

Third Domain – Governance

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

Core Standard	Prompts	Baseline Position	Compliant Level	Assurance
<p>C 7 Healthcare organisations:</p> <p>a) Apply the principles of sound clinical and corporate governance</p> <p>c) Undertake systematic risk assessment and risk management</p>	<p>The healthcare organisation has effective arrangements in place for clinical governance, which take account of Clinical governance in the new NHS (HSC 1999/065).</p> <p>The healthcare organisation has arrangements in place for corporate governance, that accord with Governing the NHS: A guide for NHS boards (Department of Health and NHS Appointments Commission 2003), Corporate governance framework manual for primary care trusts (Department of Health 2003 version 6), Assurance: the board agenda (Department of Health 2002), and Building the assurance framework: a practical guide for NHS boards (Department of Health 2003).</p>	<p>Clinical Governance is an integral part of the organisation and is incorporated in the Annual Report. The Clinical Governance Committee is a sub Committee of the PEC which reports to the Board. A Clinical Governance development plan is produced and monitored by the Clinical Governance Committee on a regular basis, reports are also sent to the Clinical Governance Lead at the SHA. A patient satisfaction survey is carried out annually and the resulting answers turned into actions to enhance service delivery and patient experience. Audits are carried out across services and results shared with staff in that area.</p> <p>The Board receive regular reports from the performance team who monitor against national and local targets. The balanced score card is used to identify areas for improvement and action. Set proforma for all Board reports, highlighting background, need, benefits, risks and the recommendation. All decisions are noted and formally recognised when signed off by the Chairman. Director of Finance is Board lead for Risk Management, Director of Clinical services is the Board lead for clinical risk management. The Head of Governance supports both Directors in implementing safe systems of practice and measures to reduce risk. Assurance Framework receives regular monitor by the Risk Management Committee and the Board.</p>	Compliant	<p>Clinical Governance Committee</p> <p>Clinical Governance reports to the Board</p> <p>NHS Patient Survey</p> <p>CHI Clinical Governance review</p> <p>CNST level 1B Report</p> <p>IWL Practice Plus achieved.</p> <p>IWL Steering Group</p> <p>Assurance Framework</p> <p>NHS Staff Survey</p> <p>Audit Committee</p> <p>Risk Management Committee</p>

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<p>C 7 Healthcare organisations:</p> <p>b) Actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources</p>	<p>The healthcare organisation actively supports staff to promote openness, honesty, probity, accountability and the economic, effective use of resources in accordance with the Code of conduct for NHS managers (Department of Health 2002) and Directions to NHS bodies on counter fraud measures (Department of Health 2004).</p>	<p>Terms of reference are in place for all sub committees of the Board, Standing orders are reviewed on a regular basis along with standing financial instructions and the scheme of delegation. The statement for Internal Control is produced and included in the annual report for the public to see. The PCT recognises and uses the principles established by the Committee on Standards in Public Life (known as the Nolan principles). Counter fraud awareness presented at the senior staff seminar. Director of Finance is Board lead supported by the Head of Governance who implements security measures.</p> <p>Local Counter Fraud Policy was approved by the Board and an annual declaration is provided in respect of Local Counter Fraud Services.</p>	Compliant	<p>Audit Committee</p> <p>Risk Management Committee</p> <p>Senior Management Team meetings</p> <p>Clinical Governance Committee</p> <p>Terms and Remuneration Committee</p> <p>Local Delivery Plan</p> <p>Local Counter Fraud Services Declaration</p>
<p>C 7 Healthcare organisations:</p> <p>d) Ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources.</p>	<p>This standard will be measured through the use of resources assessment.</p>	<p>Budget holders are sent monthly reports of spend against budget with detailed analysis of transactions during the month. Budget holders are usually Senior Staff whose job descriptions would include management of a given service/directorate, including their budgets. "Guidance Notes for better understanding budgets" have been distributed to budget holders. Regular meetings are held with budget holders to discuss any issues arising from the budget reports. They have access to computers but there is no requirement for them to have access to the financial ledger system. Finance and service plan approved by the Board, the Board and PEC also receive regular reports giving updates and forecast on the financial position of the PCT. Audit programme covers financial management.</p>	Compliant	<p>Audit Committee</p> <p>Director of Finance Board reports</p> <p>External Audit</p> <p>Internal Audit</p>

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C 7 Healthcare organisations: e) Challenge discrimination, promote equality and respect human rights	The healthcare organisation challenges discrimination, promotes equality and respects human rights, in accordance with current legislation and guidance, with particular regard to the Human Rights Act 1998, the Race Relations Act 1976 (as amended), the Equal Pay Act 1970 (as amended), the Sex Discrimination Act 1975, the Disability Discrimination Act 1995, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003 and the Employment Equality (Sexual Orientation) Regulations 2003, and takes into account the supporting codes of practice produced by the Commission for Racial Equality, the Equal Opportunities Commission and the Disability Rights Commission.	The Equality & Diversity strategy has been developed and approved by the Board. Barbara-Anne Walker is the non-executive director and equality champion. Comprehensive mandatory training available and monitored through learning and development department. A Race Equality Scheme has been in place since it became a specific duty. An updated Scheme has been published in May 05. The new scheme will be built around the Strategic Health Authority Race Equality Performance Framework. The organisation has the two-tick symbol and ran an audit in August 04 to check on progress. Workforce information is reviewed quarterly and a report is prepared for the Board. There is an equal opportunities monitoring group to identify gaps. National historic trends such as 'snow capping' – the lack of Black & Minority Ethnic senior managers is being tackled through local mentoring schemes. The core policy group is able to consult with the organisations. Diverse workstream groups– Disability/Lesbian/Gay/Bisexual / Black & Minority Ethnic / Childcare & Carers to ensure there is no detriment to any one group and promote inclusively. The organisation is able to respond to speakers of other languages through its translation service. We can provide leaflets in alternative formats.	Compliant	Equality & Diversity Strategy. IWL Practice Plus Report. NHS Staff Survey. Workforce Reports to the Board Equality & Diversity Steering Group Equality & Diversity Strategy Black, Minority and Ethnic Questionnaire and resulting action plan. IWL Steering Group
C 7 Healthcare organisations: f) Meet the existing performance requirements	This standard will be measured through the existing targets assessment.	All twelve of the current targets reported to the Board monthly are expected to be met. Emergency Care Network and Commissioning Network Board provide forums to ensure systems are in place and monitoring is taking place. Targets feature prominently in the Corporate Objectives.	Compliant	Director of Finance Board Reports Emergency Care Network. Commissioning Network Board

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<p>C 8 Healthcare organisations support their staff through:</p> <p>a) Having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services</p>	<p>The healthcare organisation has arrangements in place to ensure that staff know how to raise concerns and are supported in doing so, in accordance with The Public Disclosure Act 1998: Whistle blowing in the NHS (HSC 1999/198).</p>	<p>Freedom of Speech available to all staff in hard copy And on the intranet. Clear process in place regarding whistle blowing, all confidential and treated in the strictest confidence. Fair and open culture within the PCT.</p>	Compliant	<p>Freedom of Speech Policy</p> <p>NHS Staff Survey</p> <p>CNST Level 1B</p>
<p>C 8 Healthcare organisations support their staff through:</p> <p>b) Organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups</p>	<p>The healthcare organisation supports and involves staff in organisational and personal development programmes as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level.</p> <p>Staff from black and minority ethnic groups have opportunities for personal development in accordance with Leadership and race equality in the NHS Action Plan (Department of Health 2004).</p>	<p>All staff have a Performance Review and Development (PRD) out of which a Personal Development Plan (PDP) is produced which is individual to that member of staff at the same time as linking in with the corporate objectives. PRD training is available to staff who carry out appraisals. Learning and development annual report produced and is distributed amongst all staff.</p> <p>Comprehensive reports are produced for Operational Managers in relation to minority groups and diversity. The organisation is proactive in recruiting from minority ethnic backgrounds including multifaith.</p>	Compliant	<p>IWL Practice Plus report</p> <p>NHS Staff Survey</p> <p>Commission for Health Improvement (CHI) Clinical Governance Review</p> <p>Workforce Reports to the Board</p>

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C 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 it was collected for and disposes of the information appropriately when no longer required.	The healthcare organisation has systems in place to ensure that records are managed in accordance with the NHS Information Authority's (NHSIA) Information Governance Toolkit.	Self-assessment has been carried out against the Information Governance Toolkit. A retention and disposal guidelines document has been produced by the Health Records Manager and is published on the intranet. The Director of Finance is the Board lead for Information Governance and supported by the Health Informatics Manager and the Head of Governance in relation to Health Records. The Information Strategy Group fulfils the function of Information Governance Steering Group and meets bi-monthly and reports to the PEC. Caldicott Guardian is a Member of the Board and Information Strategy Group.	Compliant	CNST Level 1B Report Information Governance Toolkit submission Information Strategy Group Caldicott Guardian Information Governance Policy
C10 Healthcare organisations: a) Undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies	The necessary employment checks are undertaken for all staff in accordance with Pre and post employment checks for all persons working in the NHS in England (HSC 2002/008) and CRB disclosures in the NHS (NHS Employers 2004).	All employees and Locums are CRB checked prior to employment. Checks are carried out with all professional bodies via the website or contacting direct with the professional body. All GPs have had an enhanced CRB check, and Practice nurses are checked by each practice prior to employment.	Compliant	CNST Level 1B Statutory Registration Checking Policy and Procedure CRB Data
C10 Healthcare organisations: b) Require that all employed professionals abide by relevant published codes of professional practice	The healthcare organisation requires staff to abide by relevant codes of professional practice, including through employment contracts and job descriptions. The healthcare organisation has systems in place to identify and manage staff who are not abiding by relevant codes of professional practice.	All job descriptions have been reviewed following agenda for change, any role which requires a formal qualification is documented as essential within the job description. Performance Decision making Group proactively manages the performance of underperforming GPs and supports them throughout the process. Regular supervision is in place throughout the organisation in the form of a supervision framework, this applies to all staff.	Compliant	Performance Decision making Group Freedom of Speech Policy CHI Clinical Governance Review NHS Staff Survey

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C11 Healthcare organisations: a) Organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	The healthcare organisation recruits staff in accordance with relevant legislation and with particular regard to the Employment Relations Act 1996, the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976 (as amended), the Disability Discrimination Act 1995, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Employment Equality (Religion or Belief) Regulations 2003, the Employment Equality (Sexual Orientation) Regulations 2003 and the Code of practice for the international recruitment of healthcare professionals (Department of Health 2004). The healthcare organisation undertakes workforce planning which aligns workforce requirements to its service needs. The healthcare organisation ensures that staff participate in work-based training programmes necessary to the work they undertake as defined by the relevant areas of the Improving Working Lives standard at Practice Plus level.	Recruitment and selection procedures follow best practice in accordance with all up to date guidance. A recruitment and retention policy handbook is available to all staff outlining recruitment and retention procedures, how to attract applicants, equality issues along with templates. Workforce planning is carried out on a continuous basis by Operational Managers in conjunction with the HR department. The workforce reports produced by HR highlight gaps within the workforce. All staff clinical and non clinical have been issued with continuing professionals development portfolio. Protected time is offered to maintain these portfolios. Attendance is monitored for all training, this information is fed back to Operational Managers which in turn assists in training programme development.	Compliant	CHI Clinical Governance Review NHS Staff Survey IWL Practice Plus Report CNST level 1B Workforce Reports to the Board CNST Level 1B report
C11 Healthcare organisations: b) Participate in mandatory training programmes.	All staff participate in relevant mandatory training in accordance with the Management of Health and Safety at Work Regulations 1999. Staff and students participate in relevant induction programmes.	Mandatory training is provided to all staff and attendance is monitored. Formal induction is carried out for all staff, a local induction package has recently been produced and will be rolled out from April 2006. On the first day of employment all staff receive local induction into their area or base from their line manager.	Compliant	NHS Staff Survey CNST Level 1B Health & Safety Risk Assessment Toolkit and awareness Raising sessions from the Risk Manager Health & Safety Committee IWL Practice Plus Report

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C11 Healthcare organisations: c) Participate in further professional and occupational development commensurate with their work throughout their working lives	Staff have opportunities to participate in professional and occupational development in accordance with Working together learning together: a framework for lifelong learning for the NHS(Department of Health 2001) and Continuing professional development: quality in the new NHS(HSC 1999/154).	All staff have a Personal Development Plan (PDP) and are given every opportunity in development and are fully supported throughout the process. Knowledge and Skills Framework profile has been developed for all staff as well as training for all staff who will conduct a Performance Review and Development (PRD) and take part in a PRD.	Compliant	NHS Staff Survey IWL Practice Plus report CHI Clinical Governance Report
C12 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	The healthcare organisation complies with the requirements of the Research Governance framework for health and social care (Department of Health 2001).	The Head of Governance provides support to all staff and ensures the organisation complies with the research governance framework. The Head of Governance links closely with the Research and Development Manager and the Caldicott Guardian sits on the Research Governance Committee.	Complaint	Clinical Governance Committee Clinical Effectiveness Group. Clinical Effectiveness Toolkit Research Governance Policy. Research Governance Quarterly Reports. Memorandum Of Understanding for Research Governance.