Easington NHS
Primary Care Trust

Director of Finance – Acting Deputy Chief Executive

Executive Summary	
Report Title:	Final Declaration Against the Core Standards
Purpose of report:	The PCT is required to make a final declaration on progress in meeting the core standards to the Healthcare Commission by 4 May 2006. This report provides details on the PCT's final declaration against the core standards from 1 April 2005 to 31 March 2006. The report covers the following: ➢ The process for the final declaration; ➢ Progress following the interim declaration; ➢ The PCT's approach to Health Governance, the self assessment of compliance against the core standards, involvement of key stakeholders and methodology and criteria used; ➢ The content of the PCT's final declaration and compliance against the 24 core standards; ➢ Key issues going forward. Appendix 1 of this report provides details of Easington PCT's compliance against the core standards. This information will be incorporated into the electronic declaration form when available on the Healthcare Commission's website.
Recommendation:	The Partnerships Scrutiny Committee is asked to: ➢ Note the content and disclosures that will be incorporated into the final declaration, and; ➢ Note that a final report on the declaration will be taken to the 14 April PCT Board meeting for consideration and approval. The Board approved final declaration will be submitted electronically to the Healthcare Commission before 4 May 2006.
Report prepared by:	Michael Houghton - Head of Health Governance
Date:	21 March 2006

Director of Finance – Acting Deputy Chief Executive

Final Declaration Against the Core Standards

1. PURPOSE OF REPORT

1.1 The PCT is required to make a final declaration on progress in meeting the core standards to the Healthcare Commission by 4 May 2006. This report provides details on the PCT's final declaration against the core standards from 1 April 2005 to 31 March 2006. The report covers the following:

- The process for the final declaration;
- Progress following the interim declaration;
- The PCT's approach to Health Governance, the self assessment of compliance against the core standards, involvement of key stakeholders and methodology and criteria used;
- The content of the PCT's final declaration and compliance against the 24 core standards;
- Key issues going forward.

Appendix 1 of this report provides details of Easington PCT's compliance against the core standards. This information will be incorporated into the electronic declaration form when available on the Healthcare Commission's website.

2. BACKGROUND INFORMATION / KEY ISSUES

Process for Final Declaration

2.1. The PCT is required to make a final declaration on meeting the core standards and submit this to the Healthcare Commission by 4 May 2006. The process for the final declaration is broadly similar to that followed for the interim declaration.

2.2 The final declaration covers for the whole year i.e., 1 April 2005 to 31 March 2006 and should take into consideration the disclosures made in the interim declaration and the outcome of any follow-up or local engagement work undertaken by the Healthcare Commission. This means that any significant lapses in meeting a core standard or gaps in assurance declared at the interim stage need to be evaluated and reflected in the final declaration. In undertaking this evaluation the extent of non-compliance needs to be considered across the whole year taking into account the point in the year by which all required actions were fully implemented.

The Partnerships Scrutiny Committee should note that the Healthcare Commission require the names and titles of all directors and members of the Board to be included in the final declaration. There is no longer a requirement for each individual Board member to sign the final declaration.

2.4 There is little guidance to specify precisely what constitutes a significant lapse. The Healthcare Commission states that this assessment is purely a matter for individual Boards to determine. **The Healthcare Commission guidance advises Boards to consider the extent of the risk presented to patients, staff or the public in relation to a lapse in meeting a core standard to determine if the lapse is significant or not. The final declaration is not intended as a medium for reporting isolated, trivial or purely technical lapses in respect of the core standards.** The assessment within the PCT has used a range of criteria to assist in the identification of any potential significant lapses in meeting core standards. The methodology and criteria is discussed in more detail in paragraphs 2.16 to 2.20 below.

2.5 The final declaration is required to include the following elements:

- A brief statement outlining the overall position of the Boards assurance against the standards;

- A statement for each standard where a lack of assurance received by the Board makes it unclear as to whether there have been significant lapses. In this case, details of action required and timescales whereby assurances will be robust enough to determine compliance will need to be included;

- A statement for each standard where assurances received by the Board make it clear that there have been significant lapses. The following information will need to be provided for any significant lapse for each applicable standard:

  - brief description of the nature of the significant lapse;
  - its timing, duration and whether the standard is still not being met;
  - a short outline of the action plan in place to correct the situation;
  - the predicted date by which the action plan will ensure that the standard is being met.

- Comments from internal and external auditors on the robustness of the processes that support the year-end 2005/2006 statement on internal control. Please note that due to the financial reporting cycle external audit opinion will be sent to the Healthcare Commission separately after the 4 May 2006;

- Comments received from third party stakeholders in relation to the PCT's performance against the core standards.

2.6 The following core standards do not form part of the assessment within the final declaration. A separate assessment for these is undertaken elsewhere in the Healthcare Commissions overall assessment process. The PCT includes these in the overall assurance framework in order to monitor progress as part of the arrangements for meeting the core standards:

- C7d – relates to financial management and will be measured through the use of resources assessment. The Healthcare Commission will rely on the findings of the Audit Commission;

- C7f – relates to existing performance requirements and will be measured through the existing targets assessment;

- C19 – relates to access to services within nationally agreed timescales and will be measured through the existing targets and new national targets assessment.

Progress following the Interim Declaration

2.7 The PCT made an interim declaration to the Healthcare Commission on 30 October 2005, following approval at an extraordinary Board meeting held on 20 October 2005. The interim declaration covered the period from 1 April 2005 to 30 September 2005.

2.8 The PCT declared compliance with 23 of the 24 core standards at the interim declaration stage. A significant lapse was declared against not meeting one element of a core standard C4b, medical devices management. A description of the reasons why this standard was not met and the action plan, included in the interim declaration, is shown in table 1 below:

Table 1

C4b	*Healthcare organisations keep patients, staff and visitors safe by having systems in place to ensure that all risks associated with the acquisition and use of medical devices are minimised.*
Start date of non-compliance	1 April 2005
End Date of non-compliance	31 March 2006
Description of the issue	The PCT's community nursing services were formally part of 3 different acute hospital trusts. The acute hospital trust policies and procedures on the management of medical devices were used by community nursing staff. The PCT has yet to fully develop its own policies, procedures and systems for the management of medical devices.
Actions planned or taken	The PCT has appointed a project lead to implement the actions. The draft policy, The Safe Use and Management of Medical Devices is due to be ratified by the Board in November 2005. An equipment inventory and implementation plan has already been developed and several actions have already taken place.

2.9 A project manager co-ordinated the action plan to develop and implement appropriate policies for the management of medical devices in the PCT. Significant progress to complete the implementation of the action plan has been made including:

- Approval of an overall PCT policy for the management of medical devices, based on Department of Health guidelines;
- Implementation of the medical devices management policy by publishing if on the internet/intranet and making sure staff are made aware of the policy;
- Undertaking an equipment audit;
- Implementing a database for the management of medical devices from procurement to disposal;
- Developing training procedures for the range of medical devices used in the PCT.

2.10 The Healthcare Commission regional team visited the PCT on 14th February 2006 to review the approach to the core standards and interim declaration submitted in October 2005. The PCT was not part of the 10 percent of PCTs randomly selected for a visit or the 10 percent of PCTs that required a selective inspection visit. The visit was part of the Healthcare Commission's follow up and local engagement work, which is intended to develop a shared understanding of what constitutes satisfactory performance in meeting the core standards.

The following 5 core standards were reviewed as part of the visit:

- C4b, Management of Medical Devices
- C4d, Safe and Secure Handling of Medicines
- C5d, Clinical Audit
- C10a, Employment Checks
- C14a, Access to information to register formal complaints and feedback on the quality of services.

2.11 The Healthcare Commission were satisfied by the robustness of the PCT approach to meeting and maintaining performance against the core standards. In particular, the Healthcare Commission noted strong commitment by the Board and lead managers and extensive involvement of key partners in the process.

2.12 The visit clarified the approach used by the Healthcare Commission when assessing whether the core standards have been met. It was noted that there is a change in emphasis where the Healthcare Commission is interested in whether the policies or processes in place to meet the core standards are achieving their desired outcome.

The PCT's approach to meeting the core standards

2.13 The approach of Easington PCT for meeting the core and development standards is captured in an overall framework of 'Integrated Health Governance'. The rationale behind this is to develop an approach that reflects the core business of the PCT, including the provision and commissioning of health care and health improvement. The Integrated Health Governance framework includes the following key elements:

- A Health Governance Committee is established, reporting to the Board with the primary role of co-ordinating and monitoring work across the core and development standards, overseeing preparations for assessment and co-ordinating any submissions arising from the assessment to the Health Care Commission. The committee uses the PCT assurance framework as the key process. The committee maintains close links with the Performance Management Group to ensure a joined up approach to the attainment of standards and performance targets. This committee has a vital and crosscutting role and is chaired by the Director of Finance/ Acting Deputy Chief Executive. The membership of the Health Governance Committee includes Non-Executive Director and Patient and Public Involvement Forum representation.

- The Clinical Governance group is strengthened and refocused to encompass clinical quality, effectiveness and audit. The level of clinical involvement is increased. A key component of the increased clinical involvement in clinical governance is the appointment of a Clinical Governance Lead GP to provide leadership to improve clinical quality across health professionals.

- The Risk Management Committee has been closely aligned to the Health Governance Committee and Audit Committee and reports directly to the Board.

- The Health Governance Framework recognises that it is necessary for a number of groups to undertake work or developments to meet the core or developmental standards. These groups provide vital expertise in their relevant area and as such report, as appropriate into a number of PCT committees. The 24 core standards and 13 developmental standards have been allocated to one of these groups. This ensures that the right group, with the relevant expertise owns the agenda and is able to focus on the delivery against a particular standard. In addition, each director is allocated lead responsibility for one or more of the standards related to their responsibilities.

- The PCT continues to use the assurance framework, which is well embedded in the organisation, to provide Board level assurance that systems of control are in place to meet the core and developmental standards.

An interim assessment of the PCT's Assurance Framework, carried out by the Strategic Health Authority in January 2006, indicated that this was fit for purpose, in accordance with Department of Health guidelines.

Involvement of key stakeholder organisations

2.14 A stakeholder analysis undertaken in May 2005 identified a number of organisations to engage in the PCT's preparations to meet the core standards and inform the interim and final declarations. Presentations and meetings were held with a large number of organisations during the past 12 months on the PCT's preparations, interim and final declaration as follows:

- Presentation and discussion at the Patient and Public Involvement Forum;
- Presentation and discussion at the Health Improvement Group;
- Presentations to a number of PCT patient involvement forums, e.g. mental health group;
- Participation in Strategic Health Authority Standards for Better Health workshop and meetings;
- Presentation and workshop at the patient involvement 'Big Project' event;
- Joint presentation with Durham and Chester-le-Street PCT to the County-wide Overview and Scrutiny Committee;
- Meeting with the 3 District of Easington Councillor members of the Overview and Scrutiny Committee;
- Meeting and presentation to the Chief Officers of the District of Easington Council;
- Presentation and discussion at the District of Easington Health Working Group;
- Provision of an interim declaration report and update for consideration by the District of Easington Partnerships Overview and Scrutiny Committee;
- Seminar with members of local Parish and Town Councils.

2.15 The PCT is required to seek formal comments from a number of third party organisations on its performance against the core standards as follows:

- County Durham and Tees Valley Strategic Health Authority;
- Public and Patient Involvement Forum;
- County-wide Health Overview and Scrutiny Committee;
- District of Easington Partnerships Overview and Scrutiny Committee.

Arrangements are in place to seek formal comments on the PCT's performance against the core standards for inclusion in the final declaration.

PCT self assessment approach against meeting the Core Standards (Methodology and Criteria)

2.16 Each lead director/manager and/or group undertook an evaluation of their baseline assessment against meeting the core standards. Each core standard was reviewed by the relevant group allocated responsibility for a number of core standards in line with the PCT Health Governance framework. An additional scrutiny review of this assessment was undertaken with the Lead Manager, Head of Clinical Governance, Performance Manager, Head of Health Governance and Internal Audit representative. The following methodology and criteria were used for the self – assessment and scrutiny review:

- The degree to which the necessary controls, systems, processes, resources and assurances to meet the core standards are in place and how well these are embedded within the organisation. This included reference to compliance with elements of specific guidance, Department of Health Policy and statutory requirements referred to in the Healthcare Commission's Publication: *Assessment for Improvement: The Annual Health Check, Criteria for Assessing Core Standards; Information for Primary Care Trusts* and the *Inspection Guides* for each of the core standards.

- The evaluation of the impact in meeting a core standard arising from information and reports the Healthcare Commission will use to cross-check the final declaration. This evaluation considered the various assurances the PCT received on its controls during 2005/06 including:

  - The NHS patient survey
  - The NHS staff survey
  - Improving Working Lives Practice Plus assessment
  - NHS Litigation Authority Clinical Negligence Scheme for Trusts risk management assessment visit report
  - Performance management information
  - Internal and external audit reports
  - Complaints that have progressed to a second stage review by the Healthcare Commission
  - Health and Safety Executive reports
  - Quality and Outcomes Framework
  - Prescribing data
  - Reports to Royal Colleges

- The robustness of controls in place to meet the core standards and any gaps were assessed in terms of risks to patients, services and the public using the PCT risk assessment matrix and framework as shown in figure 1 below. This assessment considered the impact of not meeting a core standard and the likelihood of this occurring based on assurances about the effectiveness of existing controls.

Figure 2: Risk Assessment Matrix

Impact

		1	2	3	4	5
	1	L	L	M	H	H
	2	L	L	M	H	E
Likelihood	3	L	M	H	E	E
	4	M	M	H	E	E
	5	M	H	E	E	E

2.17 Lead managers and groups were also requested to provide an update, following their evaluation, on:

- ➢ Progress in implementing the action points to ensure gaps in meeting the core standards are achieved;
- ➢ Any risks associated with meeting the core standards. Such risks may indicate a lapse in meeting a core standard;
- ➢ The identification of significant lapses in meeting a core standard from 1 April 2005 to 31 March 2006 and action being taken;
- ➢ Any other issues the Health Governance Committee needed to be aware of in relation to the final declaration.

2.18 In addition, an appraisal of the systems in place to ensure awareness and compliance against the standards by independent contractors providing primary care services and services commissioned by the PCT was undertaken and included:

- ➢ A review of the Quality and Outcomes Framework data for 2005/06;
- ➢ A 'time in event' for each practice to raise awareness of Standards for Better Health and initiate a self assessment;
- ➢ A review of the standards related to dental services and a presentation on Standards for Better Health to the dental development group;
- ➢ A review of the standards related to community pharmacy services and a presentation on Standards for Better Health to the pharmacy development group;
- ➢ A review of the standards related to community optometry services and a presentation on Standards for Better Health to the optometry development group;
- ➢ Building the core standards into commissioning processes and monitoring arrangements.

2.19 This approach ensures that key issues related to these services can be considered in regard to the PCT declaration and also ensure systems are developed for self-assessment against the core standards in future years.

2.20 The PCT's assurance framework on progress against meeting the core standards, based on the assessment outlined above, will be reviewed in detail by the Health Governance Sub-Committee of the Board on 22 March 2006. The purpose of this review is to verify and check the self-assessment against the core standards and consider any significant lapses using the criteria outlined in paragraphs 2.16 and 2.20 above.

Peer Review

2.21 The PCT took part in a peer review with Durham and Chester le Street PCT on the 6 and 8 September 2005. The purpose of the peer review was to evaluate and benchmark the PCT's approach to meeting the core standards and self-assessment with another primary care organisation. The PCT compared favourably with Durham and Chester le Street PCT in terms of meeting the core standards. In most instances the PCT had comparable systems and process in place to meet the core standards.

Compliance against the core standards

2.22 The PCT's compliance against meeting the core standards, which will be included in the final declaration, is shown in appendix 1, attached to this report. There are 47 components to the 24 core standards. The PCT's assurances considered in the self-assessment approach indicate compliance with 46 out the 47 components, without a significant lapse. As a result, the PCT will be declaring compliance with 23 of the 24 core standards for 2005/06. There is one component that was not being met by the PCT, core standard C4b. This was declared as a significant lapse in the interim declaration, for the first 6 months of 2005/06. The PCT has implemented an action plan in year (see paragraph 2.9 above) and will be declaring a significant lapse for 11 months during 2005/06 and will therefore be compliant from March 2006 onwards.

Key Issues Going Forward

2.23 In addition to the final declaration being considered at a public Board meeting, the PCT is required to publish the final document. The final declaration will be placed on the PCT's website immediately following submission to the Healthcare Commission after 4 May 2006.

3. CONCLUSION

3.1. The PCT is making good progress in its preparations for implementing the final declaration and is on target to meet the deadline.

3.2 The PCT made significant progress to ensure that appropriate action was implemented to in relation to the one element within the core standards not being met.

4. RECOMMENDATION

4.1 The Partnerships Scrutiny Committee is asked to:

- Note the content and disclosures that will be incorporated into the final declaration, and;
- Note that a final report on the declaration will be taken to the 14 April PCT Board meeting for consideration and approval. The Board approved final declaration will be submitted electronically to the Healthcare Commission before 4 May 2006.

Report prepared by:	**Michael Houghton**	**Date:**	**21 March 2006**
Director's name:	**Joe Corrigan**	**Date:**	**21 March 2006**

Background papers

a) Assessment for Improvement: Understanding the Standards. Healthcare Commission, 2004.

b) *Assessment for Improvement: The Annual Health Check*. Healthcare Commission, 2005.

c) *Assessment for Improvement: The Annual Health Check, Criteria for Assessing Core Standards.* Healthcare Commission, 2005.

d) *Assessment for Improvement: The Annual Health Check, Criteria for Assessing Core Standards; Information for Primary Care Trusts.* Healthcare Commission 2005.

e) *Assessment for Improvement: The Annual Health Check, guidance on the Assessment of the Core Standards, Guidance for NHS Healthcare Organisations, Overview and Scrutiny Committees, Patient and Public Involvement Forums and Strategic Health Authorities.* Healthcare Commission, 2005.

f) *Inspection Guides*: Healthcare Commission, 2006.

g) *Assurance Framework*. Easington PCT 2005/06

Domain	Element of the Core Standard	Compliance Status (1/04/05 - 30/09/05)
Safety	C1a) Health care 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.	Compliant
Safety	C1b) Health care organisations protect patients through systems that ensure that patient safety notices alerts and other communications concerning patient safety which require actions are acted upon within required timescales.	Compliant
Safety	**C2** Health care organisations protect children by following national child protection guidance within their own activities and in dealings with other organisations.	Compliant
Safety	**C3** Health care organisations protect patients following NICE Interventional Procedures guidance.	Compliant
Safety	C4a) Health care organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.	Compliant
Safety	C4b) Health care 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.	Not met (1/04/05 - 28/02/06)
Safety	C4c) Health care organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.	Compliant
Safety	C4d) Health care organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
Safety	C4e) Health care organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to health and safety of staff, patients, the pubic and the safety of the environment.	Compliant

Safety	D1 Health care organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to other patients, staff and others, particularly when patients move from the care of one organisation to another.	Compliant
Clinical and Cost Effectiveness	C5a) Health care 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.	Compliant
Clinical and Cost Effectiveness	C5b) Health care organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
Clinical and Cost Effectiveness	C5c) Health care organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work, and	Compliant
Clinical and Cost Effectiveness	C5d) Health care organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
Clinical and Cost Effectiveness	**C6** health care organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant
Governance	C7a) Health care organisations apply the principles of sound clinical and corporate governance.	Compliant
Governance	C7b) Health care organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant
Governance	C7c) Health care organisations undertake systematic risk assessment and risk management.	Compliant
Governance	C7e) Health care organisations challenge discrimination, promote equality and respect human rights.	Compliant
Governance	C8a) Health care 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 delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
Governance	C8b) Health care organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant

Governance	**C9** Health care 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.	Compliant
Governance	C10a) Health care organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Compliant
Governance	C10b) Health care organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
Governance	C11a) Health care organisations ensure that staff concerned with all aspects of the provision of health care are appropriately recruited, trained and qualified for the work they undertake.	Compliant
Governance	C11b) Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in mandatory training programmes.	Compliant
Governance	C11c) Health care organisations ensure that staff concerned with all aspects of the provision of health care participate in further professional and occupational development commensurate with their work throughout their working lives.	Compliant
Governance	**C12** Health care 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.	Compliant
Patient Focus	C13a) Health care organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
Patient Focus	C13b) Health care 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.	Compliant
Patient Focus	C13c) Health care organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
Patient Focus	C14a) Health care 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.	Compliant

Patient Focus	C14b) Health care organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
Patient Focus	C14c) Health care organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
Patient Focus	C15a) Where food is provided, health care organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
Patient Focus	C15b) Where food is provided, health care 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.	Compliant
Patient Focus	**C16** Health care 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.	Compliant
Accessible and Responsive Care	**C17** The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.	Compliant
Accessible and Responsive Care	**C18** Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant
Care Environment and Amenities	C20a) Health care services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.	Compliant
Care Environment and Amenities	C20b) Health care services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
Care Environment and Amenities	**C21** Health care 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.	Compliant

Public Health	C22a) Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with Local Authorities and other organisations.	Compliant
Public Health	C22b) Health care 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 their policies and practices.	Compliant
Public Health	C22c) Health care organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.	Compliant
Public Health	**C23** Health care 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.	Compliant
Public Health	**C24** Health care organisations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.	Compliant