

**Standards for Better Health Declaration Action Plan Elements (related to the HR Directorate)**  
**20<sup>th</sup> March 2008**

<b>Standard</b>	<b>Director Responsibility</b>	<b>Action Plan Status</b>	<b>Actions</b>	<b>Declaration Status*</b>
1a - Identify and Learn from Patient Safety Incidents	Chief Executive (Ops contribute via evidence)	Green	Approved RMS by Trust Board and minutes	Complaint subject to action
1b - ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales	Chief Executive(Clinical via evidence)	Green	Norfolk OOH procedure is documented as part of the Medicines Management Policy- Page 39	Complaint subject to action
2 Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations	Clinical director	Amber	Work plan from Adrian Cooper	Complaint subject to action
4a - 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)	Clinical Director	Green	Awaiting copy of action plan from Jill Moseley	Complaint subject to action

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4b - all risks associated with the acquisition and use of medical devices are minimised	Clinical Director	Amber	Minutes of Senior Ops Group and Exec team	Significant lapse in compliance during the year. May be compliant year end subject to internal audit opinion
4d – medicines are handled safely and securely	Clinical Director	Green	Audit reports from Essex and Beds and Herts received	Complaint
4e - 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	Director of Operations			
5a - they conform to National Institute for Health and Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care	Clinical Director	Green	Report on QA1 audit checks(AM)	Complaint subject to action
5b - clinical care and treatment are carried out under supervision and leadership	HR Director	Amber	CSOP 1.12 Performance review panel	Complaint subject to action

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5c - Clinicians update skills	Director of Operations	Green	Evidence of CPD attendance from LCOOs/Scheduling (GM)	<b>Compliant</b>
5d - clinicians participate in regular clinical audit and reviews of clinical services	Chief Executive	Green	Clinical audit strategy and work programme for the Trust	Complaint subject to action
6 - Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met	Clinical Director Ops contribute via evidence)	Amber	Falls evidence availablr Chase evidence from localities	Complaint subject to action
7 a&c - apply the principles of sound clinical and corporate governance.  undertake systematic risk assessment and risk management	Chief Executive	Green / Amber	Copy of latest version of Assurance Framework	Compliant subject to action
7b - actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources	Chief Executive	Amber	LSMS workplan	Compliant subject to action

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7e - challenge discrimination, promote equality and respect human rights	Director of HR	Green	Awaiting HCC final assessment	<b>Significant lapse in compliance during the year Compliant subject to HCC report</b>
8a - having access to processes which permit them to raise, in confidence 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 delive	Director of HR	Green	Whistle blowing policy in place	<b>Compliant</b>
8b - organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups	Director of HR	Green	Awaiting HCC final assessment	Compliant subject to action

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9 - 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 for which it was collected	Chief Executive	Green	Records management policy approved by IGC	<b>Complaint</b>
10a - undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	Director of HR	Green		<b>Complaint</b>
10b - require that all employed professionals abide by relevant published codes of professional practice	Clinical Director	Green		<b>Complaint</b>
11a - are appropriately recruited, trained and qualified for the work they undertake	Director of HR	Green		<b>Complaint</b>

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11b - participate in mandatory training programmes What are mandatory training courses?	Director of HR	Green	Draft Learning & Development policy in place .Review 23 <sup>rd</sup> April 08	Compliant subject to action
11c - participate in further professional and occupational development commensurate with their work throughout their working lives	Director of HR	Green		<b>Compliant</b>
12 - 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	Clinical Director	Green		<b>Compliant</b>
13a - staff treat patients, their relatives and carers with dignity and respect	Director of HR	Green	copy of induction programme available	<b>Compliant</b>

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13b - appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	Clinical Director	Green	Patient information leaflets available	<b>Compliant</b>
13c - staff treat patient information confidentially, except where authorised by legislation to the contrary	Chief Executive	Amber	Draft Release of information policy To be approved by IGG Draft Freedom of Information policy	Compliant subject to action
14a - have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services	Chief Executive	Green	Evidence from HCC review	Compliant subject to action
14b - are not discriminated against when complaints are made	Chief Executive	Green	Evidence from HCC review	<b>Significant lapse in compliance during the year Compliant subject to HCC report</b>
14c - are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery	Chief Executive	Green	Evidence from OOH and PTS	Compliant subject to action

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16 - 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 their treatment	Chief Executive	Amber	Awaiting HCC final assessment prior to rating - believe it to be green	Compliant subject to action
17 - The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services	Chief Executive	Amber	Awaiting HCC final assessment prior to rating - believe it to be green	Compliant subject to action
18 - Equal access to services	<b>Director of Operations</b>	Amber	Awaiting HCC final assessment prior to rating - believe it to be green	Compliant subject to action
20a - Safe and secure environment (including vehicles)	<b>Director of Operations</b>	Green		<b>Compliant</b>
20 b- supportive of patient privacy and confidentiality	<b>Clinical director</b>	Green		<b>Compliant</b>

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21 - Well designed and well maintained environment with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises	<b>Director of Operations</b>	Green	Clarify PH email 18 Feb Note formal non depot procedures in place from October 2007 – need to determine if this constitutes a significant lapse	<b>Compliant/Compliant by year end</b>
22 a &c cooperating with each other and with local authorities and other organisations making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships	<b>Clinical Director</b>	Amber	Partnership agreements	Compliant subject to action

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23 - 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	<b>Clinical Director</b>	Amber	Waiting action plan from John Martin who has PH responsibility	Compliant subject to action
24 - Emergency planning and business continuity	<b>Director of Operations</b>	Green	Reasonable assurance based on current and previous plans	<b>Compliant</b>

\* Assessed via status of action plan (gaps identified, action completion etc) as at the 20<sup>th</sup> March 2008