

Criteria for assessing core standards in 2008/09

The Health Protection Agency

Criteria for the Health Protection Agency

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Introduction

In this document we present our criteria for the assessment of core standards in 2008/09 for the Health Protection Agency (HPA). We have adopted the same approach that we use to assess NHS trusts on their performance against core standards, and have presented our criteria as elements for each core standard. Each element, wherever possible, includes the key items of national guidance and/or statute that describes the underlying requirements that will form the basis of our assessment.

The Health Protection Agency

The Health Protection Agency plays a central role in protecting people from infectious diseases and in preventing harm when hazards occur involving chemicals, poisons, or radiation. The HPA prepares for new and emerging threats, such as a bio-terrorist attack or a virulent new strain of disease. It provides support and advice to the NHS, local authorities emergency services, other arms length bodies, the Department of Health and the Devolved Administrations.

The Agency was established on 1 April 2005 as a non-departmental public body, replacing the HPA Special Health Authority and the National Radiological Protection Board, with radiation protection incorporated into its remit.

The HPA has a network of approximately 3,000 staff in England who are based regionally, locally and in three major centres (Colindale, Porton and Chilton), as well as in a small central office in London. The Agency works closely with locally based colleagues employed within the devolved administrations.

The Centre for Infections at Colindale is the base for communicable disease surveillance and specialist microbiology. The Centre for Radiation, Chemical and Environmental Hazards is based at Chilton and the Centre for Emergency Preparedness and Response, focusing on applied microbiological research and emergency response, is based at Porton.

The Healthcare Commission's assessment of the Health Protection Agency

The Healthcare Commission will assess the performance of the HPA in relation to core standards for the year 1 April 2008 to 31 March 2009. We will use this assessment as the basis on which to produce a performance rating for the HPA for the assessment year 2008/09.

Where possible we will apply the same assessment criteria to the HPA as we apply to NHS trusts. However, a number of core standards do not apply directly to the HPA. Where this is the case the standard will not be included in the HPA's assessment. In many cases, we have amended existing elements used for NHS trusts, or reworded an element to reflect the types of services or functions provided by the HPA.

In-year revisions to legislation, codes of practice and guidance

All legislation, codes of practice and guidance referred to in the core standards criteria/elements are up to date at the time of publishing. During the assessment year, the HPA is expected to ensure they comply with any replacements, revisions, amendments or supplements to the said legislation, codes of practice or guidance, and will be assessed on this basis.

First domain: Safety

Domain outcome: Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core standard C1

Elements

Healthcare organisations protect patients through systems that:

a) 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.

- 1) Incidents are reported locally and nationally via the appropriate reporting routes to the National Patient Safety Agency (NPSA), Health and Safety Executive, Medicines and Healthcare products Regulatory Agency (MHRA), Healthcare Commission, the Counter Fraud and Security Management Service and all other national organisations to which the Health Protection Agency is required to report incidents.
- 2) Individual incidents are analysed rapidly after they occur to identify actions required to reduce further immediate risks, and where appropriate individual incidents are analysed to seek to identify root causes, likelihood of repetition and actions required to prevent the reoccurrence of incidents in the future.
- 3) Reported incidents are aggregated and analysed to seek to identify common patterns, relevant trends, likelihood of repetition and actions required to prevent the reoccurrence of similar incidents in the future, for the benefit of patients/service users as a whole.
- 4) Demonstrable improvements in practice are made to prevent the reoccurrence of incidents based on information arising from the analysis of local incidents and the national analysis of incidents by the organisations stated in element one (above).

b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

- 1) All communications concerning patient safety issued from the National Patient Safety Agency (NPSA) and the Medicines Healthcare products Regulatory Agency (MHRA) via national distribution systems,

including the Safety Alert Broadcast System (SABS), the Central Alert System (CAS) the UK Public Health Link System (UKPHLS), are implemented within the required timescales.

Core standard C2

Elements

Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.

- 1) The Health Protection Agency has made arrangements to safeguard children by following national protection guidelines.
- 2) The Health Protection Agency works with partners to protect children and where appropriate participate in reviews.
- 3) The Health Protection Agency has agreed processes about sharing information about a child and their family both within the organisation and with outside agencies.

Core standard C3

Elements

Healthcare organisations protect patients by following NICE Interventional Procedures guidance.

This standard will not be assessed for the Health Protection Agency.

Core standard C4

Elements

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that:

- a) **the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in MRSA.**
 - 1) The Health Protection Agency has systems in place to ensure it contributes appropriately to reduce the risk of healthcare associated infection, including providing specialist advice and training.
- b) **all risks associated with the acquisition and use of medical devices are minimised.**
 - 1) The healthcare organisation has systems in place to minimise the risks associated with the acquisition and use of medical devices in accordance with guidance issued by the Medicines Healthcare products Regulatory Authority (MHRA).
- c) **all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.**
 - 1) Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with guidance issued by the Medicines Healthcare products Regulatory Authority and Medical Devices Directive (MDD) 93/42 EEC.

Core standard C4 continued

- d) medicines are handled safely and securely.**
- 1) Medicines are safely and securely procured, prescribed, dispensed, prepared, administered and monitored in accordance with the Medicines Act 1968 (as amended, and subsequent regulations, including the Medicines for Human Use (Prescribing) Order 2005), the Health and Safety at Work Act 1974, as amended, and subsequent regulations including the Control of Substances Hazardous to Health Regulations 2002; and the good practice identified in *The safe and secure handling of medicines: A team approach* (RPS, March 2005) should be considered and where appropriate, followed.
 - 2) Controlled drugs are handled safely and securely in accordance with the *Misuse of Drugs Act 1971* (and amendments), *Safer Management of Controlled Drugs: Guidance on strengthened governance arrangements* (Department of Health, Jan 2007) and *The Controlled Drugs (Supervision of Management and Use) Regulations 2006*.
- 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 staff, patients, the public and the safety of the environment.**
- 1) The prevention, segregation, handling, transport and disposal of waste is properly managed to minimise the risks to patients/service users, staff, the public and the environment in accordance with all relevant legislative requirements referred to in Environment and Sustainability: Health Technical Memorandum 07-01: Safe management of healthcare waste (Department of Health, November 2006) and Environment and sustainability: Health Technical Memorandum 07-05: The treatment, recovery, recycling and safe disposal of waste electrical and electronic equipment (Department of Health, June 2007).

Second domain: Clinical and cost effectiveness

Domain outcome: Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.

Core standard C5

Elements

Healthcare organisations ensure that:

- | | |
|---|--|
| <p>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.</p> | <p>1) The Health Protection Agency can demonstrate how it takes into account nationally agreed guidance where it is available as defined in National Service Frameworks (NSFs), NICE guidelines, national plans and nationally agreed guidance, when delivering care and treatment. The Health Protection Agency has mechanisms in place to: identify relevant guidance; take account of clinical views and current practice in decision-making; where necessary assess costs, and develop, communicate, implement and review an action plan for appropriate guidelines.</p> |
| <p>b) clinical care and treatment are carried out under supervision and leadership.</p> | <p>1) The Health Protection Agency ensures that appropriate supervision and clinical leadership is provided to staff when delivering clinical care. Where appropriate, staff also have the opportunity to receive 'clinical supervision'⁴. This is in accordance with requirements from relevant professional bodies. Arrangements for clinical leadership and supervision (including 'clinical supervision') are communicated to all relevant staff. The effectiveness of these arrangements are monitored and reviewed on a regular basis and action is taken accordingly.</p> <p>2) The Health Protection Agency ensures that it provides opportunities for clinicians to develop their clinical leadership skills and experience.</p> |

⁴ Clinical supervision is 'a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice and enhance consumer protection and safety of care in complex situations.' (Quoted in various sources, including *Clinical supervision for registered nurses*, MNC, 2008).

Core standard C5 continued

- c) clinicians continuously update skills and techniques relevant to their clinical work**
- 1) The Health Protection Agency ensures that clinicians from all disciplines participate in activities to update the skills and techniques that are relevant to their clinical work in accordance with relevant guidance and curricula. This includes identifying and reviewing skill needs and skill gaps; providing and supporting on-the-job training and other training opportunities; and where appropriate working in partnership with education and training providers to ensure effective delivery of training.
- d) clinicians participate in regular clinical audit and reviews of clinical services.**
- 1) The Health Protection Agency ensures that clinicians⁵ are involved in prioritising, conducting, reporting and acting on regular clinical audits⁶.
- 2) The Health Protection Agency ensures that clinicians participate in regular reviews of the effectiveness of clinical services through evaluation, audit or research.

Core standard C06**Elements**

Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

- 1) The Health Protection Agency works in partnership with other health and social care organisations to ensure that the individual needs of patients/service users are properly managed and met.

Where the HPA provides information, advice or assistance to one or more other health and/or social care organisations along the patient/service user pathway.

Where appropriate, these arrangements are in accordance with:

- Section 75 partnership arrangements of the National Health Service Act 2006 (previously section 31 of the Health Act 1999).

Where appropriate, these arrangements are in accordance with the relevant aspects of

⁵ Clinicians are 'professionally qualified staff providing clinical care to patients'. (Source: Standards for Better Health, DH, 2004)

⁶ Clinical audit is 'a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against specific criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.' (Source: Standards for Better Health, DH, 2004)

Core standard C06 continued

the following guidance or equally effective alternatives:

- *Guidance on the Health Act Section 31* partnership agreements (DH, 1999).
- Guidance on partnership working within any relevant national frameworks or strategies.

- 2) Staff concerned with all aspects of the provision of healthcare work in partnership with colleagues in other health and social care organisations to ensure that the needs of the patient/service user are properly managed and met.

Third domain: Governance

Domain outcome: Managerial and clinical leadership and accountability, as well as the organisation’s culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.

Core standard C7

Elements

Healthcare organisations:

- a) **apply the principles of sound clinical and corporate governance.**
- c) **undertake systematic risk assessment and risk management.**

- b) **actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.**

- 1) The Health Protection Agency has effective clinical governance⁷ arrangements in place to promote clinical leadership, and improve and ensure the quality and safety of clinical services for patients/service users.
- 2) The Health Protection Agency has arrangements in place for corporate governance⁸, that accord with the Audit Committee Handbook (HM Treasury, 2003), Building Effective Boards: Enhancing the Effectiveness of Independent Boards in Executive Non-Departmental Bodies (HM Treasury, 2004), The Orange Book: Management of Risk – Principles and Concepts (HM Treasury, 2004), and taking account of the Risk Management Assessment Framework (HM Treasury, 2004).
- 3) The Health Protection Agency systematically assesses⁹ and manages¹⁰ its risks, both corporate/clinical risks in order to ensure probity, clinical quality and patient safety.

- 1) The Health Protection Agency actively promotes openness, honesty, probity and accountability to its staff and ensures that resources are protected from fraud and corruption in accordance with the *Code of conduct for NHS managers* (Department of Health, 2002), *Managing the risk of fraud* (HM Treasury, 2003), *The Fraud Act 2006* (HM Government, 2006) and *NHS Counter fraud and corruption manual third edition* (NHS Counter Fraud Service, 2006).

⁷ Clinical governance is ‘a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish’. (Source: Standard for Better Health, DH, 2004)

⁸ Governance is ‘a mechanism to provide accountability for the way an organisation manages itself’. (Source: Standard for Better Health, DH, 2004)

⁹ Systematic risk assessment is ‘a systematic approach to the identification and assessment of risk using explicit risk management techniques’. (Source: Standard for Better Health, DH, 2004)

¹⁰ Risk management ‘covers all processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress’. (Source: Standard for Better Health, DH, 2004)

Core standard C7 continues

- d) **ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.**
- This standard will not be assessed for the Health Protection Agency.
- e) **challenge discrimination, promote equality and respect human rights.**
- 1) The Health Protection Agency challenges discrimination and respects human rights in accordance with the:
- Human Rights Act 1998.
 - *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* (Department of Health, 2000).
 - The general and specific duties imposed on public bodies in relation to race, disability and gender (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the “public body duties”^{**}.
 - “Employment and equalities legislation”^{***} including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time.
- ^{**}“Acting in accordance with ‘public body duties’” means: Acting in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following statutes:
- Race Relations (Amendment) Act 2000.
 - Disability Discrimination Act 2005.
 - Equality Act 2006.
- and, where appropriate, having due regard to the associated codes of practice.
- ^{***}“Acting in accordance with ‘employment and equalities legislation’” means: Acting in accordance with relevant legislation including:
- Equal Pay Act 1970 (as amended).
 - Sex Discrimination Act 1975 (as amended).
 - Race Relations Act 1976 (as amended).

- Disability Discrimination Act 1995.
- Employment Equality (Religion or Belief) Regulations 2003.
- Employment Equality (Sexual Orientation) Regulations 2003.
- Employment Equality (Age) regulations 2006.
- Part Time workers (Protection from Less Favourable Treatment) Regulations 2000.
- Fixed Term Employees (Protection from Less Favourable Treatment Regulations 2002).
- Employment Rights Act section 80F-I (relating to the right to request flexible working).
- Working Time Regulations 1998 (as amended).

and, where appropriate, having due regard to the associated codes of practice

- 2) The Health Protection Agency promotes equality, including by publishing information specified by statute, in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under:

- *The Race Relations (Amendment) Act 2000.*
- *The Disability Discrimination Act 2005.*
- *The Equality Act 2006.*

and where appropriate, having due regard to the associated codes of practice.

f) meet the existing performance requirements set out in the annex.

This standard will not be assessed for Health Protection Agency.

Core standard C8

Elements

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 services.**
- 1) Staff are supported, and know how to raise concerns about services confidentially and without prejudicing their position including in accordance with The Public Disclosure Act 1998: Whistle blowing in the NHS (HSC 1999/198).
- b) **organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.**
- 1) The Health Protection Agency supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level and in accordance with “employment and equalities legislation”* including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and working time; and in accordance with its “public body duties”* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard for the associated codes of practice.
- * The phrases “public body duties” and “employment and equalities legislation” are defined in C7e
- 2) Staff from minority groups are offered opportunities for personal development to address under-representation in the workforce compared to the local population in accordance with “employment and equalities legislation”* including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part-time workers, fixed term employees, flexible working and normal working time; and in accordance with its “public body duties”* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender.
- * The phrases “public body duties” and “employment and equalities legislation” are defined in C7e.

Core standard C9

Elements

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.

- 1) The Health Protection Agency has effective systems for managing records in accordance with *Records management: NHS code of practice* (Department of Health, April 2006), *Information security management: NHS code of practice* (Department of Health, April 2007) and *NHS Information Governance* (Department of Health, September 2007).

The Health Protection Agency should comply with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and demonstrate they are complying with supplemental mandates and guidance if they are introduced during the assessment period.

- 2) The information management and technology plan for the organisation demonstrates how a correct NHS Number will be assigned to every clinical record, in accordance with *The NHS in England: the Operating Framework for 2008/09* (Department of Health, December 2007).

Core standard C10

Elements

Healthcare organisations:

- a) **undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.**
- b) **Require that all employed professionals abide by relevant published codes of professional practice.**

- 1) The necessary checks are undertaken in respect of all applications for NHS positions (prospective employees) and staff in ongoing NHS employment¹¹ in accordance with the NHS Employment Check Standards (NHS Employers) 2008).
- 1) The Health Protection Agency explicitly requires all employed healthcare professionals¹² to abide by relevant codes of professional conduct. Mechanisms are in place to identify, report and take appropriate action when codes of conduct are breached.

¹¹ This includes permanent staff, staff on fixed-term contracts, temporary staff, volunteers, students, trainees, contractors and highly mobile staff supplied by an agency. Trusts appointing locums and agency staff will need to ensure that their providers comply with these standards.

¹² A healthcare professional is 'a person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Healthcare Professions Act 2002' (Source: Section 93, National Health Services Act 2006). The bodies mentioned in Section 25(3) which regulate professionals within England are: the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the Health Professions Council (HPC), the General Dental Council (GDC), the General Optical Council (GOC), the General Chiropractic Council (GCC), the General Osteopathic Council (GOsC), the Royal Pharmaceutical Society of Great Britain (RPSGB).

Core standard C11

Elements

Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare:

a) are appropriately recruited, trained and qualified for the work they undertake.

- 1) The Health Protection Agency recruits staff in accordance with “employment and equalities legislation” * including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part time workers, fixed term employees, flexible working and working time; and in accordance with its “public body duties” * in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender.; and where appropriate, having due regard to the associated codes of practice.

The phrases “public body duties” and “employment and equalities legislation” are defined in C7e.

- 2) The Health Protection Agency aligns workforce requirements to its service needs by undertaking workforce planning, and by ensuring that its staff are appropriately trained and qualified for the work they undertake

b) participate in mandatory training programmes.

- 1) Staff participate in relevant mandatory training programmes.
- 2) Staff and students participate in relevant induction programmes.
- 3) The Health Protection Agency verifies that staff participate in those mandatory training programmes. Where the Health Protection Agency identifies non-attendance, action is taken to rectify this.

Core standard C11 continued

- c) **participate in further professional and occupational development commensurate with their work throughout their working lives.**
- 1) The Health Protection Agency ensures that all staff concerned with all aspects of the provision of healthcare have opportunities to participate in professional and occupational development at all points in their career in accordance with “employment and equalities legislation”* including legislation regarding age, disability, gender, race, religion and belief, sexual orientation, part time workers, fixed term employees, flexible working and working time; and in accordance with its “public body duties”* in relation to employees, including, but not restricted to, its monitoring duties in relation to race, disability and gender; and where appropriate, having due regard to the associated codes of practice; and in accordance with the relevant aspects of *Working together – learning together: a framework for lifelong learning for the NHS* (Department of Health 2001) or an equally effective alternative.
- The phrases “public body duties” and “employment and equalities legislation” are defined in C7e

Core standard C12

Elements

- 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.**
- 1) The Health Protection Agency has effective research governance in place, which complies with the principles and requirements of the *Research governance framework for health and social care, second edition* (DH 2005).

Fourth domain: Patient focus

Domain outcome: Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.

Core standard C13

Elements

Healthcare organisations have systems in place to ensure that:

a) staff treat patients, their relatives and carers with dignity and respect.

- 1) The Health Protection Agency ensures that staff treat patients/service users, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect.
- 2) The Health Protection Agency meets the needs and rights of different patient groups with regard to dignity including by acting in accordance with *the Human Rights Act 1998* and the general and specific duties imposed on public bodies in relation to race, disability and gender (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following “public body duties”^{*} statutes
 - *the Race Relations (Amendment) Act 2000*
 - *the Disability Discrimination Act 2005, and*
 - *the Equality Act 2006*

and where appropriate, having due regard to the associated codes of practice

The Health Protection Agency should act in accordance with the requirements in the National Service Framework for older people (Health Service circular 2001/007), to ensure that older people are not unfairly discriminated against in accessing NHS or social care services as a result of their age.

^{*} The phrase “public body duties” is defined in C7e.

b) appropriate consent is obtained when required for all contacts with patients and for the use of any confidential patient information.

- 1) Valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures, investigations and decisions in accordance with the Human Rights Act 1998, the *Reference guide to consent for examination or treatment* (Department of Health 2001), *Human Tissue Authority: a code of practice* (July 2006), and having regard to the *Code of Practice to the Mental Health Act 1983 and 2007* and the *Code of Practice to the Mental Capacity Act 2005*.
- 2) Patients/service users, including those with language and/or communication support needs, are provided with appropriate and sufficient information suitable to their needs, on the use and disclosure of confidential information held about them in accordance with *Confidentiality: NHS code of practice* (Department of Health 2003).
- 3) The Health Protection Agency monitors and reviews current practices to ensure effective consent processes.

c) staff treat patient information confidentially, except where authorised by legislation to the contrary.

- 1) When using and disclosing patients/service users' personal information staff act in accordance with the Data Protection Act 1998, the Human Rights Act 1998, the Freedom of Information Act 2000 and *Confidentiality: NHS code of practice* (Department of Health 2003), *Caldicott Guardian Manual 2006* (Department of Health 2006).

The Health Protection Agency complies with the actions specified in the NHS Chief Executive's letter of 20 May 2008 (Gateway reference 9912); and with supplemental mandates and guidance if they are introduced during the assessment period.

Core standard C14

Elements

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.

- 1) Patients/service users, relatives and carers are given suitable and easily accessible information about a formal complaints system, including information about how to escalate their concerns; and Health Protection Agency acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to

Core standard C14a continued

Health Protection Agency.

- 2) Patients/service users, relatives and carers are provided with opportunities to give feedback on the quality of services.
- b) **are not discriminated against when complaints are made.**
 - 1) The Health Protection Agency has systems in place to ensure that patients/service users, carers and relatives are not treated adversely as a result of their complaint.
- c) **are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.**
 - 1) The Health Protection Agency acts on, and responds to complaints, appropriately and in a timely manner; and acts in accordance with the NHS (Complaints) Regulations 2004 (as amended) in so far as they are relevant to Health Protection Agency.
 - 2) Demonstrable improvements are made to service delivery as a result of concerns and complaints from patients/service users, relatives and carers.

Core standard C15**Elements**

Note: this standard is applicable only to healthcare organisations that routinely provide patients with food.

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.** This standard will not be assessed for the Health Protection Agency.
- b) **patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.** This standard will not be assessed for the Health Protection Agency.

Core standard C16**Elements**

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- 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**
- 1) The Health Protection Agency has identified the information needs of its service population, and provides suitable and accessible information on the services it provides in response to these needs. This includes the provision of information in relevant languages and formats in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with

Core standard C16 continued

impact assessments) under the following “public body duties”* statutes:

- *the Race Relations (Amendment) Act 2000*
- *the Disability Discrimination Act 2005*
- *the Equality Act 2006*

and where appropriate, having due regard to the associated codes of practice.

The phrase “public body duties” is defined in C7e.

- 2) The Health Protection Agency provides patients/service users and, where appropriate, carers with sufficient and accessible information on the patient’s individual care, treatment and aftercare, including those patients/service users and carers with communication or language support needs. In doing so healthcare organisations must have regard, where appropriate, to the *Code of Practice to the Mental Capacity Act 2005* (Department of Constitutional Affairs 2007) and the *Code of Practice to the Mental Health Act* (Department of Constitutional Affairs 1983).

Fifth domain: Accessible and responsive care

Domain outcome: Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

Core standard C17

Elements

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

- 1) The Health Protection Agency seeks and collects the views and experiences of service users, stakeholders and the local community, particularly those people who are seldom listened to, on an ongoing basis when designing, planning, delivering and improving healthcare services as required by Section 242 of the *National Health Services Act 2006* where appropriate in accordance with *Strengthening Accountability, patient and public involvement policy guidance – section 11 of the Health and Social Care Act 2001* (Department of Health 2003) and any subsequent statutory guidance introduced in the assessment year. In doing so Health Protection Agency acts in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following “public body duties” *statutes:
 - *the Race Relations (Amendment) Act 2000,*
 - *the Disability Discrimination Act 2005, and*
 - *the Equality Act 2006 ;*

and where appropriate, having due regard to the associated codes of practice

* The phrase “public body duties” is defined in C7e.
- 2) The Health Protection Agency demonstrates to service users and the local community, particularly those people who are seldom listened to, how it has taken their views and experiences into account in the designing, planning, delivering and improving healthcare services, in accordance with *Strengthening Accountability, patient and public involvement policy guidance – section 11 of the Health and Social Care Act 2001* (Department of Health 2003) and any subsequent statutory guidance introduced in

Core standard C17 continued

the assessment year. In doing so Health Protection Agency should act in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following “public body duties”^{*} statutes:

- *the Race Relations (Amendment) Act 2000,*
- *the Disability Discrimination Act 2005,*
and
- *the Equality Act 2006 ;*

and where appropriate, having due regard to the associated codes of practice.

^{*} The phrase “public body duties” is defined in C7e.

Core standard C18**Elements**

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

- 1) The Health Protection Agency enables all members of the population it serves are able to access its services equally, including acting in accordance with the general and specific duties imposed on public bodies (including, among other things, equality schemes for race, disability and gender, along with impact assessments) under the following “public body duties”^{*} statutes:

- *the Race Relations (Amendment) Act 2000,*
- *the Disability Discrimination Act 2005,*
and
- *the Equality Act 2006 ;*

and where appropriate, having due regard to the associated codes of practice.

^{*} The phrases “public body duties” is defined in C7e

Core standard C19

Elements

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.

This standard will not be assessed for the Health Protection Agency

Sixth domain: Care environment and amenities

Domain outcome: Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core standard C20

Elements

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.**
- 1) The Health Protection Agency effectively manages the health, safety and environmental risks to patients/service users, staff and visitors, in accordance with all relevant¹³ health and safety legislation, fire safety legislation, the *Disability Discrimination Act 1995*, and the *Disability Discrimination Act 2005*; and by having regard to *The duty to promote disability equality: Statutory Code of practice* (Disability Rights Commission, 2005). It also acts in accordance with the mandatory requirements set out in *Firecode – fire safety in the NHS Health Technical Memorandum (HTM) 05-01: Managing healthcare fire safety* (Department of Health, 2006), in so far as the requirements are relevant to Health Protection Agency, and follows the guidance contained therein, or equally effective alternative means to achieve the same objectives. It also considers, and where appropriate follows, the good practice guidance referred to in *The NHS Healthy Workplaces Handbook* (NHS Employers 2007) or equally effective alternative means to achieve the same objectives.
- 2) The Health Protection Agency provides a secure environment which protects patients/service users, staff, visitors and their property, and the physical assets of the organisation, including in accordance with

¹³ Relevant legislation includes:

- Health and Safety at Work Act 1974
- Display Screen Equipment Regulations 1992
- Management of Health and Safety at Work Regulations 1999
- Manual Handling Operations Regulations 1992
- Provision and Use of Work Equipment Regulations (PUWER) 1998
- Control of Substances Hazardous to Health Regulations 2002

Core standard C20a continued

Secretary of State directions on measures to tackle violence against staff and professionals who work in or provide services to the NHS (Department of Health 2003, as amended 2006) and *Secretary of State directions on NHS security management measures* (Department of Health 2004, as amended 2006)

b) supportive of patient privacy and confidentiality.

- 1) The Health Protection Agency has taken steps to provide services in environments that are supportive of patient privacy and confidentiality.
- 2) The Health Protection Agency has systems in place to ensure that preventive and corrective actions are taken in situations where there are risks and/or issues with patient privacy and/or confidentiality.

Core standard C21**Elements**

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.

This standard will not be assessed for the Health Protection Agency.

Seventh domain: Public health

Domain outcome: Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core standard C22

Elements

Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:

- | | |
|---|---|
| <p>a) Co-operating with each other and with local authorities and other organisations.</p> | <p>1) The Health Protection Agency actively works with other healthcare organisations, local government and other national and local partners to promote, protect and demonstrably improve the health of the community served and narrow health inequalities, such as by working to improve care pathways for patients/service users across the health community and between the health, social care and the criminal justice system, and/or participating in the JSNA and health equity audits to identify population health needs.</p> <p>2) The Health Protection Agency monitors and reviews their contribution to public health partnership arrangements and takes action as required.</p> |
| <p>b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices.</p> | <p>1) The Health Protection Agency policies and practice to improve health and narrow health inequalities are informed by the local director of public health's (DPH) annual public health report.</p> |
| <p>c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.</p> | <p>This standard will not be assessed for the Health Protection Agency</p> |

Core standard C23

Elements

Healthcare organisations have systematic and managed disease prevention and health 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.

- 1) The Health Protection Agency collects, analyses and makes available information on the current and future health and healthcare needs of the local population, with regard to communicable disease control.
- 2) The Health Protection Agency provides services and programmes for the prevention and management of communicable diseases based on population needs and using evidence of effectiveness.
- 3) The Health Protection Agency monitors its services and programmes for the prevention and management of communicable diseases and uses the findings to inform the planning process.
- 4) The Health Protection Agency implements policies and practices to improve the health and well-being of its workforce.

Core standard C24

Elements

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.

- 1) The Health Protection Agency protects the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations (including control of communicable diseases), which includes arrangements for business continuity management, in accordance with the Civil Contingencies Act (2004), The NHS Emergency Planning Guidance 2005, and associated supplements (Department of Health, 2005, 2007), and Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic (Department of Health November 2007).
- 2) The Health Protection Agency protects the public by working with key partner organisations, including through Local Resilience Forums, in the preparation of, training for and annual testing of emergency preparedness plans, in accordance with the *Civil Contingencies Act 2004*, *The NHS Emergency Planning Guidance 2005 and associated annexes* (Department of Health 2005, 2007) and *Pandemic Influenza: A National Framework for Responding to an Influenza Pandemic* (Department of Health November 2007).