

## Fourth Domain – Patient Focus

Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, references and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient wellbeing.

Core Standard	Prompts	Baseline Position	Compliant Level	Assurance
<p><b>C13</b> Healthcare organisations have systems in place to ensure that:</p> <p>a) staff treat patients, their relatives and carers with dignity and respect.</p>	<p>The healthcare organisation has taken steps to ensure that all staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment.</p> <p>The healthcare organisation acts in accordance with relevant equalities legislation, with particular regard to the Disability Discrimination Act 1995, the Race Relations Act 1976 (as amended) and the Human Rights Act 1998, to meet the needs and rights of different patient groups with regard to dignity and respect.</p> <p>The healthcare organisation has systems in place to identify areas where dignity and respect may have been compromised and takes action in response.</p>	<p>The PCT uses the Essence of Care benchmarks to ensure staff are aware of the expectations around dignity &amp; respect. A multi-professional privacy and dignity comparison group has been formed within Rushcliffe PCT, and an audit of several areas and disciplines has been conducted using the tool. 'Customer care' training is available to all staff through the Learning &amp; Development Opportunities brochure. Attendance is monitored through the Training department. The PCT has a Diversity &amp; Equality Strategy, which includes all relevant legislation &amp; good practice. The PCT also uses the dignity &amp; respect benchmarks from Essence of Care to ensure specific needs are met. Under the Disability Discrimination Act (DDA), all PCT owned premises, GP and Dental surgeries have been surveyed for DDA compliance. Under the Race Relations Act, the PCT has a Race Equality Scheme. Patient feedback around children and family services through PALS has been consistently high. This has been around level of care and professional service delivery by health visiting and midwifery teams. Services have enabled support groups to be set up such as the MUMS group and parents groups run by nursery nurses. The PCT has a well resourced PPI team including PALS, Complaints, and a Carers' Support worker; all of whom co-ordinate patient, carer and public feedback about the patient experience. Privacy &amp; dignity benchmarks have been used with a number of staff groups. Patients and carers can inform the immediate staff involved or the manager, or use the PALS route, inform the Carers Support worker, use the Complaints procedure, or the Patient Representatives.</p>	Compliant	<p>NHS Patient Survey</p> <p>Patient Environment Action Team Reports</p> <p>Infection Control Committee</p> <p>NHS Staff Survey</p> <p>Clinical Governance Committee</p> <p>Patient and Public Involvement Board Reports</p> <p>Patient and Public Involvement Forum</p> <p>IWL Practice Plus Report</p>

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<b>C13</b> Healthcare organisations have systems in place to ensure that:  b) Appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information	<p>The healthcare organisation has processes in place to ensure that valid consent, including from those who have communication or language support needs, is obtained by suitably qualified staff for all treatments, procedures (including post mortem) and investigations in accordance with the Good practice in consent: achieving the NHS plan commitment to patient centred consent practice(HSC 2001/023), Reference guide to consent for examination or treatment(Department of Health 2001), Families and post mortems: a code of practice(Department of Health 2003) and Seeking Consent: working with children (Department of Health 2001).</p> <p>Patients, including those with language and/or communication support needs, are provided with information on the use and disclosure of confidential information held about them, in accordance with Confidentiality: NHS code of practice (Department of Health 2003).</p>	<p>Department of Health Model Consent policy indicates all forms consent and gives guidance on each type. All professional bodies require consent to be established prior to commencement of any treatment.</p> <p>Patient Information Leaflets are available to patients in all areas, some are in a language other than English. Written information is provided to patients where appropriate. PALS leaflets are displayed in every base where patients undergo consultation.</p>	Compliant	<p>Essence of Care Steering Group</p> <p>Baseline assessment of benchmarking activity.</p> <p>Policy for Consent for Examination or Treatment</p> <p>CNST Level 1B report</p>
<b>C14</b> Healthcare organisations have systems in place to ensure that:  c) Staff treat patient information confidentially, except where authorised by legislation to the contrary	<p>Staff act in accordance with Confidentiality: NHS code of practice (Department of Health 2003), the Data Protection Act 1998, Protecting and using patient information: a manual for Caldicott guardians (Department of Health 1999), the Human Rights Act 1998 and the Freedom of Information Act 2000 when using and disclosing patients personal information.</p>	<p>Caldicott principles are carried out across the PCT; the Director of Public Health is the Caldicott guardian and Board lead. A caldicott audit is carried out every year. All requests for patient identifiable information are dealt with swiftly and appropriately ensuring confidentiality is maintained.</p>	Compliant	<p>CNST Level 1B report</p> <p>Caldicott Audit</p> <p>Director of Public Health Board Report</p> <p>Health Records/Data Protection Department</p>

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<p><b>C14</b> Healthcare organisations have systems in place to ensure that patients, their relatives and carers:</p> <p>a) Have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services</p>	<p>Patients, relatives and carers are provided with accessible information about, and have clear access to, formal complaints systems in accordance with the NHS (Complaints) Regulations 2004 and associated guidance.</p> <p>The healthcare organisation provides opportunities for patients, relatives and carers to give feedback on the quality of services.</p>	<p>Complaints manager is a member of the PPI team and a formal system is established. The Board are kept informed of all complaints and the subsequent actions as a result. The Clinical Risk Management Group explores lessons to be learned and investigates if an incident is linked to a complaint. The complaints manager logs all complaints and a formal acknowledgement is sent to complainants from the CEO within the specified timeframe. A complainant can use any method, telephone, e-mail, letter or a verbal concern raised with a member of staff, all are treated professionally. Various publicity methods highlight the range of methods to make a complaint including the use of ICAS (Independent Complaints Advocacy Service) e.g. a Complaints leaflet, the PALS leaflets, 'Your Guide to Your Local health Services', delivered to every household. This information would also be given by any member of staff. A leaflet 'How to make a Complaint about NHS Services' is widely available. The leaflet can be made available in different formats and languages on request. The leaflet contains information on ICAS including contact details. Reference is made to ICAS within the written information and within presentations, etc. PALS leaflets and comment cards are available in all areas of the organisation for patients. On an annual basis every household in Rushcliffe receives 'Your Guide to Local Health services', which has a tear off slip asking for feedback about the local NHS. Staff are encouraged to ask for feedback at all stages of the patient journey e.g. when developing a 'Patient Information' leaflet for the Home Loans service, a tear-off slip was included asking for patient feedback.</p>	Compliant	<p>NHS Patient Survey</p> <p>Clinical Governance Committee</p> <p>Patient and Public Involvement Board Reports</p> <p>Patient and Public Involvement Forum</p> <p>Clinical Risk Management Group</p> <p>NHS Staff Survey</p>

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<p><b>C14</b> Healthcare organisations have systems in place to ensure that patients, their relatives and carers:</p> <p>b) Are not discriminated against when complaints are made</p>	<p>The healthcare organisation has systems in place to ensure that patients, carers and relatives are not discriminated against as a result of having complained.</p>	<p>The leaflet 'How to make a complaint about NHS Services' states that "Making a complaint will not put your care at risk"</p> <p>Patients are informed in the leaflet that they can speak to a member of staff directly involved in their care or write to the Chief Executive or Complaints Manager of the PCT and given the address (Freepost) and telephone numbers and the contact details for ICAS.</p> <p>Rushcliffe PCT complies with national guidance in handling complaints.</p>	Compliant	<p>NHS Patient Survey</p> <p>Clinical Governance Committee</p> <p>Patient and Public Involvement Board Reports</p> <p>Patient and Public Involvement Forum</p> <p>Clinical Risk Management Group</p>

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<p><b>C14</b> Healthcare organisations have systems in place to ensure that patients, their relatives and carers:</p> <p>c) Are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery</p>	<p>The healthcare organisation responds to complaints from patients, relatives and carers in accordance with NHS (Complaints) Regulations 2004 and associated guidance.</p> <p>The healthcare organisation uses concerns and complaints from patients, relatives and carers, to improve service delivery, where appropriate.</p>	<p>Patients and carers have various options; they can inform the immediate staff involved or the manager, or use the PALS route, inform the Carers Support worker, use the Complaints procedure, ICAS (Independent Complaints Advocacy Service), or the Patient Representatives (Age Concern advocacy service). These would then be fed to the PPI Team who would be able to identify any recurring themes &amp;/or concerns and discuss these with the relevant team. In addition these concerns and complaints would be included in the quarterly report to the PCT Board and the Clinical Governance Committee. The quarterly report is also shared with the Clinical Risk Management Group, the Rushcliffe Patient and Public Involvement Forum and the Strategic Health Authority. General Practice complaints are taken to the Performance Decision Making Group. These are complaints, which have been brought to the attention of the PCT, usually by the complainant. The report includes a brief description of the allegations and names the staff members and Practices involved. Other information on complaints relevant to GPs e.g. the Shipman report etc is also reported to this Group. Enquires received from the GMC, following complaints they have received from other areas, relating to GPs who have worked for the PCT, also go through this Group. Managers of Services are aware of complaints within their area and meet with staff to inform them of the issues with the aim of improving service delivery.</p>	Compliant	<p>NHS Patient Survey</p> <p>Clinical Governance Committee</p> <p>Patient and Public Involvement Board Reports</p> <p>Patient and Public Involvement Forum</p> <p>Clinical Risk Management Group</p>

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<p><b>C15</b> Where food is provided, healthcare organisations have systems in place to ensure that:</p> <p>a) Patients are provided with a choice and that it is prepared safely and provides a balanced diet.</p>	<p>The healthcare organisation offers patients a choice of food in line with the requirements of a balanced diet and in accordance with the six key requirements of the Better hospital food programme(NHS Estates 2001), reflecting the needs and preferences and rights (including faith and cultural needs) of its service user population.</p> <p>The preparation, distribution, handling and serving of food is carried out in accordance with food safety legislation and national guidance (including the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995 and EC regulation852/2004.</p>	<p>Essence of care standards have been presented and discussed at Clinical Governance Committee. There is a well established group that has established baselines and carried out audits. Housekeepers have received guidance and training on hospital food standards and all nutritional requirements are met in accordance with best practice. NH Facilities provide the food for the inpatient areas and comply with the Food Safety Act 1990.</p> <p>Catering manual indicates local policies/procedures.</p> <p>Last environmental report Dec 2003 by the Environmental Health Officer was very good, now only light touch due to previous high standards. Monthly kitchen hygiene audit ed by NH Facilities with identified necessary action plans recorded.</p> <p>All staff handling food have training yearly. Attendance monitored at ward level/department levels.</p>	Compliant	<p>Patient Environment Action Team Reports</p> <p>Environmental Report</p> <p>Training Records</p> <p>Essence of Care Reports</p> <p>Clinical Governance Committee</p>
<p><b>C15</b> Where food is provided, healthcare organisations have systems in place to ensure that:</p> <p>b) Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.</p>	<p>Patients have access to food and drink 24 hours a day in accordance with the requirements of the Better hospital food programme (NHS Estates 2001).</p> <p>The nutritional, personal and clinical dietary requirements of individual patients are assessed and met, including the right to have religious dietary requirements met.</p> <p>Patients requiring assistance with eating and drinking are provided with appropriate support.</p>	<p>Food and drinks are available to patients 24 hours a day and any special requirements are met on an individual basis. There are set meal times clear to all patients and dried meals snacks and hot/cold drinks are available 24 hours a day. Hospital main kitchen service available 8.30 am – 5.30 pm 7 days per week. All patients have nutritional assessment within 24 hours of admission including weights. Care plans assess history, individual requirements, support and plan. Use of food and fluid monitoring charts where appropriate. Only qualified nurses undertake nutritional assessments – trained on ward. Nutritional link nurse on every ward. Developing audit tool relating to Essence of Care Standards. Assessments on admission. Care plans devised taking into account individual needs, equipment and progress including goal setting.</p>	Compliant	<p>NHS Patient Survey</p> <p>Essence of Care Reports</p> <p>CHI Clinical Governance Report</p> <p>Rowan Ward Visits from Clinical Governance Manager at TrSHA</p>

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<b>C16</b> 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.	The healthcare organisation provides suitable and accessible information on the services it provides and in languages and formats relevant to its service population and which accords with the Disability Discrimination Act 1995 and the Race Relations Act 1976 (as amended). The healthcare organisation provides patients and, where appropriate, carers (including those with communication or language support needs) with sufficient and accessible information on the patients individual care, treatment and after care, taking into account the Toolkit for producing patient information (Department of Health 2003), NICE information for patients and other nationally agreed guidance where available.	<p>'Your Guide to Your Local health Services', is published every year and is delivered to every household in Rushcliffe. This includes all PCT services and details of local GPs, pharmacists, dentists &amp; optometrists.</p> <p>Whilst this is not provided in any different formats, a statement is made in the booklet telling people that they can request this.</p> <p>As well as going to every household the Guide is also sent to District Council premises</p> <p>'Your Guide' has a tear-off slip asking for feedback about the Guide itself and for feedback about local health services. Information is also provided on how people can get more involved e.g. through joining the Rushcliffe Health Network, Cancer Forum, Diabetes Forum, etc.</p> <p>All policies or guidelines are treated as controlled documents. All patient information leaflets follow a set standard to ensure consistency and evidenced based research is followed.</p> <p>In addition staff are encourages to utilise the 'Plain Language Group' who are a panel of lay readers who look over written information making suggestions about jargon-free and accessible language.</p>	Compliant	<p>NHS Patient Survey</p> <p>CNST Level 1B</p> <p>Patient and Public Involvement Board reports</p> <p>Clinical Governance Committee</p> <p>Your Guide to Your Local Health Services</p>