

Healthcare Inspectorate Wales (HIW) purpose is to promote continuous improvement in the quality and safety of patient care within Wales. In order to fulfil this function, HIW undertakes reviews and investigations into the provision of NHS funded care either by or for Welsh NHS organisations. It regulates independent healthcare and has full delegated authority for regulatory decisions. HIW inspections framework include:

- Inspecting NHS bodies and service providers against national standards, agreements and clinical governance guidance;
- Assessing the management arrangements in place to deliver clinical and NHS services;
- Assessing the quality of NHS services across agencies/ sectors

The Healthcare Standards for Wales: Making the Connections, Designed for Life (WAG, 2005) provides a common framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. It is aimed at improving the patient experience and placing patients at the centre of the way in which services are planned and delivered, promoting the development of safe, high quality care for all patients in Wales. Healthcare Inspectorate Wales which has responsibility for assessing the quality, safety and effectiveness of health and health care provided in Wales will use the Healthcare Standards; compliance against the standards will be assessed through the self-assessment process. Organisations will demonstrate how and when they will be compliant and this will form part of the annual performance management throughout the Health and Social Care Department.

The standards need to be taken into account by all organisations that provide healthcare regardless of the setting in which it is provided. 'Healthcare organisations' are described as Welsh NHS bodies, independent contractors and independent and voluntary sectors that provide or commission healthcare for individual patients, service users and the public.

The self-assessment framework enables organisations to demonstrate their level of maturity and degree of compliance with the Healthcare Standards for Wales. The purpose of the tool is to provide a mechanism to enable organisations to organise and submit their evidence to demonstrate the extent of which they are meeting the Healthcare Standards.

- The criteria and questions have been kept to a minimum, they are high level, focused and key; the questions are set out to test at 3 levels:
 - Corporate level - to drive ownership by the Board and support governance.
 - Operational level - to ensure that there are no gaps between strategy/policies and implementation.
 - Patient/user experience - to ensure processes and policies are achieving the right outcomes.

Criterion

1.1 Formal and informal methods are used to seek the views of patients, service users, carers, relatives and the public in line with current national guidance and legislation.

C - What approved Board strategies, policies and procedures are in place to gather the views of patients, service users, carers, relatives and the public?

C - How does the Board promote the active involvement of all patients, carers, relatives and the public in enhancing the effectiveness and quality of the care and services you provide?

O - What mechanisms are in place to ensure that all patients, service users, relatives and carers are given the opportunity to feedback on their experiences and the quality of the services you provide?

U - How is patient satisfaction with the care and services you provided and/or commissioned measured and assessed?

U - How is patient satisfaction monitored across all the stands of equality (disability, race, religion and belief, age, sexuality, gender)?

U - How are the feedback processes available to all patients, service users, relatives and carers evaluated?

Criterion

1.2 Views gathered from patients, service users, carers, relatives and the public are taken into account in the design planning, delivery, review and improvement of services.

C - How is the board and senior management assured that the views of patients, service users, carers, relatives and the public are considered in the design, planning, delivery, review and improvement of services?

O - How do staff at the local level influence the process for gathering views?

O - How are user views integrated into the Equality Impact Assessment process?

U - What changes have been made as a result of gathering the views of patients, service users, carers, relatives and the public in the last 12 months? [Minimum of 3 examples]

Criterion

1.3 The views of patients, service users, carers, relatives and public are taken into account of across the health and social care interface.

C - How are the strategies, policies and procedures for gathering and using the views of service users, carers, relatives and the public agreed across organisational boundaries?

C - How is the Board assured that approved strategies, policies & procedures are in line with current national guidance & legislation?

O - How are the strategies, policies and procedures applied across the health and social care interface?

U - What recent examples are there of changes made across health and social care (last 12-18 months)? [Minimum of 3 examples]

Criterion

2.1 The planning and delivery of healthcare takes into account the views and preferences of the service users

See standard 1

Criterion

2.2 Planning and delivery of healthcare reflects the health needs of the population served

C - How does the board determine / respond to the health needs of the population served?

O - What processes are in place to monitor, plan and deliver the health needs of the population?

U - How do you ensure that patients have access to the services they need?

Criterion

2.3 The planning and delivery of healthcare is based on nationally agreed evidence and best practice

C - What processes do you have in place to manage and reconcile potentially competing demands and requirements arising from different national standards, guidance and policies?

O - How do you monitor compliance and performance against nationally agreed evidence and best practice?

U - How do you inform patients of nationally agreed evidence and best practice?

Criterion

2.4 Planning and delivery of healthcare ensures equity of access to services

C - How is the board ensured of equity of access across all the services it provides and/or commissions?

C - How does the board monitor performance against non emergency access targets?

O - How are staff at the local level involved in ensuring the achievement of non emergency access targets?

O - How has your organisation performed against these targets over the last 12 months?

U - How are patients made aware of waiting times and the options available to them for accessing services?

Criterion

3.1 Patients with emergency health needs access appropriate care promptly and within the national time-scales set annually by the Welsh Assembly Government

C - How does the board monitor compliance with national emergency access targets?

O - How are staff kept up to date with performance against national emergency access targets?

O - What has been the level of performance against these targets over the last 12 months?

U - How are patients kept informed of performance against national emergency access targets?

U - How are patients made aware of waiting times and the options available to them for accessing services?

Criterion

4.1 Healthcare environments are well designed and appropriate in order to promote patient and staff wellbeing

C - How does the board influence the design and development of healthcare environments?

O - How do staff influence the design and development of healthcare environments?

U - How do service users influence the design and development of healthcare environments?

Criterion

4.2 Healthcare environments are well designed and appropriate in order to respect different patients needs, privacy and confidentiality

C - How does the board ensure that healthcare environments comply with the statutory requirements relating to patients needs, privacy and confidentiality? (including compliance with the Human Rights Act (SHJ), Disability Discrimination Act and the Disability Equality Duty, Race Equality Duty and Gender Equality Duty)

O - How do staff raise issues and concerns about healthcare environments?

O - How is compliance with the equality duties monitored and actioned?

U - What changes have been made to the environment of care over the last 12 months as a result of comments (complaints and compliments) received?

Criterion

4.3 Healthcare environments are well designed and appropriate in order to have regard for the safety of patients, users and staff

C - How is board level responsibility and accountability for current safety requirements defined?

O - What organisational structures are in place to ensure that staff are able to comply with current safety requirements?

U - How do you ensure that patients and service users are aware of and comply with current safety requirements?

Criterion

4.4 Healthcare premises are well designed and appropriate in order to ensure safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisations.

C - What processes are there to manage the physical environment and hence reduce and control hazards, risks and ensure personal safety?

C - What are the lines of accountability for security matters throughout the organisation leading to the board?

O - How is staff safety ensured throughout the organisation?

U - What patient safety incidents relating to environmental factors have occurred over the last 12 months and what action has been taken?

Criterion

5.1 Services are provided in environments, which are well maintained

C - How is the board assured that healthcare environments are well maintained?

O - What processes are in place to ensure that all property management and maintenance issues are evaluated, considered and dealt with in a timely fashion?

U - How can you demonstrate that concerns relating to maintenance issues are acted upon?

Criterion

5.2 Services are provided in environments, which are kept at acceptable national levels of cleanliness

C - How is the board assured that adequate arrangements are in place to meet current national standards of cleanliness when providing and/or commissioning services?

O - How are levels of hygiene and cleanliness measured, monitored and reported?

U - What evidence is there of concerns relating to levels of hygiene and cleanliness being acted upon and dealt with in a timely manner?

Criterion

5.3 Services are provided in environments, which minimise the risk of healthcare associated infections to patients, staff and visitors in line with national guidelines.

C - What strategies, policies and procedures are in place to minimise the risk of healthcare associated infections?

C - How does the board monitor healthcare associated infections?

O - How do you consider prevention and control of infection as part of all service development activity?

O - What are the lines of accountability throughout the organisation, leading to the board, for ensuring risk is minimised in relation to healthcare associated infections?

U - How can you demonstrate that patients and visitors are made aware of and are empowered to take action and challenge staff in relation to healthcare associated infection?

Criterion

6.1 Recognising different language, communication, physical and cultural needs information on services is available and accessible to patients, service users, their carers and relatives and the public.

C - How does the Board ensure that information about services is available and accessible to all, in a timely fashion?

O - What systems and processes are in place at the local levels to support the development, availability and provision of information about services?

U - What systems and processes are in place at the local levels to support the development, availability and provision of information about services?

Criterion

6.2 Recognising different language, communication, physical and cultural needs access to timely information is provided to patients and service users on their condition; the care and treatment they will receive as well as after-care and support arrangements (LINKS TO 8.3)

C - How do you ensure that information about conditions, care and treatment is available and accessible to all in line with current requirements and in a timely fashion? (evidence based see standard 12)

O - What systems and processes are in place to support the development, availability and provision of information about conditions, care and treatment?

U - What process do you have in place to monitor that all service users are able to access and understand the information they need in relation to their condition, care and treatment?

Criterion

6.3 Recognising different language, communication, physical and cultural needs opportunities to discuss and agree options relating to care are provided to patients and service users with opportunities to discuss and agree options relating to care.

C - What has the board put in place to provide all patients and service users with the opportunity to discuss and agree their care options, taking account of the full range of diverse needs?

O - How are staff supported to deliver this commitment?

U - What examples over the past twelve months are there of options and opportunities for patients with diverse needs to discuss and agree their care?

U - What processes and procedures do you have in place to manage and resolve situations where a patients choices are at odds with the professional judgements of staff?

Criterion

7.1 Patients, service users and their carers including those with long term conditions contribute to their care plan (LINKS 6.3)

C - How do you enable and empower all patients and service users to make decisions and choices about their care and treatment options?

O - What training, guidance and support is provided to staff to enable them to support this process?

U - What examples over the past twelve months are there of patients working in partnership with staff to empower them to make decisions about their care plans?

Criterion

7.2 Patients, service users and their carers, including those with long-term conditions, are provided with opportunities and resources to develop competence in self-care.

(A response is not required for this question as it is covered in criteria 7.1. Please score the same as criteria 7.1)

C - What resources has the board identified to enable patients to manage their own care?

O - How do you ensure patients are empowered to manage their own care at the service level?

U - How do you evaluate the effectiveness of schemes/ approaches put in place to develop competence in self-care?

Criterion

8.1 Staff treat patients, service users, their relatives and carers with dignity and respect.

C - How can the board demonstrate compliance with national guidance relating to issues of dignity and respect? (e.g. Human Rights Act, Fundamentals of Care)

O - How are staff trained and made aware of the importance of treating patients / users with dignity and respect?

U - What improvements have there been in the last twelve months, as a result of complaints, comments and compliments around dignity and respect issues?

Criterion

8.2 Staff are treated with dignity and respect for their differences, diversity is valued, difference understood and respected (LINK TO 20.2)

C - What strategies, policies and procedures are in place to ensure that all staff are treated with dignity and respect?

O - How do you encourage and capture staff views regarding the way they are treated?

U - What comments and feedback have you had over the last 12 months from staff and what action has been taken as a consequence?

Criterion

8.3 Informed consent is obtained appropriately for all contacts with patients and service users. (LINKS TO 6.2)

C - What policies, strategies and procedures are in place to obtain informed consent and comply with consent legislation and best practice?

O - How do you ensure staff are fully aware of and comply with patient consent legislation and best practice?

O - How is compliance with patient consent legislation and best practice monitored?

U - How do you develop and implement methods and practises for providing patients with information about giving consent?

U - What have you learned from monitoring compliance with patient consent guidance and what changes have been made as a result over the last 12 months?

Criterion

8.4 Patient information is treated confidentially, except where authorised by legislation to the contrary.

C - What policies relating to patient confidentiality and information sharing do you have?

O - How do you prepare staff to ensure compliance with the policy on patient confidentiality and information sharing?

O - What are your Caldicott arrangements?

U - How do you monitor compliance against your patient confidentiality and information sharing policies?

Criterion

9.1 Where food is provided there are systems in place to ensure that patients and service users have access to food 24 hours a day and are provided with choice and a balanced diet

C - How is the Board assured that systems are in place to ensure patients are provided with 24 hour access to food, choice and a balanced diet?

O - How are the systems implemented at a local level?

U - What examples of patient feedback relating to food and nutrition issues have there been over the last 12 months, and what changes have been made as a result?

Criterion

9.2 There are systems in place to ensure the safe preparation, storage and handling of food

C - How does the board assure that food storage handling and preparation is carried out to statutory requirements?

O - How does the board assure that food storage handling and preparation is carried out to statutory requirements?

U - How do you monitor compliance with food storage, handling and preparation guidelines?

Criterion

9.3 Nutritional, personal, cultural and clinical dietary requirements of patients and service users are met.

C - How is the Board assured that the different nutritional, cultural and clinical dietary requirements of all patients are met in line with national guidance?

O - What systems and processes are in place at a local level to determine, assess and meet the different nutritional requirements of patients?

U - What improvements have been made, over the last 12-months as a result of feedback received from the patient's / users?

Criterion

9.4 Patients and service users receive the necessary help with feeding

C - How is the Board assured that patients requiring assistance with feeding are taken into account as part of workforce planning?

O - How does the organisation ensure that there are adequate resources and arrangements to enable help with feeding to be provided?

U - How is this monitored?

Criterion

10.1 People accessing healthcare are not unfairly discriminated against on the grounds of age, gender, disability, ethnicity, race, religion, or sexual orientation. (LINKS TO 4.2)

C - What strategies, policies, schemes and procedures are in place to ensure the Board that statutory requirements relating to Human Rights age, gender, disability, ethnicity, race, religion or sexual orientation are met?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

C - How is the Board assured that care and services provided meet the needs of the population served?

O - What is the organisations approach to raising awareness and providing training for staff in relation to issues of age, gender, disability, ethnicity, race, religion or sexual orientation?

U - What recent developments within the (last 12 months) have been made to the provision / commissioning of care and services that respond to and successfully met the needs of specific groups / individuals?

Criterion

11.1 Clinical care and treatments are delivered by healthcare professionals who make clinical decisions based on evidence based practice and that they are involved in regular audit and review

C - What systems has the Board put in place to ensure that clinical care and treatments delivered are based on best evidence?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

C - How is the Board assured that Clinical care and treatments delivered are based on the best evidence?

C - How is the Board assured that clinical services are regularly reviewed and audited?

O - How do you develop and agree your clinical effectiveness and clinical audit programmes?

O - What was the clinical audit and effectiveness programme for the last 12 months?
(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - How do you assure patients that clinical decisions are based on best evidence?
(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - How are the outcomes of clinical audit shared with patients?

Criterion

11.2 Clinical care and treatments are carried out under appropriate clinical supervision and effective leadership

C - How is the Board assured of the appropriateness of clinical supervision, leadership and accountability?

O - How are policies and procedures relating to clinical supervision developed and implemented?

O - What training / development opportunities and support is provided for this at a local level?

O - How many and what level of staff have received training in effective leadership skills over the last 12 months, for example, as identified through PDP training records?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - What evidence is there of staff receiving appropriate clinical supervision and effective leadership?

U - Is the percentage of staff who have been trained in Clinical Supervision and effective leadership skills appropriate for your organisation?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - What evidence is there of changes in practice having happened as a direct result of initiatives arising from clinical supervision and leadership developments?

Criterion

11.3 Clinicians continuously update their skills and techniques relevant to their clinical work including peer reviews

C - How does the Board ensure itself that it's workforce have the appropriate skills?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

C - How is the Board assured that its workforce has the appropriate skills and techniques relevant to their clinical work?

O - What opportunities are there for clinicians to update their skills and be involved in peer review?

U - How do the experiences of patients inform the updating of skills and techniques?

Criterion

12.1 Patients and users are provided with effective treatment and care that conforms to the National Institute for Clinical Excellence (NICE) technology appraisals and interventional procedures, NSFs and agreed national guidance on service delivery

(LINKS TO 6)

see standard (2.3)

Criterion

12.2 Patients and users are provided with effective treatment and care that conforms to the recommendations of the All Wales Medicines Strategy Group (AWMSG), NSFs and agreed national guidance on service delivery

(LINKS TO 6)

see standard (2.3)

Criterion

12.3 Patients and service users are provided with effective treatment and care that takes into account of patients' physical, social, cultural and psychological needs and preferences.

(LINKS TO 6)

C - How does the board ensure that the needs of patients are taken into account in the following areas;

- Physical
- Social
- Cultural
- Psychological

C - How is the board assured of the implementation of fundamental aspects of care?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - How are staff prepared and supported to adapt to the differing needs of patients?

O - What examples have there been over the last 12 months of training and development opportunities provided to support this?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - What improvements have been made as a result of complaints and compliments received in relation to the above areas during the last 12 months?

Criterion

12.4 Patients and service users are provided with effective treatment and care that is integrated to provide seamless service across all organisations that need to be involved, including social care organisations

(LINKS TO 6)

C - How do you ensure effective partnership working with other organisations?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

C - How does the board prioritise and support the development of integrated care pathways?

O - What examples do you have from the last 2 years of integrated care pathway development and implementation?

U - What have the benefits to patients been as a result of this work?

Criterion

13.1 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.

C - How is the Board assured that research governance arrangements are in place and are integrated into the clinical governance agenda?

O - How are staff supported to comply with the requirements of research governance?

U - How do you ensure that the research governance framework is properly applied in relation to all patient participants?

Criterion

14.1 Activities that directly affect the safety and health of patients, service users, staff and the public are continuously and systematically reviewed and improved.

Links with standard 4

C - How is the board assured of compliance with health and safety requirements?

O - How do you ensure staff contribute to and participate in activities that positively affect the safety and health of patients, service users, staff and the public?

U - How are patients and service users involved in the development of your quality improvement programmes?

U - What patient safety issues have been identified over the last 12 months and what action have you taken?

Criterion

14.2 Activities that directly affect the safety and health of patients, service users, staff and the public comply with legislation and best practice in assessing and managing risk.

(LINKS TO 27.4)

C - How does the Board ensure that activities/services comply with legislation and risk management best practice?

O - How are staff made aware of legislative requirements and best practices relating to risk management?

U - Have there been any legislative breaches over the last 12-18 months?

U - What were the consequences and impact?

Criterion

15.1 Recognising different language and communication needs patients, service users, relatives and carers can provide feedback on their experiences and the quality of services

(A response is not required for this question as it is covered in criteria 1.1.

Please score the same as criteria 1.1)

C - How does the Board ensure that all patients, service users, relatives and carers have access to the complaints system?

C - How is the Board assured that patients, service users, relatives & carers have the opportunity to feedback on their experience of the service in their language of choice?

O - How are staff trained to ensure that patients can feedback on their experiences in their language of choice at the local level?

O - What support materials are available to staff and are they aware of how to access, i.e. Language line, translation?

U - Have any improvements been made in this area over the last 12 months?

U - How do you inform patients of their options and choices for feedback?

Criterion

15.2 Complaints are looked at promptly and thoroughly in line with complaints procedures and information about complaints advocacy support provided by CHCs in Wales provided

C - How is the Board assured that strategies, policies and procedures are in place to address complaints?

C - How does the Board monitor the LHB / Trust's handling of complaints?

C - How are complaints monitored and analysed in respect of race, disability, religion and belief, age, gender and sexuality?

O - How are staff trained to address complaints in a constructive manner and improve the services they provide as a result?

O - Explain the practical steps taken when dealing with a complaint? (both formal and informal)

U - Does the LHB / Trust have clear publicised timescales for complaints response and how are these monitored and reported?

U - What percentage of complaints were taken to second stage?

U - How do you ensure all patients and service users are aware of the advocacy support provided by CHCs?

Criterion

15.3 Assurance is provided to patients, service users, relatives and carers that concerns are acted upon and appropriate changes made to ensure improvements in service delivery.

C - How is the Board assured that concerns raised by patients, service users, relatives and carers are acted upon?

O - What are the local mechanisms for feeding back to patients, service users, relatives and carers that their concerns have been appropriately addressed?

U - Describe recent examples (last 12-18 months) of feedback being provided to patients, service users, relatives and carers on improvements made to services as a result of concerns raised.

Criterion

16.1 Systems are in place to identify and learn from all patient safety incidents.

LINKS TO 4.4 AND 14.1

C - How does the Board ensure that all patient safety incidents are reported, investigated, trends identified and changes made as necessary?

C - How do you measure, test and appraise the robustness of your incident reporting mechanisms?

O - What guidance, training and support is provided to staff to assist them in identifying, investigating and analysing trends and to change working practices?

U - Describe and explain a recent example (last 12-18 months) of service improvement resulting from the use of incident data and information.

Criterion

16.2 Incidents are reported to the NPSA and other bodies in line with existing guidance

C - How does the Board ensure report incident data is reported correctly? What is the frequency and format of reporting?

C - Who is responsible for ensuring reports are made as and when appropriate?

O - How are staff made aware of the requirement to report incidents to the NPSA and other bodies?

U - What have been the number of incidents reported to the NPSA and the Welsh Assembly Government over the last 12 months? (numbers and percentage in terms of activity by service area and category of incident)

U - What had changed for patients as a result of reporting incidents?

Criterion

16.3 Improvements in practice based on shared local and national experience and information derived from the analysis of incidents is demonstrated.

C - How is the Board ensured that local and national experience and information on incidents is fed into clinical effectiveness and quality improvement mechanisms?

O - What is the process for disseminating local and national learning to all staff?

U - How are patients and service users made aware of changes made as a result of both local and national patient safety incidents?

Criterion

16.4 Patient safety notices, alerts and other communications concerning safety are acted upon within required timescales.

C - How is the Board assured that patient safety notices, alerts etc are acted upon in a timely manner?

O - Who is responsible for disseminating notices and alerts and ensuring they are acted upon?

U - What examples do you have of how you have responded to patient safety alerts?

U - Have there been any examples of non-compliance with patient safety alerts and why?

Criterion

17.1 Healthcare organisations comply with national child protection guidance within their own activities

C - What Board approved child protection policies and procedures are in place to ensure compliance with National Child Protection Guidance?

O - What training is delivered to staff to assist compliance with National Clinical Protection Guidance?

U - How many child protection related incidents have occurred in the organisation in the last twelve months, how are they reported and monitored and what actions have been taken as a result?

Criterion

17.2 National child protection guidance is complied with when dealing with other organisations.

C - How is the Board assured of compliance with National Child Protection evidence when dealing with other organisations?

O - How much *protected* time do named child protection professionals have for child protection work?

O - How does your organisation contribute to the 'working together' principles in protection children (including membership, participation and compliance of the Local Safeguarding Children Board LSCB)?

O - Who represents the organisation on the local Safeguarding Children Board?

O - What is the role/responsibility of the named professionals in ensuring multi agency working to meet requirements in protecting vulnerable children?

U - Have appropriate CRB/POCA checks been undertaken?

U - When were CRB/POCA checks last audited and what were the results?

U - How does the organisation contribute to multi agency planning, audit, monitoring and Reporting systems of the Local Safeguarding Children Board (LSCB)?

Criterion

17.3 National vulnerable adult guidance is complied with.

C - What Board approved vulnerable adult policies and procedures are in place to ensure compliance?

O - What training is delivered to staff to assist compliance with national vulnerable adult guidance?

U - How many vulnerable adult related incidents have occurred in the organisation in the last twelve months, how are they reported and monitored and what actions have been taken as a result?

Criterion

17.4 National vulnerable adult guidance is complied with when in dealing with other organisations

LINKS TO 21.1

C - How is the Board assured of compliance with National Vulnerable Adult Guidance when dealing with other organisations?

O - How are staff made aware of the requirements in relation to the protection of vulnerable adults?

O - How is the organisation represented on the regional Protection of Vulnerable Adults forum?

U - Have appropriate CRB / POVA checks been undertaken?

U - When were CRB/POVA checks last audited and what were the results?

Criterion

18.1 A response to incidents and emergency situations (including infectious disease outbreaks) has been planned, prepared and practised.

LINKS TO 31.1

C - How is the Board assured that strategies, policies and procedures respond to emergency situations?

O - How are these strategies, policies and procedures tested and put into practice by staff?

O - When did you last undertake a mock exercise?

O - What specific local risks have been identified and incorporated in to your emergency planning?

U - What lessons have been learnt / changes made to the process as a result of a practice or a real incident or emergency situation?

Criterion

19.1 All risks associated with the acquisition and use of medical devices are minimised

C - How are the Board assured that mechanism are in place for selecting, acquiring, recording and maintaining medical equipment and devices?

O - How do you ensure that all medical devices / equipment are maintained in accordance with manufacturers recommendations?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - What systems are in place for selecting, acquiring, recording and maintaining medical equipment and devices?

O - What system do you have for tracking equipment?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - How do you ensure that all staff that use and/or prescribe medical equipment / devices are competent in its use?

U - What incidents have been reported in the last twelve months related to medical devices / equipment?

U - What lessons have been learnt and changes made as a result?

Criterion

19.2 All reusable medical devices are properly decontaminated prior to use so that the risks associated with decontamination facilities and processes are well managed

C - How does the Board gain assurance that processes are in place?

C - What are the lines of accountability?

O - What training & guidance is made available to staff in relation to decontamination?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - How do you ensure the implementation of the decontamination process?
*services and/or provider?

O - What facilities are available to allow appropriate decontamination procedures?

O - What processes are there to monitor decontamination arrangements?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - Over the last twelve months, how many incidents have been reported that relate to a weakness in decontamination procedures?

U - What lessons have been learned and what changes have been made?

Criterion

19.3 The quality, safety and security issues of medicines are managed

C - How is the Board assured that appropriate strategies, policies and procedures for medicines management are in place?

C - Does the Board's CG/CE Strategy include reference to Medicines Management?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - How do you ensure the effective implementation of the agreed strategies, policies and procedures for medicines management together with compliance against legislation requirements?

U - What evidence exists to demonstrate safe and effective use of medicines over the last 12 months?

Criterion

19.4 The prevention, segregation, handling, transport and disposal of waste is managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment

C - How is the Board assured that systems are in place to ensure compliance with waste management guidelines and legislative requirements?

O - How are staff trained and supported to comply with waste management guidelines and legislation?

O - Are there procedures in place for tracking and are these monitored and audited?

U - How many incidents have occurred and / or complaints have been received over the last twelve months relating to poor waste management?

Criterion

20.1 Patient care is enhanced by encouraging staff to continuously improve the services they deliver

C - How is the Board assured that staff are empowered to improve the services they deliver?

O - What examples are there over the last 12 months of improvements made to services as a direct result of staff initiatives?

U - How are staff encouraged to improve services?

Criterion

20.2 Staff satisfaction is continuously improved by providing best practice in human resources management

LINKS TO 8.2

C - How is the Board assured that systems are in place to ensure that human resources management complies with best practice?

O - What resources are in place to ensure 'best practice' human resource management?

U - How do you know that human resource processes are working well?

Criterion

21.1 All necessary employment checks are undertaken and all employed or contracted professionally qualified staff are registered with the relevant bodies

LINKS TO 17.4

C - What assurance is provided to the Board that processes are in place to ensure that employment, qualification and registration checks are undertaken for all staff and contractors?

O - How is this information monitored and captured for all staff groups?

O - What are the ongoing arrangements for these checks?

U - What processes are in place to deal with and address situations where non compliance with the requirements of employment, qualification and registration are identified?

Criterion

21.2 All employed professionals abide by their published codes of professional practice and conduct

C - What assurance is provided to the Board that professionals are aware of the need to abide by codes of conduct?

O - What systems are in place to identify and deal with breaches of professional conduct?

U - Have there been any breaches that have occurred over the last 12 months and what action was taken?

U - What has been learnt from these incidences? [please anonymise your response]

Criterion

21.3 Where appropriate under-representation of minority groups is addressed.

C - How is the Board assured that minority groups are appropriately represented within the organisation?

C - How is the Board assured that the workforce reflects the diversity of the local population employees who may have a disability?

O - How is this monitored?

U - How do you obtain feedback on the processes in place?

Criterion

22.1 Staff are appropriately recruited, trained and qualified for the work they undertake.

C - How is the Board assured that staff are and continue to be competent to undertake the roles for which they were employed?

O - What appraisal and performance management arrangements are in place?

U - Have there been any incidents over the last 12 months due to competency issues and what action have you taken?

U - Have any individuals had KSF gateways deferred and what actions have been taken?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

Criterion

22. 2 Staff participate in induction and mandatory training programmes.

C - How is the Board assured that training needs of the organisation have been identified?

O - How is attendance on training courses programmes recorded and monitored locally?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - What systems does the organisation have in place to ensure that all staff participate in training programmes (including mandatory and induction)?

U - How are staff made aware of relevant training programmes?

Criterion

22.3 Staff participate in continuing professional and occupational development.

C - How is the Board assured that systems and processes are in place to support continuing professional, occupational and personal development programmes in the organisation?

O - How are staff supported to undertake continuing professional, occupational and personal development?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

O - What opportunities are there for staff to upgrade and further develop their skills?

U - How many staff have got a PDP?

U - How many non medical staff have, or are working to, KSF outline, is this an approved KSF outline?

U - How many Consultant and Non Consultant Career Grade medical staff have undergone appraisal in last twelve months?

U - What feedback has there been on continuing professional, occupational and personal development programmes and what changes have been made as a result of feedback received in the last 12 months?

U - What has been the uptake of the opportunities provided over the last 12 months?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

Criterion

23.1 Staff are supported by processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management

C - What strategies, policies and procedures are in place in the organisation to support staff in raising concerns over any aspect of service delivery, treatment or management?

O - How are staff supported and encouraged to use these procedures where appropriate?

O - How is confidentiality maintained in these circumstances?

U - What examples are there of these procedures being used in the last 12 months and what actions have been taken as a result?

Criterion

23.2 Staff are supported by organisational and personal development programmes which recognise the contribution and value of staff.

C - See 22.3

O - What arrangements are in place to recognise the contribution and value of staff?

Criterion

24.1 Healthcare organisations work together with social care and other partner agencies to meet the health needs of their population by having an appropriately constituted workforce with appropriate skill mix across the community

LINKS TO 29.1

C - What arrangements has the organisation got in place to work in partnership with social care and other partners to identify, plan and deliver for the health and social care needs of the population?

O - What examples are there of joint working including workforce planning and the provision of services?

O - What examples are there of joint initiatives between health social care and other agencies?

U - What examples are there of how the user experience has improved through implementing changes to work processes with colleagues outside healthcare?

Criterion

25.1 Effective information systems and integrated information technology is used to support and enhance patient care and in commissioning and planning services.

C - How is the Board assured that the organisations IM&T systems are effective and integrated?

C - How do you ensure that the information collected by your organisation is used to influence services?

O - How are staff trained and made aware of the different information systems in place?

O - How do you ensure that all relevant staff are able to access the information they require to successfully discharge their duties and responsibilities?

U - How do you check for the consistency and integrity of information that underpins patient care?

Criterion

26.1 Healthcare organisations have effective records management processes in place to ensure that:

a) All records created are necessary.

b) Records maintained are complete, accurate and account fully and transparently for all actions and decisions taken.

c) All records maintained are used for their intended purpose.

d) Records are retrievable.

e) Records are secure and patient confidentiality is maintained.

f) Records no longer required are archived and disposed of in an efficient and consistent manner.

C - What strategies, policies and procedures are in place to ensure effective records management in line with national guidance?

O - How are staff made aware of the importance of good records management practices and their responsibilities for the records they create and / or use?

O - What is the monitoring process for records management?

U – what changes have been made over the last 12 – 18 months as a result of auditing records?

Criterion

27.1 Governance arrangements representing best practice are in place which apply the principles of sound clinical and corporate governance.

C - What are your organisation's governance structures and reporting arrangements?

O - How are staff made aware of and involved in governance reporting arrangements?

U - How are issues highlighted by governance arrangements?

(This question does not need to be answered for 2007-2008 as it is covered elsewhere)

U - What key issues have been highlighted in the last 12 months and how have these been addressed?

Criterion

27.2 Governance arrangements representing best practice are in place which ensure sound financial management and accountability in the use of resources.

C - What financial management and accountability arrangements are in place?

C - What financial reports are received by the Board?

O - How are staff briefed on and contribute to the financial management arrangements?

U - Give examples of how the user experience influences your financial management?

Criterion

27.3 Governance arrangements representing best practice are in place which actively support all employees to promote openness, honesty, probity, accountability and the economic, efficient and effective use of resources.

C - How does the Board actively support openness, probity and accountability?

O - How do you ensure that managers have the skills to support staff at a local level?

U - How do staff escalate issues and what examples have there been in the last 12 months?

Criterion

27.4 Governance arrangements representing best practice are in place which include systematic risk assessment and risk management processes.

LINKS TO 14.2

C - What are the Board approved arrangements for the management of all risks?

O - What systems and processes are in place for the management of risk at all levels of the organisation?

O - How is compliance monitored and reported?

U - How do staff know that risks that they have identified are appropriately escalated and actioned and what examples are there in the last 12 months?

Criterion

27.5 Governance arrangements representing best practice are in place which are integrated across all health communities and clinical networks

C - How are clinical and corporate governance arrangements integrated across the health community and clinical networks?

O - Give examples of how staff are working across the health community and clinical networks towards integrated governance?

U - Give examples of how a user experience has improved as a result of integrated governance arrangements mentioned above.

Criterion

28.1 The principles of clinical governance underpin the work of every team and every clinical service.

C - What strategies, policies and procedures does the organisation have in place to ensure that the principles of Clinical Governance are integrated into all areas of the organisation?

C - How does the Board monitor compliance and progress against these strategies, policies and procedures?

O - How have staff been involved in the development and monitoring of clinical governance systems and how do they relate to these strategies, policies and procedures?

O - What arrangements are in place to ensure staff engage in clinical governance?

U - Give examples of how staff are using clinical governance principles to maintain and improve patient care.

Criterion

29.1 The health of the community is promoted and protected. Measurable improvements in health and a reduction in health inequalities in the community served can be demonstrated. Collaboration and partnership working with local authorities and other agencies can be demonstrated in the development, implementation and evaluation of health, social care and well being strategies

LINKS TO 24.1

C - What partnership arrangements are in place to develop, implement and evaluate the health, social care and well being (H&SCWB) strategy?

O - What are the agreed priorities reached through this partnership process?

O - How can you demonstrate progress against these agreed priorities?

U - How do patients influence the HSCWB process?

U - How has the HSCWB strategy benefited patients?

Criterion

29.2 By ensuring that appropriate needs assessment and sound public health advice informs policy and practice, the health of the community served is promoted, protected and measurably improved, with a reduction in health inequalities.

C - What arrangements does the organisation have in place to obtain sound public health advice?

O - How do you ensure your organisation uses this advice and bases decisions about the service it provides or commissions on sound public health advice?

U - See 29.1

Criterion

30.1 Systematic processes for the commissioning of and / or providing managed disease prevention and health promotion programmes, which include staff and meets the requirements of the National Service Frameworks, national plans and health promotion and prevention priorities are in place.

C - What systematic managed disease prevention and health promotion programmes do you commission and/or provide?

O - How do your managed disease prevention and health promotion programmes reflect national guidance and locally identified priorities?

U - How do patients and the public influence managed disease prevention and health promotion programmes?

U - How do you encourage and support individuals to recognise their own responsibilities in maintaining their health and well being?

Criterion

31.1 Plans are in place to mobilise resources to protect the public in the event of significant infectious disease outbreaks and other health emergencies

See 18.1

31.2 Identify and act upon significant public health problems and health inequality issues, with Local Health Boards taking the leading role.

See 2.2, 18.1 and 29.2

31.3 Implement effective programmes to improve health and reduce health inequalities; and protect their populations from identified current and new hazards to health.

see 18.1, 29.2 and 29.2

31.4 Encourage and support individuals to recognise their own responsibilities in maintaining their health and well being.

See 30.1

Criterion

32.1 Achievement of the Corporate Health Standard, the national quality mark for workplace health, is achieved.

C - How does the Board and senior management team demonstrate the commitment to the Corporate Health Standards?

C - Have you achieved the CHS? If yes, how do you continually maintain this in your organisation?

O - How do staff contribute to the achievement of the Corporate Health Standard?

U - What was the feedback from your last assessment and what changes were made as a result?