
Compliance Summary Core Standards 2008 - 2009

(including commentary)

11/02/2009

Stockton-on- Tees Teaching PCT

Standard	Yes	No	N/A	Un-Answered	Compliance
Standard C1A	4	0	0	0	100%
Standard C1B	3	0	0	0	100%
Standard C2	13	0	0	0	100%
Standard C3	2	0	0	0	100%
Standard C4A	2	0	0	0	100%
Standard C4B	3	0	0	0	100%
Standard C4C	2	0	0	0	100%
Standard C4D	5	0	0	0	100%
Standard C4E	2	0	0	0	100%
Standard C5A	11	0	0	0	100%
Standard C5B	2	0	0	0	100%
Standard C5C	2	0	0	0	100%
Standard C5D	3	0	0	0	100%
Standard C6	7	0	0	0	100%
Standard C7AC	13	0	0	0	100%
Standard C7B	5	0	0	0	100%
Standard C7E	14	0	0	0	100%
Standard C8A	7	0	0	0	100%
Standard C8B	10	0	0	0	100%
Standard C9	7	0	0	0	100%
Standard C10A	13	0	0	0	100%
Standard C10B	5	0	0	0	100%

Standard C11A	10	0	0	0	100%
Standard C11B	11	0	0	0	100%
Standard C11C	5	0	0	0	100%
Standard C12	5	0	0	0	100%
Standard C13A	12	0	0	0	100%
Standard C13B	8	0	0	0	100%
Standard C13C	5	0	0	0	100%
Standard C14A	24	0	0	0	100%
Standard C15A	1	0	0	0	100%
Standard C15B	1	0	0	0	100%
Standard C16	9	0	0	0	100%
Standard C17	9	0	0	0	100%
Standard C18	7	0	0	0	100%
Standard C20A	12	0	0	0	100%
Standard C20B	3	0	0	0	100%
Standard C21	3	0	0	0	100%
Standard C22AC	15	0	0	0	100%
Standard C22B	5	0	0	0	100%
Standard C23	16	0	0	0	100%
Standard C24	9	0	0	0	100%

Standard C1A - Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.

Yes: 4

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Clinical Quality Review Group should receive relevant SUI information with Trust providing relevant information through formal reporting to relevant Governance meeting (Added: 04/02/2009 by Stevenson, Neil)
- Corporate Contract, Data Quality and Information and Clinical Quality Groups have been established to oversee these issues and respond to requirements (Added: 04/02/2009 by Stevenson, Neil)
- Following data cleansing, the data analyst uploads the relevant incident data to the National Reporting Learning System on a monthly basis (Added: 30/07/2008 by Clark, Marie)
- Governance leads on identifying incidents and will as appropriate inform contracting team of issues to be formally raised with providers through regular contract meetings. (Added: 04/02/2009 by Stevenson, Neil)
- Incidents related to provider services are reviewed by the provider performance committee on a monthly basis. (Added: 16/09/2008 by Clark, Marie Updated: 17/10/2008 by Clark, Marie)
- Local incident reporting is available electronically via Sentinel and information taken from this is then uploaded to the National Patient Safety Agency via the National Reporting and Learning System. (Added: 31/07/2008 by Whitworth, Emma)
- The data analyst uploads incidents onto the NRLS on a monthly basis. (Added: 08/10/2008 by Clark, Marie)
- The PCT have been involved in the SHA NRLS pilot project regarding themed incident reporting (Added: 16/09/2008 by Clark, Marie)
- The PCT policy for managing incidents was ratified by the Integrated Governance Committee (Added: 30/07/2008 by Clark, Marie)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C1B - Healthcare organisations protect patients through systems that ensure that patient-safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales

Yes: 3

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The data analyst receives SABS alert and distributes to nominated recipient. Maintains database of responses (Added: 08/10/2008 by Clark, Marie)

Standard C2 - Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealing with other organisations.

Yes: 13

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- A Designated Nurse FT and 4 Designated Doctors 0.2 FTE continue to be in post (Added: 16/10/2008 by Hill, Sandra)

- Able to evidence training of staff via records of staff attendance at training. Have not got the evidence to declare competence - 6 serious case reviews and several management reviews in the last 12 months identify that not all staff were able to act on their concerns and fulfil their responsibilities in line with LSCB procedures. Records of staff attendance at the Teesside Child Protection Training Programme are available from the Training Administrator, Andy Cotton, e-mail address: (Added: 09/02/2009 by Giles, Alex)
- CRB checks continue to be conducted as according to the PCT's recruitment and selection policy. The evidence is located in the HR Department. (Added: 16/10/2008 by Welsh, Denise)
- Current policy review date is December 2008 so this policy continues to be policy in progress. The policy is being revised with the intended completed date 31st December. (Added: 15/10/2008 by Wilcox, Hazel)
- Inter-agency training on the sharing of sensitive information continues to be part of the programme of LSCB training. This compliments the training provided by the Tees Child Protection Training Programme for health staff. Staff attendance at training records are kept. (Added: 16/10/2008 by Hill, Sandra)
- Revised policy in process, Alex Giles to meet end of Aug / early Sept and to revise the policy. Once completed to be added to I drive and used as evidence. Current policy review date is December 2008 so this policy continues to be policy in progress. The policy is being revised with the intended completed date 31st December. (Added: 28/07/2008 by Wilcox, Hazel Updated: 15/10/2008 by Welsh, Denise)
- Staff are trained in accordance with the Safeguarding Children Training Policy March 2007 and in accordance with the PCT's Mandatory Training Matrix 2008. The Teesside Child Protection Training Programme keeps records of all staff attendances at training. (Added: 14/10/2008 by Welsh, Denise)
- Stockton-on-Tees NHS Teaching PCT continues to have a Named Doctor and a Named Nurse in place. NEAS have a Named Professional in place. (Added: 16/10/2008 by Hill, Sandra)
- The Commissioning Directorate is continuing to develop and implement plans to facilitate a Tees-wide approach to ensuring continued compliance against this standard. (Added: 04/08/2008 by System Administrator)
- The Directorate are currently reviewing contracts for the various independent sector groups to determine any contractual levers to increase compliance with core standards, and developing links with other Directorates to agree roles and responsibilities (Added: 22/10/2008 by Greaves, Sue)
- The LSCB, of which the PCT is a part, has the function of coordinating local work to safeguard and promote the welfare of children. (Added: 09/02/2009 by Giles, Alex)
- The organisation continues to be compliant with this element of the standard ~ October 2008. Evidence has been reviewed / updated. (Added: 06/10/2008 by Wilcox, Hazel Updated: 23/10/2008 by Wilcox, Hazel)
- The organisation continues to be compliant with this standard ~ October 2008 (Added: 16/10/2008 by Nichol, Val)
- The organisation continues to be compliant with this standard ~ October 2008 (Added: 16/10/2008 by Nichol, Val)
- The organisation remains compliant with this standard (Added: 16/10/2008 by Nichol, Val)
- The PCT continues its representation on the LSCB and LSCB task groups ensuring appropriate expertise is provided in respect of specialist health functions. Tees Designated Nurse for Safeguarding Children is able to evidence the coordinated health components of all serious case reviews undertaken by Stockton-on-Tees LSCB. (Added: 15/10/2008 by Welsh, Denise)
- The PCT continues to be a member of the Local Safeguarding Children Board and minutes from the meetings evidence that as a partner the PCT is sharing the responsibility for the effective discharge of its functions. (Added: 15/10/2008 by Welsh, Denise)
- The PCT continues to be a partner of the LSCB and minutes from the LSCB and LSCB task groups evidence arrangements for the protection of children join up with other local organisations. (Added: 15/10/2008 by Welsh, Denise)
- The PCTs continue to comply with this standard. (Added: 09/02/2009 by Giles, Alex)
- The PCTs continue to comply with this standard. PCTs and NHS Health Trusts form part of the representation of LSCBs. Advice from specialist health functions being made available to the LSCB as required - this is usually via LSCB Task Group representation. (Added: 09/02/2009 by Giles, Alex Updated: 10/02/2009 by Welsh, Denise)
- The PCTs continue to show compliance with this description. The PCTs have undertaken a significant role in establishing the Child Death Review

process which became statutory for all LSCBs in April 08. (Added: 09/02/2009 by Giles, Alex)

- The PCTs continue to show compliance with this standard. Action plans have been progressed re all SCRs and IMRs. Local action plans have been devised to take forward the learning from Haringey JAR 2008. (Added: 09/02/2009 by Giles, Alex Updated: 10/02/2009 by Welsh, Denise)
- The PCTs continues to comply with this standard and has information sharing protocols and procedures in place. (Added: 09/02/2009 by Giles, Alex)
- The PCTs continues to comply with this standard. Single agency training continues to be mandatory and there are robust interagency training programmes presented by each of the LSCBs. (Added: 09/02/2009 by Giles, Alex)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- We do not have a named Doctor (Added: 09/10/2008 by Wilcox, Hazel)

Standard C3 - Healthcare organisations protect patients following NICE Interventional Procedures Guidance.

Yes: 2

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- NICE interventional guidance is provided to providers with requirements for organisations to demonstrate compliance as appropriate. Governance colleagues are appropriately involved in specific actions groups with providers to address issues (Added: 04/02/2009 by Stevenson, Neil)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C4A - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-resistant Staphylococcus aureus (MRSA).

Yes: 2

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Tees-wide assessment panel in place to support RCA of any incident. Performance management of target part of Corporate Contract meetings on monthly basis (Added: 04/02/2009 by Stevenson, Neil)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C4B - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.

Yes: 3

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C4C - Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

Yes: 2

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C4D - Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that medicines are handled safely and securely.

Yes: 5

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- 9.10.08 Commentary provided by Kathryn Geddes - processes in place and approved by Prescribing Subcommittee and Integrated Governance Committee (Added: 09/10/2008 by Bennett, Liz)
- 9.10.08 Commentary provided by Kathryn Geddes - processes in place. Annual Audit of clinics handling medicine, monthly analysis of prescribing trends, processes in place for analysing error reports and incidents. (Added: 09/10/2008 by Bennett, Liz)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- This section contains info related to significant events. (Added: 28/07/2008 by Monk, Alastair Updated: 04/02/2009 by Monk, Alastair)
- This section contains information that would inform the meds management team of the need to carry out a medication review for a patient or group of patients (Added: 28/07/2008 by Monk, Alastair Updated: 04/02/2009 by Monk, Alastair)

Standard C4E - Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health an safety of staff, patients, the public and the safety of the environment.

Yes: 2

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be

addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C5A - Healthcare organisations ensure that they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.

Yes: 11

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- A new process has been developed for monitoring of NICE guidance and TA's, this is shown in the attached audit tracker for the previous year and this year. (Added: 23/07/2008 by Lance, Sharon)
- Discussions take place within Clinical Quality Group and CE task group regarding national guidance etc. This information is then relayed to other services from this group, egg Practice CG Leads (Added: 23/07/2008 by Lance, Sharon)
- New guidance is discussed through the CE task group and leads identified, information sought from a variety of sources to be shared (Added: 23/07/2008 by Lance, Sharon)
- NICE guidance is provided to providers with requirements for organisations to demonstrate compliance as appropriate. Governance colleagues are appropriately involved in specific actions groups with providers to address issues (Added: 04/02/2009 by Stevenson, Neil)
- The Nice database is regularly updated in relation to TA, including monitoring and audit etc. (Added: 23/07/2008 by Lance, Sharon)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- There has been a new process implemented this year, with guidance in the strategy and also in process flow chart as attached. This will give more assurance back to the PCT in respect of this (Added: 21/07/2008 by Lance, Sharon)
- There is linkage between Governance and Medicines Management to monitor NICE TA, with each being a member of the others committee, e.g. - CE task group and Prescribing sub-committee (Added: 21/07/2008 by Lance, Sharon)
- This links into Q1 of same element regarding the evidence of Prescribing Sub-Group Minutes (Added: 23/07/2008 by Lance, Sharon)

Standard C5B - Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.

Yes: 2

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The organisation continues to be compliant with this element of the standard ~ October 2008. Evidence has been reviewed / updated. (Added: 06/10/2008 by Wilcox, Hazel Updated: 23/10/2008 by Wilcox, Hazel)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- This element is a standard within the contract - any issues identified are picked up in the Corporate Contract meeting on a monthly basis. (Added: 04/02/2009 by Stevenson, Neil)

Standard C5C - Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work

Yes: 2

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

- This element is a standard within the contract - any issues identified are picked up in the Corporate Contract meeting on a monthly basis. (Added: 04/02/2009 by Stevenson, Neil)

Standard C5D - Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.

Yes: 3

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C6 - Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Yes: 7

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The organisation continues to be compliant with this element of the standard ~ October 2008. Evidence has been reviewed / updated. (Added: 06/10/2008 by Wilcox, Hazel Updated: 23/10/2008 by Wilcox, Hazel)

- The organisation is still compliant as at review February 2009. (Added: 11/02/2009 by Cureton, Sue)

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

- This element is a standard within the contract - any issues identified are picked up in the Corporate Contract meeting on a monthly basis. Service developments are discussed and developed in partnership and barriers to such working are identified and action take to remove. (Added: 04/02/2009 by Stevenson, Neil)

Standard C7AC - Healthcare organisations: a) Apply the principles of sound clinical and corporate governance b) Undertake systematic risk assessment and risk management

Yes: 13

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- AOP approved by Boards WCC development sessions held Audit Committee approved annual accounts and SIC Annual report to Boards September 2008 (Added: 28/07/2008 by Weldon, Celia)
- Audit Committees in place and established (Added: 25/07/2008 by Weldon, Celia)
- Completed - Evidence uploaded as requested (Added: 29/07/2008 by Lance, Sharon)
- discussions on WCC, PCT Strategy, OD Strategy, Financial Strategy, AOP (Added: 06/10/2008 by Weldon, Celia)
- Email sent to Richard Errington to request SLA and evidence for standard. (Added: 03/10/2008 by White, Jackie)
- Evidence posted in MIDAS folder on Shared Drive as requested (Added: 31/07/2008 by Bennett, Liz)
- in job description, PEC chair appraisal process in place via PCT Chairs and Chief Executive (Added: 28/07/2008 by Weldon, Celia)
- Independent contractors such as Dentists, Opticians, Pharmacy and GPs have a professional advisor at the PCT covering both PCTs which link into the Integrated Governance Team and AD through the Medical Directorate. An annual plan is in place for patient and staff safety highlight key clinical governance activities which are then discussed with the clinical governance leads from each of the professional groups through a clinical governance professional forum for each group. (Added: 29/07/2008 by White, Jackie)
- ongoing development of this through WCC, LSPs, compacts etc (Added: 06/10/2008 by Weldon, Celia)
- PCTs operate risk registers where any issues can be identified and contingency to manage set out (Added: 04/02/2009 by Stevenson, Neil)
- PEC chair role still reflects this, and further work being developed on clinical engagement as part of WCC (Added: 06/10/2008 by Weldon, Celia)
- The Assistant Director Integrated Governance attends the Clinical Governance Committee of the Foundation Trust. This is where all elements relating to risk management and clinical governance are reviewed being a sub committee of the FT Board (Added: 29/07/2008 by White, Jackie)
- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance (Added: 31/10/2008 by White, Jackie)
- The PCTs have robust clinical governance arrangements in place including accountability through the Director of Planning & Performance and the Assistant Director of Integrated Governance. There are key professionals in place within the Integrated Governance Team including risk management, clinical governance, clinical audit & effectiveness, health & safety. The PCT buy in through an SLA research governance. Within the PCT there are professional leads in place for Corporate Governance through the AD Integrated Governance and Assistant Chief Executive and Information Governance through the AD Tees Information Governance. The Medical Director is the lead clinician for primary care and the Nursing Director for nursing and therapies. The PCT has professional advisors in place for GPs, Dentists, Pharmacists and Opticians. The PCT has an overarching Committee responsible for clinical governance which is joint Integrated Governance Committee between the 2 PCTs with representation from patients The Committee is a sub committee of the PCT Boards and has delegated authority. The minutes of the Governance Committee are received by the Board on a regular basis and a quarterly assurance report highlighting the risk to the organisation is received by the Board. Ad hoc reports are also received. Public and user views are sought through the 2 PCT representatives and also through the Tees Public Engagement unit. The PCT has a Patient and Staff Safety annual plan which identifies key deliveries in terms of clinical governance activity. This plan is based on the SHA patient safety strategic framework which is in place across the NHS North East. An annual report for 2007/08 activities is currently being drafted for approval at the September Governance Committee. (Added: 29/07/2008 by White, Jackie)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C7B - Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the

economic, efficient and effective use of resources.

Yes: 5

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Mandatory training ongoing Register of gifts and hospitality maintained (Added: 25/07/2008 by Weldon, Celia)
- Ongoing review of this process throughout the year (Added: 06/10/2008 by Weldon, Celia)
- The Internal Audit Service are contracted to provide a local counter fraud service to the PCT through the internal audit plan. The members of staff carrying out this role are appropriately trained. (Added: 31/07/2008 by Weldon, Celia)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- this standard is compliant for Q2, ongoing process of review (Added: 06/10/2008 by Weldon, Celia)

Standard C7E - Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.

Yes: 14

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- A single equality scheme (SES) has been developed which meets these requirements and was presented to the Boards on 24 July 2008 (Added: 25/07/2008 by Weldon, Celia)
- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- equality and diversity information is posted on websites for independent contractors to access (Added: 10/10/2008 by Frank, Paul)
- Monitoring systems & processes are in place on a quarterly and monthly basis. (Added: 08/10/2008 by Lennon, Graeme)
- Monitoring systems & reporting are in place on a quarterly basis. (Added: 08/10/2008 by Lennon, Graeme)
- PCTs through national acute contract and local equivalents have in place systems to identify and review governance issues through regular ongoing management procedures and through specific issues. As appropriate the PCTs are involved directly in relevant groups. (Added: 04/08/2008 by System Administrator)
- Race Equality impact Assessments published for all policies. (Added: 14/10/2008 by Lennon, Graeme)
- SES maintained and presented to Boards, NHS Employers 'audit' of websites satisfactory (Added: 06/10/2008 by Weldon, Celia)
- Single Equality Scheme approved by Boards (Added: 14/10/2008 by Lennon, Graeme)
- Systems & processes in place on a Quarterly & monthly basis. Training is part of mandatory training. (Added: 08/10/2008 by Lennon, Graeme)
- The Commissioning Directorate is continuing to develop and implement plans to facilitate a Tees-wide approach to ensuring continued compliance against this standard. (Added: 04/08/2008 by System Administrator)
- The Directorate are currently reviewing contracts for the various independent sector groups to determine any contractual levers to increase compliance with core standards, and developing links with other Directorates to agree roles and responsibilities (Added: 22/10/2008 by Greaves, Sue)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- work is ongoing to ensure that all staff have a post outline which includes awareness and application of equality and diversity issues in the

workplace (Added: 06/10/2008 by Hartley, Sara)

Standard C8A - Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service deliver, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.

Yes: 7

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance (Added: 31/10/2008 by White, Jackie)
- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- Confidentiality agreements are part of Contracts of employment and are included in any compromise agreements (Added: 08/10/2008 by Lennon, Graeme)
- Exit questionnaires are used for all staff who leave the organisation & are reported to the Chairman of the Board. (Added: 08/10/2008 by Lennon, Graeme)
- From 1 October 2008, this will apply to the PCTs as commissioners rather than as providers. However, in determining the quality aspects of patient care that is commissioned by the PCTs, these arrangements will need to be required from our providers. (Added: 25/07/2008 by Weldon, Celia)
- ongoing mandatory training all staff have access to the whistle blowing policy (Added: 25/07/2008 by Weldon, Celia)
- Single Equality scheme published, bullying & harassment policy approved and implemented. (Added: 08/10/2008 by Lennon, Graeme)
- The PCT has a policy in place for Whistle blowing and there is a list of designated staff in place including the CEO to raise concerns with. Staff identity is protected if necessary and full investigations will be undertaken. Concerns raised may be taken forward for additional investigation by the Medical Director. (Added: 30/07/2008 by White, Jackie)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C8B - Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value off staff, and address, where appropriate, under representation of minority groups.

Yes: 10

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- A flexible working policy is available and staff forums provide the opportunity for further discussion and refinement (Added: 06/10/2008 by Hartley, Sara)
- A mentoring programme for all staff across the PCTs was promoted in 2007 but organisational change has resulted in this initiative losing some of its momentum. It is planned to be revived and further developed as part of the WCC development plan (Added: 06/10/2008 by Hartley, Sara)
- A portfolio of training opportunity provided in house was published in April 2008 and is constantly added to as needs are identified and where appropriate met. These programmes are available to all staff and some have a range of access options including on line to facilitate the needs of staff who do not work standard work patterns. A flexible approach is offered to those staff needing to attend training on days /hours they would not normally work (Added: 29/09/2008 by Hartley, Sara)
- All staff are given equal access to development opportunity and Equality and Diversity Training for all staff but particularly managers ensures that

the needs of all staff are considered (Added: 06/10/2008 by Hartley, Sara)

- An ongoing programme of opportunity is available and widely circulated to all levels of staff (Added: 18/09/2008 by Hartley, Sara)
- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- The appraisal process is being implemented and actual completion of appraisals monitored. A target of 100% completion of appraisal is required by 31 3 09. Development needs are identified in individuals PDPs as part of the appraisal process. managers are expected to undertake regular reviews of progress and activity against PDPs including a 6 monthly mid year review (Added: 29/09/2008 by Hartley, Sara)
- The e KSF system can provide reports on access to development via a range of categories including ethnicity. This report will be included on future Strategic Workforce Development Group meeting agendas (Added: 06/10/2008 by Hartley, Sara)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard 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 it is ultimately 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.

Yes: 7

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance. (Added: 23/10/2008 by Best, Tracey)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C10A - Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.

Yes: 13

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- Included in Recruitment & Selection Guidelines for Managers (Added: 14/10/2008 by Lennon, Graeme)
- Included within Recruitment & Selection Guidelines for Managers (Added: 14/10/2008 by Lennon, Graeme)
- Included within Recruitment & Selection Guidelines for Managers (Added: 14/10/2008 by Lennon, Graeme)

Standard C10B - Healthcare organisations' require that all employed professionals abide by relevant published codes of professional practice.

Yes: 5

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- Employment checks and associated professional requirements are a core part of contractual agreements and are monitored through ongoing, regular management reporting. (Added: 04/08/2008 by System Administrator)
- Staff are aware of the requirement to abide by their relevant codes of professional practice. All employment contracts and job descriptions detail the requirement to abide by the relevant code of profession. report on a monthly basis to Directors (Added: 08/10/2008 by Lennon, Graeme)
- The Commissioning Directorate is continuing to develop and implement plans to facilitate a Tees-wide approach to ensuring continued compliance against this standard. (Added: 04/08/2008 by System Administrator)
- The Directorate are currently reviewing contracts for the various independent sector groups to determine any contractual levers to increase compliance with core standards, and developing links with other Directorates to agree roles and responsibilities (Added: 22/10/2008 by Greaves, Sue)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C11A - Healthcare organisations ensure that staff concerned will all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.

Yes: 10

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- Included in the Race Equality Scheme Annual review (Added: 14/10/2008 by Lennon, Graeme)
- Included within Recruitment & Selection Guidelines for Managers (Added: 14/10/2008 by Lennon, Graeme)
- Included within Recruitment & Selection Guidelines for Managers and the Single Equality Scheme (Added: 14/10/2008 by Lennon, Graeme)
- OD plan for WCC have been signed off by Strategy & Procurement Board (Added: 14/10/2008 by Lennon, Graeme)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- The workforce Plan is in draft format and will be taken to CMT/LET/JET by the end of December 2008 (Added: 14/10/2008 by Lennon, Graeme)
- We ensure that the policies and processes for recruitment are applied fairly and accord with relevant legislation, including that they do not discriminate on the grounds of sex, sexual orientation, religion or belief, race, disability. Such arrangements may include: * keeping records of selection processes to show why applicants were or were not appointed * training for HR personnel and line managers to understand the implications of employment legislation, including equalities legislation for recruitment practices * monitoring of applicants, those short-listed and those appointed by gender, ethnicity and disability, etc (Added: 08/10/2008 by Lennon, Graeme)

Standard C11B - Healthcare organisations ensure that staff concerned will all aspects of the provision of healthcare participate in mandatory training.

Yes: 11

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- All mandatory training is offered during standard working hours but much of it is also available on line to enable access to those who do not work standard hours. Protected time is essential and appropriate cover arrangements are able to be planned as managers are expected to rota and plan well ahead to ensure staff undertake the training they need and are always in date/compliant (Added: 29/09/2008 by Hartley, Sara)
- All staff are clearly advised via the matrix of the status of the various mandatory programmes i.e. one off, annual or 3 yearly. All programmes are regularly evaluated monitored and delivery assessed to ensure it continues to be up to date and relevant (Added: 29/09/2008 by Hartley, Sara)
- An induction policy is available with local departmental checklists and processes which link both corporate and department issues. (Added: 29/09/2008 by Hartley, Sara)
- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- Managers are expected to discuss PDP needs including mandatory training needs as part of the induction process for new staff and when roles change or new equipment is introduced (Added: 29/09/2008 by Hartley, Sara)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- Up dated matrix agreed by JET for both provider and commissioning functions and distributed (Added: 29/09/2008 by Hartley, Sara)

Standard 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.

Yes: 5

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- A range of development programmes are available in house with amendments and additions added as needs are identified. Programmes are delivered via a variety of means including on line opportunity and appropriate training is available to facilitate staffs IT skills. E mail and web browsing opportunity is not yet available to all (Added: 29/09/2008 by Hartley, Sara)
- All learning opportunity is currently also offered to contractor staff (Added: 29/09/2008 by Hartley, Sara)
- Compliance reviewed and evidence updated 30.9.08 (Added: 22/10/2008 by Moore, Anne)
- Support for attendance on external CPD programmes would only be given once the manager was satisfied that the programme met the needs of the individual member of staff both in content and delivery method and met any necessary royal college/regulatory bodies requirements (Added: 29/09/2008 by Hartley, Sara)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C12 - Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirement of the research governance framework are consistently applied.

Yes: 5

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Evidence uploaded regarding sharing of information and evidence of a study completed and shared amongst relevant people. Awaiting further information from RM&G and then will add. (Added: 30/07/2008 by Lance, Sharon)
- The RM&G group meet quarterly to review RM&G activity. The notes of the first quarter meeting will be available in August. (Added: 30/07/2008 by Clark, Marie)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C13A - The healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

Yes: 12

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The Commissioning Directorate is continuing to develop and implement plans to facilitate a Tees-wide approach to ensuring continued compliance against this standard. (Added: 04/08/2008 by System Administrator)
- The Directorate are currently reviewing contracts for the various independent sector groups to determine any contractual levers to increase compliance with core standards, and developing links with other Directorates to agree roles and responsibilities (Added: 22/10/2008 by Greaves, Sue)
- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance (Added: 16/10/2008 by Nichol, Val Updated: 22/10/2008 by Nichol, Val)
- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance. (Added: 25/07/2008 by Nichol, Val Updated: 22/10/2008 by Nichol, Val)
- The organisation is compliant with this standard (Added: 25/07/2008 by Nichol, Val)
- The organisation is still compliant with this standard through its ongoing commitment of ensuring Essence of Care and Dignity in Care quality standards are built into and owned by all staff and services who provide care to patients. In addition the code of conduct and the development of the Induction Programme further reinforces the organisation's commitment to this standard. (Added: 25/07/2008 by Nichol, Val Updated: 07/10/2008 by Nichol, Val)
- The organisation is still compliant with this standard through its ongoing commitment of ensuring Essence of Care and Dignity in Care quality standards are built into and owned by all staff and services who provide care to patients. In addition the code of conduct and the development of the Induction Programme further reinforces the organisation's commitment to this standard. (Added: 16/10/2008 by Hill, Sandra)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- We do not provide in-patient facilities and therefore some elements of this standard are not applicable. The organisation is still otherwise compliant with this standard (Added: 16/10/2008 by Nichol, Val)
- We do not provide in-patient facilities and therefore some elements of this standard are not applicable. The organisation is still otherwise compliant with this standard (Added: 25/07/2008 by Nichol, Val Updated: 07/10/2008 by Nichol, Val)

Standard C13B - Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required for all

contacts with patients and for the use of any patient confidential information.

Yes: 8

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance. (Added: 11/02/2009 by Best, Tracey)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C13C - Healthcare organisations have systems in place to ensure that staff treat patient confidentiality, except where authorised by legislation to the contrary.

Yes: 5

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The organisation continues to be compliant with this element of the standard, and evidence has been updated and reviewed to support compliance. (Added: 23/10/2008 by Best, Tracey)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C14A - Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services

Yes: 24

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- A single freephone Pals number is in place for the 4 PCTs on Tees. Access to pals can also be made in writing to a freepost address, through a dedicated email, fax and soon to be in place Texting. Survey activities are undertaken regularly on a variety of services throughout the year. the patient experience team regularly attends LINKs and OSC and holds regular focus groups to ascertain patients, carers and the public views on a variety of topics (Added: 10/10/2008 by Frank, Paul)
- complaints information and support is provided to all independent contractors in dealing with complaints (Added: 10/10/2008 by Frank, Paul)
- Complaints policy and associated literature available in varying formats and languages. (Added: 10/10/2008 by Frank, Paul)
- complaints policy in place which is made available on PCT websites - which describes management arrangement of PCTs (Added: 10/10/2008 by Frank, Paul)
- Complaints procedural information made available to all staff. Training sessions held for staff as appropriate. All staff involved in complaints is given guidance in terms of what is expected of them in dealing with a complaint and support as required. Pals and complaints work closely together to ensure that issues/concerns can be resolved as a pals concern when appropriate to the patient/carer. (Added: 10/10/2008 by Frank, Paul)
- compliance and evidence reviewed June 08 (Added: 31/07/2008 by Frank, Paul)
- independent contractors are supplied with information around the formal complaints process for dissemination to patients (Added: 10/10/2008 by Frank, Paul)

- Information on the complaints procedures is available in varying formats and languages. Appropriate support is given to complainants to help them navigate this process. (Added: 10/10/2008 by Frank, Paul)
- Patients complaints procedures and associated mechanisms are a core part of contractual agreements and is monitored through ongoing, regular management reporting (Added: 04/08/2008 by System Administrator)
- The Commissioning Directorate is continuing to develop and implement plans to facilitate a Tees-wide approach to ensuring continued compliance against this standard. (Added: 04/08/2008 by System Administrator)
- The Directorate are currently reviewing contracts for the various independent sector groups to determine any contractual levers to increase compliance with core standards, and developing links with other Directorates to agree roles and responsibilities (Added: 22/10/2008 by Greaves, Sue)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C15A - Where food is provided healthcare 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

Yes: 1

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C15B - Where food is provided healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

Yes: 1

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard 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.

Yes: 9

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Access to service information under discussion with Equality & Diversity Manager (Added: 09/10/2008 by Bewley, Mary)
- Commissioning of interpreting services under discussion with Equality & Diversity Manager (Added: 09/10/2008 by Bewley, Mary)

- Compliance and evidence reviewed June 2008. (Added: 31/07/2008 by Bewley, Mary)
- Continues to be ensured through guidance. (Added: 09/10/2008 by Bewley, Mary)
- North East Choice campaign underway. Teeswide Choice campaign being progresses. (Added: 09/10/2008 by Bewley, Mary)
- Service information on websites. Your Guide To services available on websites. Project to promote choice in secondary care underway, with potential to expand to community based services. NHS Choices promoted on websites and as part of North East wide Choice campaign. (Added: 24/09/2008 by Bewley, Mary)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- Updated statement used on all publications to explain availability of alternative formats and how to access these. (Added: 09/10/2008 by Bewley, Mary)

Standard C17 - The views of patients, their carers and others are sought and taken into account in designing, delivering and planning and improving Healthcare services

Yes: 9

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- a local compact is in place which the pct is signed up to (Added: 10/10/2008 by Frank, Paul)
- A race equality scheme is published and available on each PCT website as part of an overarching Single Equality Scheme. Targeted engagement activity takes place to engage groups/individuals/communities who have been Hard to reach. (Added: 10/10/2008 by Frank, Paul)
- compliance and evidence reviewed June 08 (Added: 31/07/2008 by Frank, Paul)
- Patients, carers and the public are actively involved in survey activity, service reviews and procurement exercises. (Added: 10/10/2008 by Frank, Paul)
- Patients, carers and the public have been fully involved in the development of the world class commissioning Strategy which determines the priorities for the PCTs going forward. This has been through Stakeholder events, focus groups etc. (Added: 10/10/2008 by Frank, Paul)
- the PCTs involve patients, carers and the public in survey activity, service reviews and procurement exercises as well as formal consultation on substantial variations. (Added: 10/10/2008 by Frank, Paul)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)
- written records of decisions made as a result of engagement activity is fed back to individuals involved in an appropriate format in a timely manner (Added: 10/10/2008 by Frank, Paul)

Standard C18 - The PCT enables all members of the population to access services equally and offer choice in access to services and treatment equitability.

Yes: 7

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Compliance level and evidence reviewed June 2008 (Added: 04/08/2008 by Harrety, Richard)
- Compliance Level and Evidence reviewed June 2008 (Added: 04/08/2008 by Harrety, Richard)

- The Commissioning Directorate is continuing to develop and implement plans to facilitate a Tees-wide approach to ensuring continued compliance against this standard. (Added: 04/08/2008 by System Administrator)
- The Directorate are currently reviewing contracts for the various independent sector groups to determine any contractual levers to increase compliance with core standards, and developing links with other Directorates to agree roles and responsibilities (Added: 22/10/2008 by Greaves, Sue)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C20A - Healthcare services are provided in environment 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.

Yes: 12

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- All estate issues comply with NHS Estates building notes and technical memoranda. This is overseen by Estates Department. Security surveys are undertaken by the LSMS. The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 09/10/2008 by Mee, Sharon Updated: 23/10/2008 by Mee, Sharon)
- Fire Risk assessment carried out on all premises for the year 2007/2008. Next round of inspections for year 2008/2009 due to commence November 2008 in order to comply with Fire Code Compliance Certificate. The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 09/10/2008 by Mee, Sharon Updated: 23/10/2008 by Mee, Sharon)
- Non Executive Security Director - Paul Hartford Security Management Director - Karen Gater Local Security Management Specialist - Sharon Mee
The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 23/07/2008 by Whitworth, Emma Updated: 23/10/2008 by Mee, Sharon)
- Non Executive Security Management Director appointed. Security Management Director appointed. Local Security Management Specialist in place. Staff made aware of security procedures in place through mandatory Governance Awareness sessions. The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 23/07/2008 by Whitworth, Emma Updated: 23/10/2008 by Mee, Sharon)
- Policies and procedures are in place for all of the topics in this standard and risks are identified through risk assessment (risk register) and incident reporting. The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 09/10/2008 by Mee, Sharon Updated: 23/10/2008 by Mee, Sharon)
- Risk assessments are carried out and entered onto the risk register. Risks are monitored through Midas. The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 09/10/2008 by Mee, Sharon Updated: 23/10/2008 by Mee, Sharon)
- Staff are informed of the hierarchy of risk control within mandatory Governance Awareness training sessions. The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 29/07/2008 by Whitworth, Emma Updated: 23/10/2008 by Mee, Sharon)
- The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 23/10/2008 by Mee, Sharon)
- The question was asked as to whether or not we need to include a section on disability in the health and safety policies or whether or not the one policy (the Human Resources policy will suffice) particularly in relation to Equality and Diversity. The advice received from the Assistant Director of Human Resources was that the HR policy would suffice and therefore this did not need to be covered elsewhere (30/01/07) The organisation continues to be compliant with this element of the standard and evidence has been updated and reviewed to support compliance. (Added: 09/10/2008 by

Mee, Sharon Updated: 23/10/2008 by Mee, Sharon)

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C20B - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

Yes: 3

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C21 - Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

Yes: 3

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- compliance and evidence reviewed by end of December 2008 (Added: 31/07/2008 by Bradwell, Ek Updated: 16/10/2008 by Bradwell, Ek)
- compliance and evidence to be added end of December 2008 (Added: 16/10/2008 by Bradwell, Ek)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C22AC - PCTs promote, protect and demonstrably improve the health of the community services, and narrow health inequalities by: a) Co-operating with each other and with local authorities and other organisations, and c) Making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and disorder Reduction Partnerships

Yes: 15

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- North Tees PCT have established a Health and Well-being Partnership made up of key stakeholders from a variety of partner organisations and the Local Authority. This is the forum for agreeing local priorities to improve health and narrowing health inequalities. In addition, the PCT and Local Authority worked closely with other key stakeholders to develop a Local Area Agreement responsive to the needs and priorities of the local population. (Added: 25/07/2008 by Stephenson , Shirley)
- North Tees PCT's Health and Well-being Partnership is the mechanism for communicating with partner organisations about national and local health priorities and concerns. There are a number of initiatives which report back to the Partnership which can evidence effective communication across healthcare organisations, the Local Authority and voluntary and community sector. (Added: 25/07/2008 by Stephenson , Shirley)

- North Tees PCT's priorities for health improvement and narrowing health inequalities reflect the findings and recommendations of a number of local health needs assessments, including recommendations from the Childhood Obesity NST visit, Stockton-on-Tees Health Profile 2008 and Further Faster targets for Alcohol. The Stockton-on-Tees Health Profile 2008 highlights early death rates from heart disease and stroke. This is therefore a priority area of action. In addition the Joint Strategic Needs Assessment is currently being developed with the draft version intended to go to the Health and Well-being Partnership meeting on 28 July 2008. (Added: 25/07/2008 by Stephenson , Shirley)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C22B - Healthcare organisations promote protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's Annual Report informs policies and practices.

Yes: 5 No: 0 N/A: 0 Un-answered: 0 Compliance: 100%

- Commissioned services are based on an ongoing assessment/advice from public health with ongoing engagement as a part of the developmental process. (Added: 04/08/2008 by System Administrator)
- Public Health plans have been used to inform WCC commissioning objectives and have been subsequently reflected in OGIM work and commissioning intentions (Added: 04/02/2009 by Stevenson, Neil)
- The Public Health Strategy together with the Joint Strategic Needs Assessment are the most relevant documents that inform our strategic direction. Actions from the analysis, findings and recommendations in these documents were written into the Annual Operating Plan in the form of business cases. (Added: 29/07/2008 by Stephenson , Shirley)
- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard 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.

Yes: 16 No: 0 N/A: 0 Un-answered: 0 Compliance: 100%

- All available information regarding local health and healthcare needs has been posted on the Tees Public Health website and is used rigorously by Public Health commissioners to plan and commission appropriate services and programmes. (Added: 25/07/2008 by Stephenson , Shirley Updated: 29/07/2008 by Stephenson , Shirley)
- All commissioning within North Tees PCT's Directorate of Public Health has been informed by evidence such as NSFs and NICE guidance. Public Health has representation on the Mental Health LiT, CHD LiT, Tees-wide Cancer Locality Group and the Young People's Substance Misuse Commissioning group. These are the forums for discussing evidence of effectiveness such as NSF's etc. (Added: 28/07/2008 by Stephenson , Shirley Updated: 29/07/2008 by Stephenson , Shirley)
- North Tees PCT collects, analyses and shares information on the current health and healthcare needs of the local population. The Stockton-on-Tees Health Profile 2008 has been shared widely with both internal and external stakeholders, as has the Childhood Obesity NST Action Plan. The

Joint Strategic Needs Assessment will also be shared with a variety of stakeholders and a consultation is also scheduled as part of this process. (Added: 25/07/2008 by Stephenson , Shirley Updated: 29/07/2008 by Stephenson , Shirley)

- North Tees PCT's Directorate of Public Health has commissioned a number of services and programmes which reflect Choosing Health priorities and are targeted towards groups most in need. Examples of this are wide scale commissioning of Obesity and Activity services for both adults and children, which reflect the scope of the problem within the North Tees PCT area. Health Inequalities investment monies have supported a 'VIP' project aimed at young people in Portrack and Tilery, residential settings and young people leaving the care system. This project aims to complement other health-related projects in the area, focussing on risk-taking, obesity, physical activity and mental and emotional well-being. The North Tees PCT area has a high incidence of cardio-vascular disease and this year the PCT has continued to roll-out the screening of adults aged 40+ to assess their cardio-vascular disease risk. (Added: 28/07/2008 by Stephenson , Shirley)

- North Tees PCT's local delivery plan reflects priorities for improving health and reducing health inequalities. These priorities also reflect those priorities identified in Choosing Health. This is evidenced via North Tees PCT's Investment Plan and the North Tees PCT Health Improvement Investment Plan. (Added: 25/07/2008 by Stephenson , Shirley)

- North Tees PCT's priorities reflect the findings of a number of local health needs assessments as well as the local community health profiles. Particular examples of this are the Review of Alcohol Services, which was informed by the Scrutiny Review of Alcohol Services and the Childhood Obesity NST Action Plan which was informed by the NST visit and subsequent report. A recent NST visit focussing on Sexual Health will also result in an Action Plan to identify priorities, as will the consultation of the Joint Strategic Needs Assessment. The Stop Smoking Service Health Equity Audit also informed the development of a North of Tees Stop Smoking Service. (Added: 25/07/2008 by Stephenson , Shirley)

- Services are commissioned in line with National Service Frameworks and NICE guidance, this is reflected in the Service Specifications. In addition all new service proposals are reviewed in terms of the evidence base/effectiveness before they are even considered in terms of future development/financial support. (Added: 25/07/2008 by Stephenson , Shirley)

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)

Standard C24 - Healthcare organisations protect the public by having a planned, prepared and where possible, practiced response to incidents and emergency situation which could affect the provision or normal service.

Yes: 9

No: 0

N/A: 0

Un-answered: 0

Compliance: 100%

- Directorates have produced BCPs, which link into the major incident plan (Added: 30/09/2008 by Johnston, Sally)

- Emergency planning policies are part of formal corporate contracts with relevant services (Added: 04/02/2009 by Stevenson, Neil)

- The standards raised are part of contractual requirements and are therefore covered by contract. Any issue would be formally raised would be addressed through corporate contract discussions which as a minimum take place on a monthly basis. In addition as accredited NHS providers organisations have to respond to HCC S4BH requirements independently and report outcomes of such assessment to the PCTs. (Added: 03/02/2009 by Stevenson, Neil)