles of sound Clinical and Corporate Governance;**					
A-476	The Healthcare Organisation has arrangements in place for Clinical Governance.	31 Jul 2005	22 Aug 2005: Clinical Governance lead for the PEC sits on Trust Board. Clinical Governance Committee chaired by Non-executive Director. A revised Clinical Governance structure in place with reporting and communication system to support structure. Clinical Governance development plan and outturn report, Clinical Governance Workbook, Celebrating Best Practice Events, also refer to C5d Clinical Audit and review results of Patient and Staff Survey	Completed	13	Stella Forsdike (Director of Commissioning & Performance) Yvette Sheward (Associate Director of Governance)
A-477	Functions, Roles and Responsibilities of the Board and accountable Committees are clearly defined.	31 Jul 2005	09 Jun 2005: Clinical Governance Structure and Governance Reporting Framework agreed by Board May 2005	Completed	3	Stella Forsdike (Director of Commissioning & Performance) Yvette Sheward (Associate Director of Governance)
A-478	The Healthcare Organisation has a Corporate Strategy that identifies arrangements for delivering and monitoring its objectives.	31 Jul 2005	07 Jul 2005: Strategy in place and disseminated to all staff	Completed	1	Paul Jennings (Chief Executive) Stella Forsdike (Director of Commissioning & Performance)
A-479	The Healthcare Organisation recognises and uses the principles established by the Committee on Standards in Publ Life (known as the Nolan principles).	31 Jul 2005	13 May 2005: Standards adopted by Board	Completed	1	Stella Forsdike (Director of Commissioning & Performance) Yvette Sheward (Associate Director of Governance)

CGR360	**C7b Healthcare Organisations b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.**				
A-480 The Healthcare Organisation has mechanisms in place to ma informed, transparent decisions.	31 Jul 2005	30 Sep 2005: Board and PEC responsibilities agreed. New committee structures for Governance agreed. Revised Management Structure agreed include new Terms Of Reference for SMT.	Completed	42	Paul Jennings (Chief Executive) Stella Forsdike (Director of Commissioning & Performance)
A-481 The Healthcare Organisation has an effective Counter Fraud Framework.	31 Jul 2005	09 Jun 2005: The Healthcare Organisation has an effective Counter Fraud Framework.	Completed	1	Nicky Cooper (Director of Finance) Val Nadel (Corporate Assurance)
CGR361	**C7c Healthcare Organisations c) undertake systematic Risk Assessment and Risk Management (including compliance with the Controls Assurance Standards);**				
A-484 The Healthcare Organisation has Systematic Risk Assessmen and Risk Management processes in place.	31 Jul 2005	23 Jun 2005: The tPCT gained Level 1A of the Risk Management Standards for Primary Care Trusts. Working towards Level 1B (October 2005). Executive Director identified with accountability for Risk at Board level. One no Executive Director Chairs the Risk Management Committee with one non-Executive as a member. Structure reviewed reporting risk issues to tPCT Board. Risk Management Strategy and Policy reviewed and approved by Trust board May 2005. Risk Management Training continues to be delivered to tPCT staff and Independent Contractors. Route Cause Analysis Training delivered in partnership with NPS, Reporting on an incident and near misses included in Mandatory Training, Induction, Clinical Governance Session and at MALT Sessions. All Risk Registers revised, included Corporate Risk Register, new Assurance Framework developed. Safeguard System integrates data from all incidents, including Complaints and Claims.	Completed	8	Yvette Sheward (Associate Director of Governance) Judy Preece (Risk Manager)
CGR362	**C7d Healthcare Organisations d) ensure Financial Management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;**				
A-482 The Healthcare Organisation ensures that Financial Management Systems achieve economy, efficiency and effectiveness.	31 Jul 2005	13 May 2005: AS PER HEALTHCARE COMMISSION CRITERIA FOR ASSESSING CORE STANDARDS. THIS STANDARD WILL BE MEASUSRED THROUGH THE USE OF RESOURCE ASSESSMENT.	Completed		Paul Jennings (Chief Executive) Nicky Cooper (Director of Finance)

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CGR363	**C7e Healthcare Organisations e) challenge discrimination, promote equality and respect human rights**					
A-485	The Healthcare Organisation challenges discrimination, promotes equality and respects human rights.	31 Jul 2005	30 Sep 2005: Equality and diversity policy being developed Equality and diversity strategy with equality action plans being developed. Race equality impact assessment implemented. Equality monitoring systems in place for; staff in post, leave starters, appraisals, promotions, dismissals, recruitment, disciplinary, grievances and access to training programmes Implemented mandatory training (equity & diversity) for Boa and PEC members, Directors and senior managers. To be rolled out to all staff, agreement on funding of executive post to lead on diversity. Terms of reference agreed for the GAB group. Group being re launched October 2005. Disability group established.	Completed	14	Julie Cooper (Director of Human Resources & Workforce Development)\n\nJacqueline Webley (Diversity Manager)
A-1113	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: Evidence and progress included in above	Completed		Karen Williams (General Manager for Service Development)
CGR364	**C7f Healthcare Organisations f) meet the existing performance requirements set out in the annex.**					
A-486	The Healthcare Organisation is meeting existing performance requirements. THIS STANDARD WILL MEASURED THROUGH EXISTING TARGETS ASSESSMENT	31 Jul 2005	13 May 2005: All key indicators met in 2004/5. Performanc meetings held regularly in Mental Health, Public Health. Performance Review Committee in place	Completed	18	Stella Forsdike (Director of Commissioning & Performance)
CGR365	**C8a Healthcare Organisations support their staff through a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of service**					
A-487	The Healthcare Organisation has processes in place to suppo staff to raise concerns over any aspect of service delivery, treatment or management.	31 Jul 2005	14 Oct 2005: We have a Whistleblowing Policy which is currently under review with staffside. Also see evidence includied in Risk Management Standard level 1A and 1B ar IWL evidence.	Completed	1	Julie Cooper (Director of Human Resources & Workforce Development)\n\nAnn Bakewell (HR Manager)

Action	Date due	Latest progress	Status	Links	Responsibility
CGR366 **C8b Healthcare Organisations support their staff through b) Organisational and Personal Development Programmes which recognise the contribution and value of staff, and address, where appropriate, under representation of minority groups.**					
A-489 The Healthcare Organisation supports and involves staff in Organisational and Personal Development Programmes	31 Jul 2005	09 May 2005: There is an expectation that Staff and Managers participate in appraisal on an annual basis which should involve the production of a Personal Development Plan. New IPR training for managers commenced in May it incorporates The Knowledge and Skills Framework part of Agenda for Change. From this year the training department will be collecting and monitoring data on the ethnicity, gender, age and disability status of staff accessing training programmes.	Completed	12	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)
A-490 The Healthcare Organisation ensures that staff from minority groups have access to Organisational and Personal Development Programmes to help address under representation in different parts of the workforce.	31 Jul 2005	05 Jul 2005: The tPCT is monitoring access to training in relation to ethnic grouping. A new external nomination form with appropriate demographic data has been developed. This data will be monitored quarterly.	Completed	3	Julie Cooper (Director of Human Resources & Workforce Development) Jacqueline Webley (Diversity Manager)
CGR367 **C9 Healthcare Organisations have a systematic and planned approach to the management or 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-491 The Healthcare Organisation has systems in place to ensure records are managed in accordance with the Information Governance Toolkit.	31 Jul 2005	12 Apr 2005: Policies and procedures are being prepared as appropriate to comply with the Information Governance Agenda. Connecting for Health have stated that the compliance of an organisation with Information Governance should show continued improvement. The tPCT scored approximately 48%(amber rating) this year. An action plan has been produced to ensure we do improve in all areas t next year. The health records and records management is directed by the Record Steering Group. Also see evidence from Risk Management Standard Level 1A and 1B.	Completed	7	Steve Darkes (Associate Director of Information Services) Adrian Percy (Information Governance Manager)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR368	**C10a Healthcare Organisations a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies**					
A-492	All staff are appointed following the necessary employment checks detailed under Health service circular (HSC) 2002/008	31 Jul 2005	23 Jun 2005: All new staff and those transferring within the Organisation have CRB checks. A proforma is used to reco and identify information. We have a Policy for Accessing Criminal Records Bureau Information for Recruitment Purposes Policy (WtPCT HR050)	Completed	7	Julie Cooper (Director of Human Resources & Workforce Development) Ann Bakewell (HR Manager)
A-493	All staff undergo appropriate Criminal Records Bureau (CRB) checks on appointment and relevant change of duty.	31 Jul 2005	15 Apr 2005: . All new staff and those transferring within the Organisation to a significantly different post complete Occupational Health Department (OH) medical questionnaires and, if deemed necessary by OH, attend for a medical. Locum staff, except Admin and Clerical, have registration, references, CRB and medical checks. Registration of professional staff is checked before commencement of employment and during their employment. We have a Professional Registration Checkin Procedure (WtPCT HR047).	Completed	4	Julie Cooper (Director of Human Resources & Workforce Development) Ann Bakewell (HR Manager)

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CGR369	**C10b Healthcare Organisations b) require that all employed professionals abide by relevant published Codes Of Professional Practice.**					
A-675	The healthcare organisation supports staff to abide by their codes of professional practice.	31 Jul 2005	29 Jun 2005: See A-468. Requirement for staff to abide by their Professional Code of Conduct is in all Job Descriptions Professional support mechanisms reinforce this.	Completed	10	Terry Mingay (Nurse Director / Deputy Chief Executive)
						Margaret Willcox (Director of Mental Health)
						Sam Ramaiah (Director of Public Health / Medical Director)
A-494	The healthcare organisation requires staff to abide by their codes of professional practice.	31 Jul 2005	12 Apr 2005: Evidence received regarding all appointments whether clinical attachments/locums or substantive posts.	Completed	6	Julie Cooper (Director of Human Resources & Workforce Development)
						Ann Bakewell (HR Manager)
A-495	The healthcare organisation has systems in place to identify and manage staff who are not abiding by their published code of professional practice.	31 Jul 2005	07 Jul 2005: Systems are in place	Completed	2	Julie Cooper (Director of Human Resources & Workforce Development)
						Ann Bakewell (HR Manager)

	Action	Date due	Latest progress	Status	Links	Responsibility
CGR370	**C11a Healthcare organisations ensure that staff concerned with all aspects of the provision of health care a) are appropriately recruited, trained and qualified for the work they undertake**					
A-496	The healthcare organisation has an agreed recruitment and selection process in place, which complies with relevant legislation.	31 Jul 2005	22 Aug 2005: Recruitment and Selection Policy is in the process of being revised (currently with staff side for comment / consultation) HR department delivers training in recruitment and selection process	Completed	2	Julie Cooper (Director of Human Resources & Workforce Development) Ann Bakewell (HR Manager) Jacqueline Webley (Diversity Manager)
A-497	The healthcare organisation undertakes workforce planning.	31 Jul 2005	22 Aug 2005: Workforce Plan has been completed 2005/08	Completed	4	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)
A-498	The Healthcare Organisation identifies the training required to enable its staff to provide all aspects of its service.	31 Jul 2005	11 Aug 2005: The PDR paperwork currently in use and the feedback form used to collect the information.	Completed	4	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)
A-499	All staff have access to work-based and professional training opportunities.	31 Jul 2005	14 Oct 2005: The Study Leave policy has been agreed by JNC subject to one minor alteration. It will now go to the Board for ratification	Completed	5	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)

Action	Date due	Latest progress	Status	Links	Responsibility
CGR371 **C11b Healthcare Organisations ensure that staff concerned with all aspects of the provision of health care b) participate in mandatory training programmes; and**					
A-500 The healthcare organisation provides appropriate staff induction.	31 Jul 2005	14 Oct 2005: The new induction policy which has been agreed by JNC and is awaiting ratification by the Board.	Completed	6	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)
A-501 All staff/students participate in appropriate Mandatory Training	31 Jul 2005	22 Aug 2005: All staff participate in appropriate Mandatory Training	Completed	11	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)
CGR372 **C11c Healthcare Organisations ensure that staff concerned with all aspects of the provision of health care c) participate in further professional and occupational development commensurate with their work throughout their working lives.**					
A-502 The healthcare organisation ensures that staff have the opportunity for professional and occupational development.	31 Jul 2005	14 Oct 2005: PDR paperwork attached, Mental Health Training Directory. Awaiting written report from major revie from QAA for the University of Wolverhampton, due by the end of October 2005. Data identifying learning staff accessed for 2004/5	Completed	7	Julie Cooper (Director of Human Resources & Workforce Development) Jane Bayliss (Head of Education & Training)
CGR373 **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.**					
A-503 The healthcare organisation complies with all requirements under the Department of Health's research governance framework.	31 Jul 2005	12 Apr 2005: Research Governance Framework recently reviewed by SHA. Action plan in place, Service Level Agreement with Wolverhampton PCT R & D Department. Working with this Department to implement R & D Governance.	Completed	3	Stella Forsdike (Director of Commissioning & Performance) Yvette Sheward (Associate Director of Governance)

Action		Date due	Latest progress	Status	Links	Responsibility

C13a Healthcare Organisations have systems in place to ensure that a) staff treat patients, their relatives and carers with dignity and respect

Action		Date due	Latest progress	Status	Links	Responsibility
A-504	The healthcare organisation has taken steps to ensure patient carers and relatives are treated with dignity and respect.	31 Jul 2005	27 Jun 2005: Information regarding this action has been requested from all Service Areas from the PPI Inclusions within the Clinical Governance Workbook. Also see evider in 14a, 14b, 14c	Completed	1	Stella Forsdike (Director of Commissioning & Performance) Peter Arch (Associate Director for comissioning (Acute & Community))
A-505	The healthcare organisation monitors its performance with regard to treating patients and carers with dignity and respect.	31 Jul 2005	27 Jun 2005: See Above	Completed		Stella Forsdike (Director of Commissioning & Performance) Peter Arch (Associate Director for comissioning (Acute & Community))
A-1106	Mental Health specific evidence	31 Jul 2005	04 Oct 2005: See above	Completed		Karen Williams (General Manager for Service Development)

C13b Healthcare Organisations have systems in place to ensure that b) appropriate consent is obtained when required for all contracts with patients and for the use of any patient confidential information

Action		Date due	Latest progress	Status	Links	Responsibility
A-506	The healthcare organisation has processes in place to ensure that valid consent is obtained by suitably qualified staff for all treatments, procedures or investigations.	31 Jul 2005	26 Jul 2005: The tPCT has a consent to treatment policy in place and uses the DoH approved consent forms. In additic to this the tPCT has a consent procedure in place for Looke after children which used when seeking consent to medica examinations and have adapted the consent forms.	Completed	15	Yvette Sheward (Associate Director of Governance) Judy Preece (Risk Manager)
A-1114	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: Evidence and progress included above	Completed		Karen Williams (General Manager for Service Development)

	Action	Date due	Latest progress	Status	Links	Responsibility
CGR384	**C13c Healthcare Organisations have systems in place to ensure that c) staff treat patient information confidentially, except where authorised by legislation to the contrary.**					
A-507	The healthcare organisation takes steps to ensure that patient have information that they can understand on the use and disclosure of confidential information.	31 Jul 2005	12 Apr 2005: Progress against Action: Draft Policy on Confidentiality Information Security Policy Policy on Data Protection Leaflets supplied to patients advising on use of Information. Patient Surveys carried out via PALs. Confidentiality and Information Security Issues dealt with in Induction and Mandatory Training with assessment of staff understanding. Clinical staff are provided with training sessions on Caldicot Code of Practice on Confidentiality (detailed)	Completed	9	Steve Darkes (Associate Director of Information Services) Adrian Percy (Information Governance Manager)
A-508	The healthcare organisation meets standards for the confidential use of patient personal information.	31 Jul 2005	13 May 2005: Policy in place, currently developing policy f use of patient identifiable information (SMT May 05)	Completed	8	Steve Darkes (Associate Director of Information Services) Adrian Percy (Information Governance Manager)
A-1115	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: See Above	Completed		Karen Williams (General Manager for Service Development)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR385	**C14a Healthcare Organisations have systems in place to ensure that patients, their relatives and carers a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services;**					
A-509	The Healthcare Organisation ensures that patients, relatives and carers have clear access to a formal Complaints System	31 Jul 2005	13 Apr 2005: The tPCT actively promotes the complaints process. The Policy clearly indicates that all complaints, whether received by email, fax, letter or verbally either on telephone or face to face, will be dealt with appropriately, b recorded and actively used to improve services. In addition, leaflets are provided to all tPCT sites, to detail how to complain, and includes a FREEPOST form, and posters are displayed giving contact details of the Complain Department. These leaflets are currently being revised, following changes in legislation and relocation of the Department.	Completed	4	Yvette Sheward (Associate Director of Governance) Mandy Harris (Complaints Manager)
A-510	The healthcare organisation provides information to ensure the patients, relatives and carers understand how to make a form complaint.	31 Jul 2005	13 Apr 2005: Leaflets are provided which explain the complaints process, both at the time the complaint is made, and with the acknowledgement letter. In addition other leaflets such as ICAS, and PALS are included, should the complainant wish to gain advice and support.	Completed	6	Yvette Sheward (Associate Director of Governance) Mandy Harris (Complaints Manager)
A-511	The healthcare organisation provides opportunities for patients relatives and carers to give feedback on the quality of servic they receive.	31 Jul 2005	13 Apr 2005: leaflets are provided detailing the process and posters are displayed giving contact details. In addition the Complaints and PALS service collate comments and suggestions, and report these to the Board.	Completed	2	Yvette Sheward (Associate Director of Governance) Mandy Harris (Complaints Manager)
CGR386	**C14b Healthcare Organisations have systems in place to ensure that patients, their relatives and carers b) are not discriminated against when Complaints are made**					
A-512	The Healthcare Organisation ensures that patients, relatives and carers are reassured that the patient's care and treatment will not be adversely affected by having complained	31 Jul 2005	07 Jul 2005: Leaflets give details of this. Patients contacting the services are re-assured that complaints are confidential and are kept completely separate to their medical/clinical records Training sessions for staff include advice on Confidentiality/complaints.	Completed	9	Yvette Sheward (Associate Director of Governance) Mandy Harris (Complaints Manager)

CGR387 C14c Healthcare Organisations have systems in place to ensure that patients, their relatives and carers c) are assured that Organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

A-513	The Healthcare Organisation uses feedback from patients, relatives and carers to improve service delivery	31 Jul 2005	22 Aug 2005: The PALS service monitors issues relevant to specific groups on an ongoing basis and feeds the information through to individual services as required as we as reporting to the Trust Board and PPI Forum. Analysis an feedback mechanisms are being updated in order to ensure a more robust system is put into place at both a corporate and individual service level. The PPI Committee, as part of its action plan, will ensure that there are effective mechanisms in place to use the learning gained from PPI activity and provide feedback to patients, carers and staff. This will be used to improve services, highlight risk areas and encourage further PPI initiatives.	Completed	7	Yvette Sheward (Associate Director of Governance) Louise Mabley (PALS Coordinator)

CGR388 C15a Where food is provided, Healthcare Organisations have systems in place to ensure that a) patients are provided with a choice and that it is prepared safely and provides a balanced diet

A-514	The healthcare organisation offers patients a choice of food which is in line with a balanced diet.	31 Jul 2005	27 Jun 2005: Menus on offer where cook chill food is provided from the Manor Hospitals Trust contain a Nationall balanced diet, these menus are assessed by the Dieticians prior to implementation. Dietary supplements are available for those patients with a poor appetite	Completed	6	Julian Rainsford (Deputy Director of Estates) Keith Palmer (Support Services)
A-515	The healthcare organisation complies with food hygiene standards.	31 Jul 2005	27 Jun 2005: Food Hygiene Standards are monitored by:- Senior Managers and Catering Managers from the Manor Hospitals Trust External twice yearly visits from the WMBC Environmental Health Offices ISS Contract Managers and Supervisors PEAT Team An Annual Report on food hygiene is provided to Director of Public Health	Completed	17	Julian Rainsford (Deputy Director of Estates) Keith Palmer (Support Services)

CGR389 C15b Where food is provided, Healthcare Organisations have systems in place to ensure that b) patient's individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

Action		Date due	Latest progress	Status	Links	Responsibility
A-516	The healthcare organisation ensures that patients have acces to food and drink 24 hours a day.	31 Jul 2005	27 Jun 2005: Ward kitchens are available in tPCT Units for patients to obtain beverages and snacks Out-Of-Hours see evidence provided in C15a	Completed		Julian Rainsford (Deputy Director of Estates) Keith Palmer (Support Services)
A-517	The healthcare organisation meets the nutritional and clinical dietary requirements of patients.	31 Jul 2005	27 Jun 2005: The menus provided for patients at: Dorothy Pattison Hospital, Bloxwich Hospital, Springside, Perseverance House, Orchard Hills and Daisy Bank are approved by the Dietician. Other Units where cooking is carried out on site such as Suttons Drive have audits carrie out by Senior Managers to assess catering standards. Records of menus are kept in these Units See evidence in C15a	Completed		Julian Rainsford (Deputy Director of Estates) Keith Palmer (Support Services)
A-518	The healthcare organisation provides appropriate support to patients requiring assistance with feeding.	31 Jul 2005	27 Jun 2005: Where patients are not able to feed themselve nurses are present to feed the patient. Menus for these patients as in A517 will be assessed by Dieticians or Senior Managers	Completed		Margaret Willcox (Director of Mental Health) Steve Foster (Hospital Manager)

Action	Date due	Latest progress	Status	Links	Responsibility
CGR390 **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-519 The Healthcare Organisation provides suitable and accessible information on its services.	31 Jul 2005	05 Aug 2005: Provision of information on services - complete Accessible information on care and treatment - takes places through clinician contact - evidence - Primary Care Survey indicates that the majority of patients believe that they are given sufficient accessible information on care and treatment	Completed	1	Stella Forsdike (Director of Commissioning & Performance) Martin Turner (Head of Communications)
A-520 The healthcare organisation provides patients (and where appropriate, carers) with sufficient and accessible information on their individual care, treatment and after care.	31 Jul 2005	14 Oct 2005: Service areas are completing clinical governance workbooks that include PPI and information needs/provision for service users. Evidence is being collated in that process. Evidence is also available through the PPI self assessment framework.	Completed	1	Peter Arch (Associate Director for comissioning (Acute & Community)) Catherine Boneham (Patient & Public Involvement Lead)
A-521 Mental health services only – The healthcare organisation provides information to mental health patients, and where appropriate carers, about their care plan, including after care.	31 Jul 2005	16 May 2005: This is a key system for the mental health service. Monitored regularly	Completed		Margaret Willcox (Director of Mental Health) Steve Foster (Hospital Manager)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR395	**C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.**					
A-455	The healthcare organisation seeks the views of patients, care and the local community.	31 Jul 2005	19 Sep 2005: PPI activivity is ongoing in all service areas a evidence of activity and impact being collected through the Clinical Governance Workbooks. Consultations are ongoin Current activity is covered with PPI structures and palliative care.	Completed	5	Peter Arch (Associate Director for comissioning (Acute & Community)) Catherine Boneham (Patient & Public Involvement Lead)
A-456	The views of patients, carers and the local community are ta into account in designing, planning, delivering and improving health and healthcare services.	31 Jul 2005	27 Jul 2005: The PALS service monitors issues relevant to specific groups on an ongoing basis and feeds the information through to individual services as required. Analysis and feedback mechanisms are being updated in order to ensure a more robust system is put into place at bo a corporate and individual service level. The PPI Committee, as part of its action plan, are ensuring that there are effective mechanisms in place to use the learning gained from PPI activity and provide feedback to patients, carers and staff. This will be used to improve services, highlight risk areas and encourage further PPI initiatives. The issues raised through the National Patient Survey resul are currently being analysed and translated into an action plan that will be implemented and monitored through the PPI Committee. The results of the patients survey are summarised in our annual patient prospectus	Completed	5	Peter Arch (Associate Director for comissioning (Acute & Community)) Catherine Boneham (Patient & Public Involvement Lead)
A-1116	Mental Health specific evidence	31 Jul 2005	14 Oct 2005: Progress and evidence included in above	Completed		Karen Williams (General Manager for Service Development)

CGR396 C18 Healthcare Organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.					
A-457 The healthcare organisation takes steps to ensure that all members of the population are able to access services equa	31 Jul 2005	18 Oct 2005: All key access targets met in Acute and Prim Care services. Arrangements are in place for choice of thre providers for all elective care. Alternatives to hospital care place e.g. minor surgery in Primary Care, Clinical Assessment service for orthopaedics in community - and being developed through GPwSI Programme. Public Health initiatives in place to increase uptake of screening programmes for minority ethnic communities.	Completed		Stella Forsdike (Director of Commissioning & Performance) Peter Arch (Associate Director for comissioning (Acute & Community))
A-458 Primary care trusts (PCTs), acute and mental health services only – The healthcare organisation offers patients an equal choice in accessing services and treatment.	31 Jul 2005	18 Oct 2005: Choice Implementation progressing to plan. Programme of implemtation of mental heath teams is being funded over a 3 year period to a timescale agreed with the SHA progress is being made according to the agreed timescales.	Completed		Stella Forsdike (Director of Commissioning & Performance) Peter Arch (Associate Director for comissioning (Acute & Community))
CGR397 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					
A-459 The healthcare organisation ensures that patients are able to access its services within nationally agreed timescales and expectations. THIS STANDARD WILL BE MEASURED UNDER EXISITING TARGETS AND THE NEW NATIONAL TARGETS ASSESSMENT	31 Jul 2005	06 May 2005: This standard will be measured under the existing targets and new national targets assessments. Practices have been monitoring their access and profiling their demand and capacity since wave 2 of the Primary Ca Collaborative – please see example worksheet. A number national and local workshops were attended to redesign services based on the profiling of demand and capacity. A number of practices implemented nurse triage (telephone or face-to-face) whilst participating in the Primary Care Collaborative. The tPCT has implemented an Access Contingency servic for GP and nurse appointments (see attachment) The tPCT has commissioned a Phlebotomy LES to create additional capacity within Primary Care, the Walk-In Centre and has extended the domiciliary service to reduce the phlebotomy referrals to secondary care). The tPCT has implemented an Access Contingency servic for GP and nurse appointments.	Completed	7	Stella Forsdike (Director of Commissioning & Performance) Peter Arch (Associate Director for comissioning (Acute & Community)) Phil Griffin (Associate Director of Primary Care Commissioning)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR402	**C20a Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation**					
A-460	The healthcare organisation minimises the environmental risk to patients, staff and visitors.	31 Jul 2005	03 Oct 2005: Full estate six facet study completed. Functional suitability and environmental quality of premises shown to be generally good, any areas below standard no identified for disposal or action plan agreed to improve as part of estate strategy.	Completed	7	Nicky Cooper (Director of Finance) Julian Rainsford (Deputy Director of Estates)
A-461	The healthcare organisation protects patients, staff and visitors by providing a secure environment.	31 Jul 2005	03 Oct 2005: PCT compliance with statutory standards ver good, majority of premises in full compliance, any areas falling below standard to be rectified in 2005/6 capital programme.	Completed		Nicky Cooper (Director of Finance) Julian Rainsford (Deputy Director of Estates)
A-462	The healthcare organisation protects its physical assets and those of patients, staff and visitors.	31 Jul 2005	03 Oct 2005: All new primary care premises incorporate hig standards of physical security. Trust investing in additional CCTV to support security procedures. Lone worker policies developed for vulnerable staff groups. Additional security resources deployed as required following risk assessment process. Trust appointed new local security management specialist to oversee security issues.	Completed		Nicky Cooper (Director of Finance) Julian Rainsford (Deputy Director of Estates)
A-1117	Mental Health specifc evidence	31 Jul 2005	14 Oct 2005: Evidence/progress as above	Completed		Karen Williams (General Manager for Service Development)
CGR403	**C20b Healthcare services are provided in environments which promote effective care and optimise health outcomes by being b) supportive of patient privacy and confidentiality**					
A-463	The healthcare organisation has taken steps to provide services in environments that are supportive of patient privac and confidentiality.	31 Jul 2005	04 Oct 2005: Esates six facet study demonstrates good standards of functional suitability and quality	Completed	2	Nicky Cooper (Director of Finance) Julian Rainsford (Deputy Director of Estates)
A-1108	Mental Health specific evidence	31 Jul 2005	04 Oct 2005: Mental Health in patient services achieve PEA for single sex sleeping and sanitiary accommodation	Completed		Karen Williams (General Manager for Service Development)

CGR404 **C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well deigned and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.**					
A-464 The healthcare organisation provides care in well designed and well maintained environments.	31 Jul 2005	03 Oct 2005: New primary care premises developed to meet modern healthcare standards. Existing premises to be retained shown by six facet study to be of high environmental quality. New contract in place for the maintenance of the hard services with robust contract monitoring arrangements	Completed		Nicky Cooper (Director of Finance) Julian Rainsford (Deputy Director of Estates)
A-465 The healthcare organisation provides care in an environment that meets the national standards for cleanliness.	31 Jul 2005	12 Apr 2005: Progress The tPCT has a plan in place to achieve cleanliness levels outlined in the national standards The tPCT contracts out its cleaning services PEAT audits are regularly undertaken and acted upon Matrons are in post and their role being developed in line with the National Matron Programme	Completed	4	Nicky Cooper (Director of Finance) Julian Rainsford (Deputy Director of Estates)
CGR407 **C22a 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**					
A-522 The healthcare organisation actively works with partners to improve health and reduce health inequalities.	31 Jul 2005	16 May 2005: Strategy in place for all key areas of health improvements (obesity, sexual health, primary prevention) LSP structure supports joint work on health in equalities	Completed	1	Paul Jennings (Chief Executive) Sam Ramaiah (Director of Public Health / Medical Director) Stella Forsdike (Director of Commissioning & Performance)
A-1109 Mental Health specific evidence	31 Jul 2005	14 Oct 2005: Progress/evidence as above	Completed		Karen Williams (General Manager for Service Development)
CGR408 **C22b Healthcare Organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices**					
A-525 The healthcare organisation's policies and practice to improve health and reduce health inequalities are influenced by the Annual public health report (APHR).	31 Jul 2005	16 May 2005: Action plan for key health inequality issues derive from DPH reports (see above)	Completed		Paul Jennings (Chief Executive) Sam Ramaiah (Director of Public Health / Medical Director)

Action		Date due	Latest progress	Status	Links	Responsibility
CGR409	**C22c Healthcare Organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.**					
A-524	The healthcare organisation contributes appropriately and effectively to nationally recognised and statutory partnerships such as the local strategic partnership and the crime and disorder reduction partnership (CDRP).	31 Jul 2005	16 Aug 2005: The tPCT contributes to the effectiveness of the CDRP by having the Drug Action Team staff based with the Safer Walsall Borough Partnership, (form May 2005) We have developed joint strategies and have PCT staff engaged in all the task groups and Directors at Commissioning and Board level The tPCT contributes to reducing health inequalities as a member of the SWBP by implementing harm reduction initiatives, reducing drug related deaths, reducing the spread of blood borne viruses and improving access to treatment services. There is a strong Public Health input into the drugs and alcohol strategies and the Director of Public Health is on the Board of both the SWBP and the LSP. The Public Health directorate is taking the lead on a needs asessment to develop a joint strategy to reduce health inequalities across the borough via the LSP	Completed		Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)

CGR410 **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.**

Action		Date due	Latest progress	Status	Links	Responsibility
A-526	The healthcare organisation collects, develops and analyses information to understand the current and future health and healthcare needs of the local population, reflecting health inequalities.	31 Jul 2005	12 May 2005: The organisation carries out epidemiological, corporate and comparative health needs assessments using the Stevens and Raftery approach. The corporate approach involves members of the public as well as professionals. The needs assessments are carried for the department, for other departments within the organisation and for other organisations. This is ongoing; the organisation is continually collecting and analysising information to understand the healthcare needs of the local population. New reports and needs assessments are currently being commissioned.	Completed	3	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)
A-527	The healthcare organisation sets priorities for disease prevention and health promotion by using information about the health and healthcare needs of the population and evidence of effectiveness.	31 Jul 2005	18 May 2005: Whilst there is no over arching Health Promotion/Inequalities strategy each individual health promotion programme/service have annual action/development plans each of which contributes to improving health and reducing health inequalities. These include Smoking Cessation, 5 a Day, CHD (through the NDC funded Healthy Hearts Project), Sexual Health, Drugs, Alcohol and Health Action Zone programme. The HAZ programme looks specifically at health inequality issues and funds projects to address these in response to local need and national plans/targets The tPCT has recently developed a Primary Prevention Strategy and Obesity Strategy. However following organisational restructure and consequently the development of a Health Promotion Unit, it is envisaged that an overarching strategy will be developed in the forthcoming months. All individual health promotion services/programmes are developed in accordance with best practice and evidence of effectiveness from NICE, the HDA, and experience from other successful national and local programmes. The Primary Prevention Strategy includes an evidence base document for the evidence of effectiveness for programmes relating to reducing smoking, increasing physical activity and healthy eating. The Performance Review Process and 2004 DPH Annual Report is part of a health equity process. This and local health needs assessments, such as the cancer needs assessment and BREATHE project are used to inform planning for priorities through the LDP process. This process assists the development of priorities for action locally in context of national policy.	Completed	6	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)

Action		Date due	Latest progress	Status	Links	Responsibility
A-528	The healthcare organisation commissions and/or provides locally appropriate evidence-based disease prevention and health promotion programmes and services to meet the requirements of the NSFs and national and local plans.	31 Jul 2005	03 Oct 2005: There is ongoing action to address this standard via the tPCT Public Health Performance Review Group, therefore this action never actually completes as it is vital that services and programmes are continuously monitored and evaluated. The Performance Review Group monitors and evaluates disease prevention and health promotion services and programmes which are designed to meet national plans/targets and local needs. The group draws together all the work being carried out locally in a structured way, systematically reviewing performance. Designated leads and key individuals take the discussions and information back to relevant groups, including the tPCT board as appropriate. The group meet for its annual planning meeting in July 2005 and reviewed action against each target and service plan setting priority areas for action for the year. The Public Health Annual Report, which is due to be published in September 2005, also monitors services and programmes, outlines current activity and disseminates best practice. Both the information contained within the report and the discussions at the performance review group are fed into relevant groups including the LDP planning process. This process is further supported through specific local implementation team's (Cancer, CHD, Diabetes etc) who have representation from prevention service leads to monitor local health promotion services and programmes to ensure they are delivering in accordance with national priorities, local need and are evidence based. Borough wide involvement the monitoring and evaluation of disease prevention and health promotion services and programmes is done via the local strategic partnership, specifically the health and social care partnership and the tPCT local implementation team for choosing health, all of which have representation from a range of partners including the tPCT, Acute Trust and Local Authority.	Completed	2	Stella Forsdike (Director of Commissioning & Performance) Catherine Boneham (Patient & Public Involvement Lead)
A-529	The healthcare organisation implements policies and practice to support healthy lifestyles among the workforce.	31 Jul 2005	12 May 2005: This data is broken down, where relevant, by demographic profile, including ethnicity, gender, age, socio-economic group and geographical location. The 2004 Annual Report and Occasional Report, Who we are and how we live looking at the 2001 Census and Lifestyle Survey illustrate this.	Completed	2	Sam Ramaiah (Director of Public Health / Medical Director) Julie Cooper (Director of Human Resources & Workforce Development)

	Action	Date due	Latest progress	Status	Links	Responsibility
A-530	Systems are in place for monitoring, evaluating and disseminating findings in relation to disease prevention and health promotion programmes and services.	31 Jul 2005	18 May 2005: A system for monitoring, evaluating and disseminating findings is in place through routine and ad-hoc reports/research and the public health performance review group. Although, the process continues to be reviewed as required. The Director of Public Health Annual Reports and the Our Healthier Nation Reports monitor services which are designed to meet national targets and local needs. The Public Health Performance Review Group monitors and evaluates disease prevention and health promotion services and programmes which are designed to meet national plans/targets and local needs. The group draws together a the work being carried out locally in a structured way, systematically reviewing performance. Designated leads and key individuals take the discussions and information back to relevant groups, including the tPCT board as appropriate. Through the Public Health Annual Reports and Public Health Performance Review Group designated leads and key individuals take the discussions and information back to relevant groups, including the PCT board as appropriate, feeding the findings from monitoring and evaluation fed back into the LDP planning process. This process is further supported through specific Local Implementation Team's (Cancer, CHD, Diabetes) who have representation from prevention service leads to monitor loca health promotion services and programmes to ensure they are delivering in accordance with national priorities, local need and are evidence based. Borough wide involvement i the monitoring and evaluation of disease prevention and health promotion services and programmes is done via the Local Strategic Partnership, specifically the Health and Socia Care Partnership and tPCT Inequalities Forum, all of which have representation from a range of partners including the tPCT, Acute Trust and Local Authority. Extra evidence can found on http://www.walsall.wmids.nhs.uk/pct/PublicHealthpublicatic The findings are disseminated to a wide range of partners and members of the public through conferences, via the website and by making the reports available in public library	Completed	10	Sam Ramaiah (Director of Public Health / Medical Director) John Linnane (Deputy Director of Public Health)

Action		Date due	Latest progress	Status	Links	Responsibility
A-531	The healthcare organisation has the capacity and capability to systematically and effectively deliver their public health responsibilities.	31 Jul 2005	12 May 2005: The capacity and capability to systematically and effectively deliver the public health responsibilities is ongoing. The Director of Public Health Annual Report for 2004 is an equity profile of all the major health inequality targets across Walsall. The findings and gaps identified in this report have been incorporated into the LDP planning this year. To progress the audit cycle, a Public Health Performance Review Group has also been established to look at all the key Public Health Targets. This group is responsible for monitoring and reviewing the equity profile, ensuring that progress is being made towards all the key targets. Action plans will be developed and monitored by the group around gaps or areas of concern.	Completed		Paul Jennings (Chief Executive) Sam Ramaiah (Director of Public Health / Medical Director)
CGR411	**C24 Healthcare Organisations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.**					
A-532	The healthcare organisation has up to date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance.	31 Jul 2005	04 Oct 2005: e plans are due for update in July 2005 but m be subject to amendment following the recent appointment o Health Emergency Planning Officer, Mr Gary Evans. Upda 2005 expected in October 2005. The plans will be tested ir major exercise to take place before April 2006. This standa is continually updated.	Completed	5	Sam Ramaiah (Director of Public Health / Medical Director) Nicholas Pugh (Consultant in CDC & Public Health)
A-533	The healthcare organisation works with key partner organisations in the preparation and testing of major incident plans.	31 Jul 2005	29 Jul 2005: Partnership improved with the appointment of a Health Emergency Planning Officer, jointly funded by Walsa MBC, the Manor hospital, and Walsall tPCT.	Completed	3	Sam Ramaiah (Director of Public Health / Medical Director) Nicholas Pugh (Consultant in CDC & Public Health)
A-534	The healthcare organisation has identified the financial resources needed to respond to incidents and emergency situations that could affect the provision of normal services.	31 Jul 2005	29 Jul 2005: There is always the promise of contingency tPCT funding t respond to these incidents	Completed	2	Sam Ramaiah (Director of Public Health / Medical Director) Nicholas Pugh (Consultant in CDC & Public Health)