

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

AGENDA ITEM 15

3 April 2008

BOARD OF GOVERNORS

HEALTHCARE COMMISSION - ASSESSMENT OF COMPLIANCE WITH CORE HEALTHCARE STANDARDS

Report of the Head of Clinical Governance

1. Purpose

- 1.1. To advise the Governors regarding their input regarding the Trusts 2007/08 declaration.

2. Background

- 2.1. The Trust is required to complete and submit its 2007/08 declaration to the Healthcare Commission (HCC) by noon on 30th April 2008. As part of this process there is an opportunity for Governors of Foundation Trusts to provide comments. For information the comments provided in respect of the 2006/07 declaration are enclosed as appendix 1.
- 2.2. As in previous years evidence has been collated from individual Directors and reviewed by nominated non-executive directors, Internal Audit and members of the Governance Department. A final review by two non-executive directors will take place on 15th April 2008.
- 2.3. A copy of the 2007/08 standards and elements is included as appendix 2.

3. Proposed declaration

- 3.1 The declaration process allows for one of three responses to each standard, compliant, not met or insufficient assurance. Non compliances are referred to as lapses and Trust's are only required to declare "not met" where the lapse is significant. Significant in our context means that following a risk assessment using the Trust's normal assessment methodology the risk is high (red).
- 3.2 The current proposal is that the Trust declares compliance with all the standards, of which three were subject to risk assessment. This proposal has yet to be agreed by the Board of Directors.
- 3.3 The three standards subject to risk assessment are as follows:

Standard	Description	Reason for assessment
C11b	Staff participate in relevant mandatory training programmes as defined by the NHSLA's risk management standards for acute trusts Staff and students participate in relevant induction programmes Note: Training is also relevant to standard C4b Medical Devices	The quarter 3 information only evidences attendance at mandatory training by 60% of staff in the preceding 12 months
C11c	Staff have opportunities to	The quarter 3 information records

	participate in professional and occupational development at all points in their career	that only 22% of non medical staff had an appraisal in the last 12 months. The staff survey information is better identifying that 60% had received an appraisal in the last 12 months.
C15a	Where food is provided health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet	There is no evidence available to demonstrate that recommendations coming from EHO inspections have been implemented.

4. Seeking Governors comments

- 4.1. In terms of seeking meaningful governor's comments I would propose that a small working group is identified with representation from staff, patient and public governor's to review the evidence that supports the declaration. This would take 1 – 2 hours and involve viewing the evidence electronically with Carol Heesom-Duff and myself.
- 4.2. The working group could then prepare a formal set of words with Fraser Rogers for agreement. The deadline for receipt of the agreed governor's comments is 17th April 2008.
- 4.3. If this proposal is accepted the composition of the working group must be agreed at this meeting so that Fraser can arrange a convenient time to meet. A suggestion is that members of the working group could meet before or after the Governor's seminar on 10th April.

Glenn Pascoe
Head of Clinical Governance

2006/07 Board of Governor Comments

Governors' statement for inclusion in Trust's final declaration to the Healthcare Commission

As governors of Cambridge University Hospitals NHS Foundation Trust, we are pleased to have an opportunity to comment on the Trust's compliance with the core and developmental standards for the full year declaration for 2006/2007. We wish to express our praise for the Trust's current achievement and recognise the importance of maintaining and improving upon current standards into the future.

The following consultation response has been divided into the relevant domains where we felt it particularly important to comment:

Safety

We highlight the need to separate actual incidents from near misses and the importance of using both to improve standards. The Trust employs root cause analyses to investigate incidents with a view to reducing future occurrences as far as is possible. We congratulate the Trust on its reduction in MRSA bacteraemias and are confident that this will aid the Trust's efforts to highlight and eliminate the causes. It is also worth noting that the 'Mind how you go' campaign to reduce patient falls has had a positive impact on patient safety. Individual governors felt that uniformity in medical equipment would ensure that all staff were trained in their appropriate use.

Clinical and Cost Effectiveness

We perceive that clinical supervision and ward-based leadership is limited and recognise that practice development nurses are vital.

Governance

We are confident that risk analysis training is a high priority in the Trust and are confident that the Trust recognises the importance of the management of risk. Some governors mentioned the results of the staff survey, which would suggest that some aspects of mandatory training are not recognised as high importance by some staff and drew attention to the perceptions of some staff regarding the Trust's relationship with staff. We recognise that staff must accept responsibility for their own ongoing training and ensure that they attend the mandatory parts of the Trust's programme.

Patient Focus

We feel that staff respect the dignity of patients, relatives and carers. We feel that there is still the need for improved assessment of dietary needs of individual patients but that the standard of food and its service has improved significantly over the past year and suggest it may be helpful for results of the nutrition audit to be included in the evidence. Accessibility of patient information is variable, depending both on the ability of the patients and their access, for example to the internet.

Accessible and Responsive Care

The Trust's introduction of a hand-held electronic survey device to gather immediate responses from both inpatients and outpatients is a good step forward in improving this aspect of the Trust's work. We also feel that the new Emergency Department arrangements are good and compare favourably with other hospitals

Care, Environment and Amenities

We appreciate the opportunity to participate in PEAT inspections and individual governors have seen patchy cleanliness on some wards. Individual governors suggest that time to answer call bells and frequency of body fluids being cleaned from floors

within 24 hours could be both a care and a hygiene compliance measure respectively as hygiene standards are not measurable exclusively by causal link to bacteraemia's.

We are confident that the Trust is making good progress in moving towards full compliance with the developmental standards.

Appendix 2

Domain		Standard	Elements
Safety	C1a	Identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents	<ul style="list-style-type: none"> ▪ Incidents are reported locally and to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System. ▪ Reported incidents are analysed to seek to identify root causes, relevant trends and likelihood of repetition. ▪ Demonstrable improvements in practice are made to prevent reoccurrence of incidents as a result of information arising from the analysis of local incidents and from the NPSA's national analysis of incidents.
Safety	C1b	Ensure that patient safety notices, alerts and other communications concerning patient safety, which require action, are acted upon within required timescales	<ul style="list-style-type: none"> ▪ All communications, including drug alerts, issued by the Safety Alert Broadcast System (SABS) are implemented within the defined timescales, in accordance with <i>Chief executive's bulletin article (Gateway 2326)</i>
Safety	C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	<ul style="list-style-type: none"> ▪ Effective processes are in place for identifying, reporting and taking action on child protection issues in accordance with <i>Working together to safeguard children</i> (HM Government, 2006). ▪ The healthcare organisation works with partners to protect children as set out in <i>Working together to safeguard children</i> (HM Government, 2006). ▪ Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to children in the normal course of their duties in accordance with <i>CRB disclosures in the NHS</i> (NHS Employers 2004).
Safety	C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance	<ul style="list-style-type: none"> ▪ The healthcare organisation follows NICE interventional procedures guidance in accordance with <i>the interventional procedures programme</i> (Health Service Circular 2003/011).
Safety	C4a	The risk of healthcare acquired infection (HAI) to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA)	<ul style="list-style-type: none"> ▪ The healthcare organisation has systems to ensure the risk of healthcare associated infection is reduced in accordance with <i>The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections</i> (Department of Health, 2006).
Safety	C4b	All risks associated with the acquisition and use of medical devices are minimised	<ul style="list-style-type: none"> ▪ The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the MHRA. ▪ The healthcare organisation has systems in place to meet the <i>Ionising Radiation (Medical Exposure) Regulations 2000 [IR(ME)R]</i>.

Domain		Standard	Elements
Safety	C4c	All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed	<ul style="list-style-type: none"> Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with the relevant requirements of <i>The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections</i> (Department of Health, 2006)
Safety	C4d	Medicines are handles safely and securely	<ul style="list-style-type: none"> Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored, including in accordance with the statutory requirements of the Medicines Act 1968. Controlled drugs are handled safely and securely in accordance with the Misuse of Drugs Act 1971, the Misuse of Drugs Act 1971 (<i>Modification</i>) Order 2001 and <i>Safer management of controlled drugs: Guidance on strengthened governance arrangements</i> (Department of Health, 2006).
Safety	C4e	The prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment	<ul style="list-style-type: none"> The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients staff, the public and the environment in accordance with <i>Environment and sustainability Health Technical Memorandum 07-01: Safe management of healthcare waste</i> (Department of Health, November 2006)
Clinical and cost effectiveness	C5a	Conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	<ul style="list-style-type: none"> The healthcare organisation conforms to NICE technology appraisals where relevant to its services. The healthcare organisation can demonstrate how it takes into account nationally agreed best practice as defined in national service frameworks (NSFs), NICE clinical guidelines, national plans and nationally agreed guidance, when delivering services, care and treatment
Clinical and cost effectiveness	C5b	Clinical care and treatment are carried out under supervision and leadership	<ul style="list-style-type: none"> Appropriate supervision and clinical leadership is provided to staff involved in delivering clinical care and treatment in accordance with guidance from relevant professional bodies.
Clinical and cost effectiveness	C5c	Clinicians continuously update skills and techniques relevant to their clinical work	<ul style="list-style-type: none"> Clinicians from all disciplines participate in activities to update the skills and techniques relevant to their clinical work
Clinical and cost effectiveness	C5d	Clinicians participate in regular clinical audit and reviews of clinical services	<ul style="list-style-type: none"> Clinicians are involved in prioritising, conducting, reporting and acting on clinical audits. Clinicians participate in reviewing the effectiveness of clinical services through evaluation, audit or research.
Clinical and cost effectiveness	C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patient's individual needs are properly managed and met	<ul style="list-style-type: none"> Staff work in partnership with colleagues in other health and social care organisations to meet the individual needs of patients
Clinical and cost effectiveness	C7a&c	Apply the principles of sound clinical and corporate governance	<ul style="list-style-type: none"> The healthcare organisation has effective arrangements in place for clinical governance There are effective corporate governance arrangements in place that accord with <i>Governing the NHS: A guide for NHS boards</i> (Department of Health and NHS Appointments Commission 2003), and the

Domain		Standard	Elements
			<i>Corporate governance framework manual for NHS trusts</i> (Department of Health April 2003)
Governance	C7b	Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	<ul style="list-style-type: none"> ▪ The healthcare organisation actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the <i>Code of conduct for NHS Managers</i> (Department of Health, 2002) and <i>NHS Counter Fraud and Corruption manual</i> third edition (NHS Counter Fraud Service, 2006).
Governance	C7c	Undertake systematic risk assessment and risk management	<ul style="list-style-type: none"> ▪ The healthcare organisation systematically assesses and manages its risks
Governance	C7e	Challenge discrimination, promote equality and respect human rights	<ul style="list-style-type: none"> ▪ The healthcare organisation challenges discrimination and respects human rights in accordance with the Human Rights Act 1998, <i>No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse</i> (Department of Health, 2000), The Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, and The Employment Equality (Age) Regulations 2006 ▪ The healthcare organisation promotes equality including by publishing information specified by statute, in accordance with the general and specific duties of the Race Relations Act 1976 (as amended), the Code of practice on the duty to promote race equality (Commission for Racial Equality 2002), the Disability Discrimination Act 1995 the Disability Discrimination Act 2005, the Code of practice on the duty to promote disability equality (Disability Rights Commission, 2005) the Equality Act 2006 and the Gender Equality Duty Code of Practice (Equal Opportunities Commission, November 2006).
Governance	C8a	Having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services	<ul style="list-style-type: none"> ▪ Staff are supported, and know how, to raise concerns about services confidentially and without prejudicing their position including in accordance with <i>The Public Disclosure Act 1998: Whistle blowing in the NHS</i> (HSC 1999/198).
Governance	C8b	Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	<ul style="list-style-type: none"> ▪ The healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level.
Governance	C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required	<ul style="list-style-type: none"> ▪ The healthcare organisation has effective systems for managing clinical records in accordance with <i>Records management: NHS code of practice</i> (Department of Health, April 2006)
Governance	C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally	<ul style="list-style-type: none"> ▪ The necessary employment checks are undertaken for all staff in accordance with <i>Safer recruitment - A guide for NHS employers</i> (NHS Employers 2006) and <i>CRB disclosures in the NHS</i> (NHS Employers 2004).

Domain		Standard	Elements
		qualified staff are registered with the appropriate bodies	
Governance	C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of practice	<ul style="list-style-type: none"> ▪ The healthcare organisation explicitly requires staff to abide by relevant codes of professional conduct and takes action when codes of conduct are breached.
Governance	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	<ul style="list-style-type: none"> ▪ The healthcare organisation recruits staff in accordance with relevant legislation and with particular regard to the Sex Discrimination (Gender Reassignment) Regulations 1999, The Employment Equality (Religion or Belief) Regulations 2003, The Employment Equality (Sexual Orientation) Regulations 2003, The Employment Equality (Age) Regulations 2006, Race Relations Act 1976 (as amended), the Disability Discrimination Act 2005 and the Equality Act 2006. ▪ The healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs
Governance	C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes	<ul style="list-style-type: none"> ▪ Staff participate in relevant mandatory training programmes as defined by the NHS's risk management standards for acute trusts. ▪ Staff and students participate in relevant induction programmes
Governance	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	<ul style="list-style-type: none"> ▪ Staff have opportunities to participate in professional and occupational development at all points in their career in accordance with <i>Working together – learning together: a framework for lifelong learning for the NHS</i> (Department of Health 2001).
Governance	C12	Healthcare organisations ensure which either lead to participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied	<ul style="list-style-type: none"> ▪ The healthcare organisation has an effective research governance framework in place which complies with the requirements of the <i>Research governance framework for health and social care, second edition</i> (Department of Health 2005).
Patient focus	C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect	<ul style="list-style-type: none"> ▪ The healthcare organisation ensures that staff treats patients, carers and relatives with dignity and respect at every stage of their care and treatment and where relevant takes action where dignity and respect have been compromised. ▪ The healthcare organisation meets the needs and rights of different patient groups with regard to dignity including by meeting the relevant requirements of the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995, the Disability Discrimination Act 2005, and the Equality Act 2006.
Patient focus	C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	<ul style="list-style-type: none"> ▪ Valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post-mortem) and investigations in accordance with the <i>Reference guide to consent for examination or treatment</i> (Department of Health 2001), <i>Families and post mortems: a code of practice</i> (Department of Health 2003) and <i>Code of Practice to the Mental Capacity Act 2005</i> (Department of Constitutional Affairs 2007). ▪ Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them in accordance with <i>Confidentiality: NHS code of practice</i> (Department of Health 2003).

Domain		Standard	Elements
Patient focus	C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary	<ul style="list-style-type: none"> Staff act in accordance with <i>Confidentiality: NHS code of practice</i> (Department of Health 2003), the Data Protection Act 1998, <i>Protecting and using patient information: a manual for Caldicott guardians</i> (Department of Health 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients' personal information.
Patient focus	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, procedure to register formal complaints and feedback on the quality of service	<ul style="list-style-type: none"> Patients, relatives and carers are given suitable and accessible information about, and can easily access, a formal complaints system. Patients, relatives and carers are provided with opportunities to give feedback on the quality of services.
Patient focus	C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made	<ul style="list-style-type: none"> The healthcare organisation has systems in place to ensure that patients, carers and relatives are not treated adversely as a result of having complained.
Patient focus	C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that the organisation act appropriately on any concerns and where appropriate, make changes to ensure improvements in service delivery	<ul style="list-style-type: none"> The healthcare organisation acts on, and responds to, complaints appropriately and in a timely manner. Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients, relatives and carers.
Patient focus	C15a	Where food is provided health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet	<ul style="list-style-type: none"> Patients are offered a choice of food in line with the requirements of a balanced diet, reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population. The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation 852/2004).
Patient focus	C15b	Where food is provided health care organisations have systems in place to ensure that patient's individual nutritional, personal and clinical dietary requirements are met, including where necessary help with feeding and access to food 24 hours a day	<ul style="list-style-type: none"> Patients have access to food and drink 24 hours a day. The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met. Patients requiring assistance with eating and drinking are provided with appropriate support.
Patient focus	C16	Healthcare organisations make information available to patient 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	<ul style="list-style-type: none"> The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population which accords with the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and the Race Relations Act 1976 (as amended). Patients and, where appropriate, carers (including those with communication or language support needs) are provided with sufficient and accessible information on their care, treatment and after care and where appropriate in accordance with the <i>Code of Practice to the Mental Capacity Act 2005</i> (Department of Constitutional Affairs 2007)
Accessible	C17	The views of patients, their carers and others	<ul style="list-style-type: none"> The healthcare organisation seeks the views of patients, carers and the local community, including those

Domain		Standard	Elements
and responsive care		are sought and taken into account in designing, planning, delivering and improving healthcare services	<ul style="list-style-type: none"> from disadvantaged and marginalised groups, when planning, delivering and improving services in accordance with <i>Strengthening Accountability, patient and public involvement policy guidance - Section 11 of the Health and Social Care Act 2001</i> (Department of Health, 2003). The healthcare organisation demonstrates to patients, carers and the local community how it has taken their views into account when planning, delivering and improving services for patients in accordance with <i>Strengthening Accountability, patient and public involvement policy guidance - Section 11 of the Health and Social Care Act 2001</i> (Department of Health, 2003).
Accessible and responsive care	C18	Healthcare organisations enable all member of the population to access services equally and offer choice in access to services and treatment equitably	<ul style="list-style-type: none"> The healthcare organisation ensures that all members of the population it serves are able to access its services on an equitable basis including acting in accordance with the Sex Discrimination Act 1975, the Disability Discrimination Act 1995 & 2005, and the Race Relations Act 1976 (as amended) and the Equality Act 2006. The healthcare organisation offers patients choice in access to services and treatment, where appropriate, and ensures that this is offered equitably.
Care environment and amenities	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	<ul style="list-style-type: none"> The healthcare organisation effectively manages the health, safety and environmental risks to patients, staff and visitors, including by meeting the relevant health and safety at work and fire legislation, <i>The Management of Health, Safety and Welfare Issues for NHS staff</i> (NHS Employers 2005) and the Disability Discrimination Act 1995. The healthcare organisation provides a secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.
Care environment and amenities	C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality	<ul style="list-style-type: none"> The healthcare organisation provides services in environments that are supportive of patient privacy and confidentiality, including the provision of single sex facilities and accommodation.
Care environment and amenities	C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	<ul style="list-style-type: none"> The healthcare organisation has taken steps to provide care in well designed and well maintained environments including in accordance with Building notes and Health Technical Memorandum, the Disability Discrimination Act 1995 and the Disability Discrimination Act 2005 and associated code of practice. Care is provided in clean environments in accordance with the <i>National specification for cleanliness in the NHS</i> (National Patient Safety Agency, 2007) and the relevant requirements of <i>The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections</i> (Department of Health, 2006)
Care environment and amenities	C22a & c	<p>a) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations</p> <p>c) Making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships</p>	<ul style="list-style-type: none"> The healthcare organisation works with local partners to deliver the health and well being agenda, such as by working to improve care pathways for patients across the health community and participating in equity audits to identify population health needs.
Care environment	C23	Healthcare organisations have systematic and managed disease prevention and health	<ul style="list-style-type: none"> The healthcare organisation collects, analyses and shares data about its patients and services, including with its commissioners, to influence health needs assessments and strategic planning to improve the

Domain		Standard	Elements
and amenities		promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections	<p>health of the community served</p> <ul style="list-style-type: none"> ▪ Patients are provided with advice and support along their care pathway in relation to public health priority areas, including through referral to specialist advice and services. ▪ The healthcare organisation implements policies and practices to improve the health and well being of its workforce.
Care environment and amenities	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	<ul style="list-style-type: none"> ▪ The healthcare organisation has a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with The NHS Emergency Planning Guidance (Department of Health, 2005) and UK influenza pandemic contingency plan (Department of Health, 2005). ▪ The healthcare organisation works with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the Civil Contingencies Act 2004, The NHS Emergency Planning Guidance 2005 and <i>UK influenza pandemic contingency plan</i> (Department of Health, 2005).