Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Powys Local Health Board

Review of Progress against Healthcare Standards for Wales – 1 April 2006 – 31 March 2007

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1. Introduction and Context

1.1. This report presents the findings from the work undertaken by Healthcare Inspectorate Wales to test and validate the Powys Local Health Board's (LHB's) 2006-2007 self-assessment of performance against the *Healthcare Standards for Wales*.

The Standards

1.2. The Welsh Assembly Government published *Healthcare Standards for Wales* in May 2005 and they came into effect on 1 June 2005. They set out a common framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings.

1.3. First and foremost, the Healthcare Standards are designed to deliver the improved levels of care and treatment the people of Wales have a right to reasonably expect and hence provide a base upon which healthcare organisations can build and achieve the new and more challenging expectations for patient care set out in the Welsh Assembly Government's 10-year strategy, *'Designed for Life'.* All healthcare organisations[1] in Wales are required to take the standards into account when providing healthcare and commissioning healthcare services, irrespective of the setting.

1.4. *Healthcare Standards for Wales* sets out 32 standards under four domains. Each of the domains are derived from core values that should underpin both the commissioning and delivery of healthcare services, and each standard within a domain describes the values that the domain represents.

[1] Healthcare organisations are defined as Welsh NHS bodies, independent contractors and other organisations and individuals including the independent and voluntary sectors, which provide or commission healthcare for individual patients, service users and the public.

- The first domain *'Patient Experience'* sets out:

  Standards to support the provision of healthcare in partnership with patients, service users, their carers and relatives and the public will be based on plans and decisions that respect diverse needs and preferences. Services will be user friendly and patient centred. Healthcare will be provided in environments that promote patient and staff wellbeing and respect for individual patients' needs and preferences in that they will be designed for the effective and safe delivery of treatment and care and are well maintained and cleaned to optimise health outcomes for patients.

- The second domain *'Clinical Outcomes'* establishes that:

  Healthcare decisions and services will be based on what appropriately assessed research evidence has shown will provide an effective outcome for patients and service users taking account of their individual needs and preferences. Patients and service users will receive services as promptly as possible, and will not experience unreasonable delay at any stage of service delivery or of their care pathway.

- The third domain *'Healthcare Governance'* makes it clear that:

  Providers and commissioners of healthcare will have in place systems that support both managerial and clinical leadership and accountability centred around patient and service user needs and preferences. Working practices will be in place to enable probity, quality assurance, quality improvement and patient safety to be the central components of all routines, processes and activities.

- The fourth domain *'Public Health'* states that:

  Healthcare organisations will collaborate with relevant organisations and local communities to ensure the design and delivery of programmes and services to promote, protect and improve health, and which will tackle health inequalities and help people to live healthy and independent lives.

Ensuring Compliance

1.5. As of April 2007, NHS healthcare organisations in Wales are required to undertake self-assessments against the healthcare standards and make an annual public declaration of how they have performed.

1.6. Organisations are required to formally submit their declaration and self-assessment returns to Healthcare Inspectorate Wales who are responsible for taking the lead in co-ordinating the testing and validation of returns, using a risk-based analysis, against a range of data sources. The process adopted by Healthcare Inspectorate Wales to test and validate the 2006-2007 submissions is set out in the following section.

1.7. From April 2008 onwards, compliance against the healthcare standards will also be used to inform organisations' Statements of Internal Control and Annual Reports.

2. The 2006-2007 Assessment Process

The Self Assessment

2.1. 2006-2007 has been a developmental year during which a new process of assessments is being developed and tried. The emphasis has been on developing an assessment process that firmly places responsibility for adherence with the *Healthcare Standards for Wales* on the Boards of healthcare organisations and supports the governance agenda. The process is a key step to ensuring healthcare organisations are held to account for the standard of services they provide and that patients and public are better informed of the performance of their healthcare providers and commissioners and more importantly the standards they should expect.

2.2. In consultation with healthcare organisations and other key partners Healthcare Inspectorate Wales has developed a self-assessment process that tests performance against the *Healthcare Standards* at three distinct levels:

- *Corporate* – how well do Board's do their job in relation to ensuring compliance with the Standards?
- *Operational/Clinical Outcomes* – how is compliance with the standards ensured at service/ward level?
- *User Experience*[2] – what is user experience like and is it improving?

2.3. Criteria and assessment questions have been set for each standard and developed into a web based assessment tool that allows for the on-line completion of self-assessments and the upload of documentary evidence to support the answers given against each question. The questions are supported by guides that provide useful guidance on the requirements of each of the 32 standards.

2.4. Organisations have been required to assess their progress in delivering the highest level of performance against each of the 32 standards using a maturity

[2] In the context of the Healthcare Standards assessment process the term 'user' is used to denote patients, service users, carers and staff.

matrix. The maturity matrix allows for the assessment of performance at the corporate, operational and user experience levels as being at one of five maturity levels:

- Aware
- Responding
- Developing
- Practising
- Leading

Definition of each of these maturity levels are provided at Annex 1.

2.5. Being a developmental year, NHS organisations have had to meet some tight timescales and were required to submit their completed self-assessment to HIW by 30 June 2007, three months after the assessment tool was released. Powys LHB submitted its self assessment to HIW a week after the deadline

Testing and Validation

2.6. Healthcare Inspectorate Wales has tested and validated the self-assessment submission from Powys LHB, and this has involved a number of stages:

- *Stage 1* – Desk top validation of the self-assessment by a team of peer and lay reviewers. This stage involved checking whether the questions supporting each criteria had been appropriately answered, testing that the answer was supported by sufficient and relevant evidence and evaluating whether the answer fitted the maturity score awarded by the organisation.

- *Stage 2* – Moderation meetings were held throughout August to compare and contrast responses and maturity markings by organisation and by standard. This stage of the process was key to ensuring the consistency and standardisation of scores.

- *Stage 3* –Site visits to organisations to test important aspects of the patient/user experience.

The Site Visit

2.7. The site visit was intended to be a further stage of the validation and testing of the LHB self assessment. However, at the time of the submission we acknowledged that the LHB were facing significant challenges in relation to a number of staff changes to their Executive Team including the Chief Executive. As a result a decision was made that any site visit activity to take place at this time would not be helpful to the LHB.

Healthcare Summits

2.8. In August, Healthcare Inspectorate Wales co-ordinated and facilitated three regional meetings 'Healthcare Summits', bringing together review and audit bodies so that information and knowledge could be shared and fed into the Healthcare Standards assessment corroboration process. These Summits are a key step in the move to greater sharing of information across review organisations and the development of joint audit and assurance plans.

3. Overview of Powys Local Health Board

3.1. Powys Local Health Board was established on 1 April 2003, as part of the Welsh Assembly Government's reorganisation of the NHS in Wales. It is a statutory organisation, made up of representatives from a range of organisations and community interests from within the County Borough. The LHB includes representatives of the County Borough Council, voluntary organisations, community groups and lay members.

3.2. As well as commissioning services, Powys LHB is unique in also providing services. Whilst a typical LHB employs between 30-40 people, Powys is employer to approximately 2,500 people.

3.3 The Business Services Centre (BSC) undertakes finance, HR, & IM&T services for all 22 LHBs (including some for Powys LHB). The BSC also provides a range of services for primary care (contractor services) as well as for the Community Health Councils and the provider services arm of the LHB.

4. Findings – Including Areas of Improvement and Good Practice

4.1 The Patient Experience

Standard 1
The views of patients, service users, their carers and relatives and the public are sought and taken into account in the design, planning, delivery, review and improvement of health care services and their integration with social care services.

S1.1. The LHB assessed itself as **Developing** at the Corporate and User Experience levels and **Responding** at the Operational/Clinical Outcomes level.

S1.2. The LHB was able to demonstrate that a comprehensive set of strategies are in place within which the involvement of patients and the public are an integral part. All Board meetings are held in public and advertised in the local press and the public are invited to submit questions to the Board. The Community Health Council (CHC) has worked alongside the LHB and has been instrumental in engaging the public in the range of consultation activities and a number of public meetings have been held around the development of services within Powys.

S1.3. A Patient and Public Involvement (PPI) committee is in place and it has reviewed various ways of involving the public and receiving feedback from patients and also provides support to operational managers and clinicians to do this.

S1.4. A number of service planning groups are in place that encourage patient and carer involvement. Advocacy services are in place for patients and service users. The LHB supports the patient satisfaction survey process within GP practices and action plans arising from these are submitted to the LHB. Local satisfaction questionnaires have also been developed to influence local changes.

S1.5. There is evidence that a range of strategies are in place recognising the key issues but there was little evidence of implementation or of monitoring the effectiveness of gathering views. We consider the LHB to be **Developing** at the

Corporate level and **Responding** at the Operational/Clinical Outcomes and User Experience levels.

Standard 2
The planning and delivery of healthcare:

- *a. reflects the experiences, views and preferences of patients and service users;*
- *b. reflects the health needs of the population served;*
- *c. is based on nationally agreed evidence and best practice; and*
- *d. ensures equity of access to services.*

S2.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S2.2. The LHB has a Health, Social Care and Well Being (HSCWB) Strategy. The needs assessment which underpins this strategy was undertaken jointly with the Local Authority and neighbouring Trusts, this in turn is translated into the annual commissioning plans. The LHB has three 'Shire' based planning and commissioning groups, which reflect the old county boundaries within the Powys area and Partnership Boards have been developed with its provider Trust.

S2.3. From the LHB's submission it was unclear how it ensured that services it commissioned were delivering nationally agreed best practice, for example national Institute for Health and Clinical Excellence (NICE) guidance. It was also unclear whether any strategic processes were in place to assess and balance all demands across all sectors.

S2.4. Little evidence was provided of practical application across the organisation of processes in place to monitor, plan and deliver the health needs of the population. This was particularly evident in terms of the service delivery element and it was unclear how the activities mentioned flow from the HSCWB strategy and the identified needs. There was some evidence of monitoring compliance with best practice but little in respect of systematic and regular performance monitoring. Evidence provided in relation to waiting times appears to contradict the evidence presented in the balance scorecard, which illustrates the organisations performance against targets. This shows significant numbers waiting longer than target times.

S2.5. No evidence was provided relating to the commissioner role of ensuring equity of access to primary care and to hospital services across borders. Evidence submitted on Primary Care Access Audits was incomplete and there was little reference to transport issues which are likely to be significant in a large and predominantly rural area such as Powys.

S2.6. We have therefore assessed that the LHB as **Responding** at all three levels.

Standard 3
Patients with emergency health needs access appropriate care promptly and within national time-scales set annually by the Welsh Assembly Government.

S3.1. The LHB assessed itself as **Practising** at the Corporate level and **Developing** at Operational/Clinical Outcomes and User Experience levels.

S3.2. Compliance against the national emergency access targets is monitored by the commissioning team who report to the service and planning group and then to the Board. Performance management arrangements between the LHB and the Regional Office are in place. There is evidence of some continuous improvement demonstrated in the scorecard, however, it is small and below target.

S3.3. Staff are kept informed of performance against the targets via the service and planning groups and information is then cascaded to directorates, primary care and operational teams. Little evidence was submitted of how patients are kept informed of performance.

S3.4. There was evidence that the LHB had taken steps to address the issues with some evidence of practical application. We have therefore assessed the LHB as **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at User Experience level.

Standard 4
Healthcare premises are well-designed and appropriate in order to:

- *a. promote patient and staff well-being;*
- *b. respect different patients' needs, privacy and confidentiality;*
- *c. have regard for the safety of patients, users and staff; and*
- *d. provide a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.*

S4.1. The LHB assessed itself as **Developing** at the Corporate and User Experience levels and **Responding** at the Operational/Clinical Outcomes level.

S4.2. The LHB has in place an Estates Strategy for primary care which is a key part of the delivery plan for the 'Powys Clinical Strategy' and Powys' response to 'Designed for Life'.

S4.3 An audit of the condition and performance of GP premises and community hospitals has been undertaken. The comparison across Wales suggests that the physical condition and functional suitability of GP premises in Powys is better than the all Wales indicators, but that Disability Discrimination Act (DDA) compliance is slightly worse. The LHB has in place strategies and appropriate monitoring methods to address the clinical environment to ensure compliance with the statutory requirements. Welsh Risk Pool (WRP) figures do however, show Powys as having the worst level of compliance in Wales in relation DDA, but the Board have acknowledged that an improvement plan is required. All capital developments are approved by the Board.

S4.4. Board level and organisational responsibilities for Health and Safety and Risk Management are clear and there are appropriate structures and policies in place that are reviewed. Appropriate training is provided for staff.

S4.5. We agree with the LHB's assessment of **Developing** at the Corporate level and considers it to be **Responding** at the Operational/Clinical Outcomes and User Experience levels.

Standard 5

Healthcare services are provided in environments, which

- *a. are well maintained and kept at acceptable national levels of cleanliness;*
- *b. minimise the risk of healthcare associated infections to patients, staff and visitors, achieving year on year reductions in incidence; and*
- *c. emphasise high standards of hygiene and reflect best practice initiatives.*

S5.1. The LHB assessed itself as **Developing** at the Corporate level and **Practising** at Operational/Clinical Outcomes and User Experience levels.

S5.2. Appropriate strategies and policies are in place relating to this standard. The LHB acknowledges that the estate for community hospitals is generally poor, however, the environment is reported as clean and with low rates of hospital associated infection. An updated electronic system is now in place to produce a performance report of all maintenance issues. An environmental Cleanliness Steering Group is in place to monitor and manage the LHB's cleaning services. Infection control is part of the overall risk management strategy and is integral to its clinical governance arrangements.

S5.3. The balanced scorecard monitors infection control rates and quarterly updates and surveillance reports are provided. For primary care estate maintenance is monitored under the Quality and Outcomes Framework (QOF).

S5.4. There is evidence that the Board has identified key issues but there is little evidence that strategies have been developed to take them forward. There is evidence that some work has been undertaken in this area in relation to services provided but little evidence of Board assurance of services that are commissioned.

S5.5. We consider the LHB to be **Developing** at all three levels given that there is little evidence of evaluation and benchmarking leading to continuous improvement.

Standard 6

Healthcare organisations, in recognising different language, communication, physical and cultural needs:

- *a. make information available and accessible to patients, service users, their carers and relatives and the public on their services;*
- *b. provide patients and service users with timely information on their condition; the care and treatment they will receive as well as after-care and support arrangements; and*
- *c. provide patients and service users with opportunities to discuss and agree options relating to their care.*

S6.1. The LHB assessed itself as **Responding** at the Corporate, Operational/ Clinical Outcomes and User Experience levels.

S6.2. The LHB has an equality and diversity strategy and action plan and a race equality scheme. A Welsh Language scheme is in place and the LHB use 'Language Line'. Standards for the development of patient information are in place, however, the LHB does recognise the need to undertake further work to develop against this standard.

S6.3. A policy is in place for the development of patient information leaflets and a range of evidence based information has been produced. Information is available in both primary and secondary care with notice boards and reception areas providing up to date leaflets on a range of conditions which are checked at annual practice visits. The LHB also has a link on its website to the National Library for Health.

S6.4. A range of examples of initiatives to provide information at a local level was submitted. Limited examples, however, of processes for monitoring access to information were provided but examples of options and opportunities for patients to discuss and agree their care were submitted.

S6.5. The LHB demonstrated recognition of the key issues with some options in place to address them. We therefore agree with the assessment of **Responding** at all three levels.

Standard 7
Patients and service users, including those with long-term conditions, are encouraged to contribute to their care plan and are provided with opportunities and resources to develop competence in self-care.

S7.1. The LHB assessed itself as **Developing** at the Corporate and Operational/ Clinical Outcomes levels and **Responding** at the User Experience level.

S7.2. The 'Expert Patient Programme' that supports and empowers patients to self manage their conditions is in place in Powys.

S7.3 There are nurse led chronic disease management clinics in place within GP practices, where patients are actively encouraged to take responsibility for their own care and the LHB is working with National Leadership and Innovation Agency for Healthcare (NLIAH) to develop integrated care pathways for chronic diseases. The Unified Assessment process and the Care Programme Approach in both primary and secondary care ensures formal assessment processes are in place that involve patients in their planned care.

S7.4 The response does indicate that there is recognition of the issues and some options have been identified to encourage patients to manage their own care. We therefore assess the LHB as **Responding** at all three levels.

Standard 8
Healthcare organisations ensure that:

- a. *staff treat patients, service users, their relatives and carers with dignity and respect;*
- b. *staff themselves are treated with dignity and respect for their differences;*
- c. *informed consent is obtained appropriately for all contacts with patients and service users and for the use of confidential patient information; and*
- d. *patient information is treated confidentially, except where authorised by legislation to the contrary.*

S8.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S8.2. The LHB has implemented strategies and policies, such as 'Fundamentals of Care', across the organisation in order to ensure that patients, carers and staff are treated with dignity and respect.

S8.3. A range of training support is available to staff in many areas in the form of education programmes and awareness sessions. A staff survey was undertaken which was followed up by the production and implementation of an action plan. There is only limited evidence of staff awareness and compliance with the patient consent legislation and best practice across the organisation as a whole.

S8.4. There is evidence that there is recognition of the key issues with some options identified to address them across the organisation. We consider an assessment of **Responding** at the Corporate level and **Developing** at Operational/Clinical Outcomes and User Experience levels to be appropriate.

Standard 9

Where food is provided there are systems in place to ensure that:

a. *patients and service users are provided with a choice of food which is prepared safely and provides a balanced diet; and*

b. *patients and service users' individual nutritional, personal, cultural and clinical dietary requirements are met, including any necessary help with feeding and having access to food 24 hours a day.*

S9.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S9.2. The LHB has a 'Catering Strategy' in place that is currently being reviewed that sets out roles and responsibilities of the executive lead and for catering and other staff who handle food. Board assurance is provided via reporting on the WRP standard on nutrition and catering.

S9.3. Twenty four hour access to food is not available within the community hospitals but arrangements are in place to ensure staff are able to access food for patients out of hours. The Fundamentals of Care monitoring tool undertaken on a quarterly basis reviews nutrition and highlights any problems that exist.

S9.4 It was reported that training on food handling and hygiene is provided and audits of temperature monitoring is undertaken, however, no evidence of this was provided. The response suggests that hospital staff are fulfilling their responsibilities to patients needing assistance with eating. The only method of monitoring appears to be the complaints system.

S9.5. There was little evidence provided of the Board ensuring systems are in place and monitored. There was, however, recognition of the key issues to be addressed with some options having been identified to address them. We therefore assess the LHB as **Responding** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

Standard 10
Healthcare organisations ensure that people accessing healthcare are not unfairly discriminated against on the grounds of age, gender, disability, ethnicity, race, religion, or sexual orientation.

S10.1. The LHB assessed itself as **Developing** at the Corporate Operational/Clinical Outcomes levels and **Responding** at the User Experience level.

S10.2. There are a number of strategies, policies and groups in place which consider equality and diversity aspects of service planning and delivery. Commissioned services are required to comply with current legislation relating to this standard and this is referenced as part of the long term agreements with provider services.

S10.3. Impact assessment processes are in place for all policies relating to this standard and training to support this activity has been provided. Processes are in place for monitoring delivery against this standard including the balanced scorecard, equality monitoring group, human resources committee, governance and risk management committee and the HSCWB Boards, however, the LHB does recognise the need for an overarching process to achieve more consistent and effective monitoring.

S10.4. Training has been made available for staff in relation to equality issues in both primary and secondary care.

S10.5. We therefore agree with the assessment of **Developing** at the Corporate, Operational/Clinical Outcomes levels and **Responding** at the User Experience level.

4.2. Clinical Outcomes

Standard 11

Healthcare organisations ensure that:

- *a.* *clinical care and treatments are delivered by healthcare professionals who make clinical decisions based on evidence based practice;*
- *b.* *clinical care and treatments are carried out under appropriate clinical supervision and leadership;*
- *c.* *clinicians continuously update skills and techniques relevant to their clinical work including peer reviews; and*
- *d.* *clinicians participate in regular audit and review of clinical services.*

S11.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S11.2. The LHB has strategies, policies and structures in place to achieve this standard that includes a clinical governance and clinical services strategy, executive leads for clinical governance, a governance and risk management committee and a research and development committee.

S11.3. Non officer Board members are members of the governance and risk management committee and they receive reports on audit activity from the clinical audit and medical sub group. A National Service Frameworks Steering Group and multi agency reference groups are in place and Board members sit on these groups. Several strategic sub committees report directly to the governance and risk management committee.

S11.4. The commissioning team, of which the medical director is executive lead, monitor the clinical care provided by commissioned services through the service and long term agreements. Progress has been made in achieving the WRP standard for audit and effectiveness but the LHB recognises that this standard has not been fully met.

S11.5. The LHB has a training strategy in place and a range of training opportunities are also in place, in addition there is also a clinical supervision policy. GPs undergo annual appraisals and each GP practice reports on its supervision arrangements

using the National Public Health Service for Wales (NPHS) clinical governance self assessment tool and community pharmacists also self-assess against supervision requirements. Medical staff have a robust system of appraisal in place. Whilst the LHB have various mechanisms in place for clinical service delivery and workforce planning there is little evidence of recording and monitoring of clinician training and development.

S11.6. We therefore agree with the assessment of **Developing** at the Corporate level but consider the LHB to be only **Responding** at the Operational/Clinical Outcomes and User Experience levels

Standard 12

Healthcare organisations ensure that patients and service users are provided with effective treatment and care that:

- *a. conforms to the National Institute for Health and Clinical Excellence (NICE) technology appraisals and interventional procedures, and the recommendations of the All Wales Medicines Strategy Group (AWMSG);*
- *b. is based on nationally agreed best practice and guidelines, as defined in National Service Frameworks, NICE clinical guidelines, national plans and agreed national guidance on service delivery;*
- *c. takes account of patients' physical, social, cultural and psychological needs and preferences; and*
- *d. is integrated to provide a seamless service across all organisations that need to be involved, including social care organisations.*

S12.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S12.2. Evidence of partnership working and mechanisms for ensuring that the physical, social, cultural and psychological needs of patients are taken into account has been previously submitted that would support this standard. The LHB has endorsed the Fundamentals of Care and undertakes a quarterly audit at each of the hospitals.

S12.3. The Board is working with NLIAH to assist in prioritising and supporting the development of integrated care pathways. A number have been developed and an action plan for future work has been developed.

S12.4. A range of training is provided for staff to support them in adapting to the differing needs of patients and there is evidence of some improvements having been made as a result of complaints received.

S12.5. We therefore agree with the assessment of **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

Standard 13
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.

S13.1. The LHB assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S13.2. The LHB has appropriate strategies, policies and structures in place to meet this standard. There is a Research and Development (R&D) committee in place that is responsible for ensuring compliance with the research governance framework in both primary and secondary care and also provides support for individuals wishing to undertake research. Individuals' roles and responsibilities in respect of R&D are clear and there are clear accountabilities in place.

S13.3. A database is in place for tracking the progress of research projects and all projects are impact assessed. A research governance action plan has been agreed and has been partially implemented.

S13.4. The R&D committee run a programme of formal seminars to help staff develop their R&D skills and in 2006 a Research and Innovation Conference was held for staff across Powys.

S13.5. Some examples of improvements made in respect of research governance that impacted on the patient experience were submitted including, the development of the small grant scheme for front line staff to take forward research ideas.

S13.6. The LHB is progressing and monitoring the strategic agenda and there is evidence of good practice across the organisation, therefore we support the assessment of **Practising** at all three levels.

4.3. Healthcare Governance

Standard 14
Healthcare organisations continuously and systematically review and improve all aspects of their activities that directly affect the safety and health of patients, service users, staff and the public. They will not only comply with legislation, but apply best practice in assessing and managing risk.

S14.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S14.2. The LHB has strategies, policies and structures in place to meet this standard and Board responsibilities for both risk management and health and safety are clearly defined. Appropriate training and information is provided for staff as well as additional training for some staff in key areas.

S14.3. There is a reporting mechanism in place for health and safety incidents and all staff are trained and encouraged to report incidents.

S14.4. Local health and safety policies are in place in line with the organisational wide policy, enabling staff to ensure the local management of health and safety in each locality.

S14.5. HIW considers that the Board is taking steps to address the key issues and there is evidence of practical application and good practice across the organisation. We therefore agrees with the assessment of **Developing** across all three levels.

Standard 15
Healthcare organisations, recognising different language and communication needs, ensure that patients, service users, relatives and carers:

- *a. can provide feedback on their experiences and the quality of services;*
- *b. have their complaints looked at promptly and thoroughly in accordance with complaints procedures;*
- *c. are given information about complaints advocacy support provided by Community Health Councils in Wales; and*
- *d. receive assurance that organisations act on any concerns and make appropriate changes to ensure improvements in service delivery.*

S15.1. The LHB assessed itself as **Developing** at the Corporate and User Experience levels and **Practising** at the Operational/Clinical Outcomes level.

S15.2. The LHB chairman oversees complaints and meets regularly with the complaints manager. A complaints policy in place and this is currently under review, monthly reports are provided to the chairman and executive director. Information on how to complain is made available at all LHB sites and distributed to CHCs, user groups and primary care facilities.

S15.3. The complaints quarterly and annual report is submitted to the governance and risk management committee and then to the Board and this is also presented to the Patient and Public Involvement committee. Serious complaints, ombudsman and independent review recommendations, and trends arising from them, are considered at the serious incident committee.

S15.4. Training is provided on customer care and complaints management to staff at all hospital settings and appropriate information is provided to staff to support this process. There is no evidence, however, of the extent to which staff have undergone the training and no evidence of evaluation of the effectiveness of this training.

S15.5. The response focuses on the management of complaints, which appears to be handled in a robust manner, however, there is no evidence of mechanisms in place for addressing concerns in a broader sense and no evidence of evaluation or benchmarking.

S15.6. We consider the LHB to be **Responding** at the Corporate and Operational/Clinical Outcomes levels and **Developing** at the User Experience level.

Standard 16

Healthcare organisations have systems in place:

- *a. to identify and learn from all patient safety incidents and other reportable incidents;*
- *b. to report incidents to the National Patient Safety Agency's (NPSA) National Reporting and Learning System and other bodies in line with existing guidance;*
- *c. to demonstrate improvements in practice based on shared local and national experience and information derived from the analysis of incidents; and*
- *d. to ensure that patient safety notices, alerts and other communications concerning safety are acted upon within required time-scales.*

S16.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S16.2. The LHB has a system, policy and structure in place to ensure the reporting of hazards, incidents and near misses. The LHB reports clinical incidents to the National Patient Safety Agency (NPSA) in accordance with their guidance. A re-constituted serious incident committee was established in October 2006 to review claims and incidents.

S16.3. The head of clinical governance has a delegated responsibility from the medical director for the Datix risk management system and the reporting to the NPSA. A summary of serious incidents and trends is submitted quarterly to the governance and risk management committee.

S16.4. NPSA alerts are disseminated electronically by the clinical governance department to named leads who determine what action needs to take place and by when. Audits of this system are undertaken.

S16.5. Appropriate training for both primary and secondary care staff has been provided. Evidence of improvements made as a result of incident data and information was provided

S16.6. We therefore agree with the assessment of **Developing** at all three levels.

Standard 17
Healthcare organisations comply with national child protection and vulnerable adult guidance within their own activities and in their dealings with other organisations.

S17.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S17.2. Appropriate strategies, policies, structures and named individuals with key responsibility are in place to ensure that the LHB complies with both national child protection guidance and the protection of vulnerable adults.

S17.3. Services that the LHB commissions are bound by the same statutory responsibilities as the LHB and statements are contained in the service level agreements relating to adherence to child protection and adult protection policies and protocols.

S17.4. Appropriate training is provided for both child protection and the protection of vulnerable adults, however, the LHB has reported that there is a need to increase the number of training sessions available. Appropriate Criminal Records Bureau (CRB)/Protection of Children Act (POCA) checks have been undertaken and have been audited.

S17.5. No evidence of numbers of child protection incidents that have occurred were provided in the submission as evidence. We agree an assessment of **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at the User Experience level.

Standard 18
Healthcare organisations have planned and prepared, and where required practised, an organised response to incidents and emergency situations, which could affect the provision of normal services.

S18.1.The LHB assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S18.2.The LHB has an approved major incident plan in place which includes LHB vaccination plans and the business continuity plan. Individual responsibilities in relation to major incident planning are clear. The plan is agreed with key services and stakeholders and is linked with the regional network plan.

S18.3.There is a Multi Agency Pandemic Flu Planning Group in place to coordinate the development of a strategy. There is also a Multi Agency Approved Outbreak Plan and the LHB participated in the 'Winter Willow' simulated exercise focusing on pandemic flu, in February this year.

S18.4.There is evidence that a 'mini-major' incident plan was implemented in January 2007, when some parts of Powys were experiencing power failure where planning and appropriate and immediate action was taken. Evidence was submitted that some changes were made as a result of this situation.

S18.5.We consider that strategic plans are in place and steps are being taken to address the key issues, and as such we agree an assessment of **Developing** at all three levels given that there is little evidence of evaluation leading to continuous improvement.

Standard 19
Healthcare organisations ensure that:

a. *all risks associated with the acquisition and use of medical devices are minimised;*
b. *all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;*
c. *quality, safety and security issues of medicines are managed; and*
d. *the prevention, segregation, handling, transport and disposal of waste are managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.*

S19.1.The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes levels and **Practising** at the User Experience level.

S19.2.The Medical Director is the executive lead for medical devices. There is currently no one complete database of all devices, and the LHB recognise the medical device register to be high risk for the organisation. Although evidence was submitted of the Medical Directors report that there was no evidence to demonstrate that the Board had discussed or acknowledged any issues relating to this. Training and assessment in the use of equipment is in place with updating being provided as necessary

S19.3.The Board has a guidance document in place to deal with the decontamination of equipment. The Nurse Director is responsible for infection control and decontamination and reports to the Board. Training is made available for staff where there are responsibilities for the safe decontamination of medical devices.

S19.4.Practices have a requirement through the GMS contract to have in place processes in relation to decontamination which is monitored through the QOF process.

S19.5.There is a Prescribing and Therapeutic Strategic Committee in place that reports to the Clinical Governance and Risk Management Committee. All clinical governance and clinical effectiveness strategies refer to medicines management as key components of safe patient care.

S19.6. Little evidence however, was submitted in relation to any planned action around the management of waste. Details of incidents relating to medicines and decontamination were submitted but none were submitted in relation to medical devices.

S19.7. We consider the LHB to be **Developing** at all three levels.

Standard 20
Healthcare organisations work to enhance patient care and to continuously improve staff satisfaction by providing best practice in human resources management.

S20.1. The LHB assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes levels and **Developing** at the User Experience level.

S20.2. The LHB has adopted the all Wales HR strategy and it has representation on the all Wales group to review policies. All HR policies are consulted on with the staff side prior to approval at the Partnership Board. No evidence was provided, however, of reporting to the Board on HR issues.

S20.3. The LHB reports fostering a culture of individual responsibility to participate in the process of ongoing personal development, continuing medical education and monitoring their own performance through audit, appraisal and clinical supervision. No evidence was provided of how staff are empowered to improve services. Evidence of a performance management system and training opportunities was provided, although there was no information included of the operational application of these.

S20.4. Evidence submitted does give some assurance that HR systems are appropriate and in place, however, there is no evidence that the Board has received formal assurance of this. Little evidence was provided of any improvements made to services as a direct result of staff initiatives.

S20.5. We therefore consider the LHB to be **Responding** at the Corporate, Operational/Clinical Outcomes levels and User Experience levels.

Standard 21

Healthcare organisations:

- *a. undertake all necessary employment checks and ensure that all employed or contracted professionally qualified staff are registered with the relevant bodies;*
- *b. require that all employed professionals abide by their published codes of professional practice and conduct; and*
- *c. address where appropriate under-representation of minority groups.*

S21.1. The LHB assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and **Developing** at User Experience levels. It should be noted that the section relating to professionals abiding by their codes of professional practice and conduct was not completed, which we have assumed was in error.

S21.2. Evidence submitted demonstrated that there is a HR policy in place as well as a recruitment policy and systems for reporting to the Board, however, there was no evidence provided of systems to ensure that staff have maintained their professional registration.

S21.3. The LHB has a race equality scheme in place that is supported by an action plan, however, the evidence submitted provides no indication of how the Board is assured of minority group or disability representation within the staff of the LHB.

S21.4. We consider the LHB to be **Responding** at the Corporate and Operational/Clinical Outcomes levels and **Aware** at the User Experience level.

Standard 22

Healthcare organisations ensure that staff:

- *a. are appropriately recruited, trained and qualified for the work they undertake;*
- *b. participate in induction and mandatory training programmes; and*
- *c. participate in continuing professional and occupational development.*

S22.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes levels and **Practising** at the user Experience level.

S22.2. The LHB has a learning and development strategy in place that was approved in 2004. The Medical Director prepares an annual report for the Board on compliance with consultant and non-career staff grade doctors appraisals and an annual progress report is prepared on the implementation on the Continuing Professional Development (CPD) strategy.

S22.3. A policy for the employment and utilisation of locum and agency staff is in place. With the introduction of the Key Skills Framework (KSF), it was reported that each employee undergoes an annual appraisal where their development needs are recorded and performance reviewed. The staff survey, however, indicated that many staff do not have an annual appraisal. Each GP practice undertakes annual appraisals of their staff to ensure they maintain competency and identify development needs.

S22.4. There does not appear to be a workforce plan that identifies the skills required from the workforce and the systems and structures that have been established to meet these.

S22.5. No information was included to determine how attendance at training courses is recorded and monitored or how staff participate in relevant training programmes, other than a reference to Standard 11. In Standard 11 it refers to a training strategy, however, no strategy was submitted. It should be noted that no evidence was attached to support the text for this standard and as such it was difficult to accurately assess.

S22.6. We consider the LHB to be **Responding** at the Corporate level and **Aware** at the Operational/Clinical Outcomes and User Experience levels.

Standard 23
Healthcare organisations ensure that staff are supported by:
- *a. processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management; and*
- *b. organisational and personal development programmes which recognise the contribution and value of staff.*

S23.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S23.2. The LHB has appropriate policies and procedures in place to support staff in raising concerns including:

- Whistleblowing policy and procedure.
- Recruitment and selection policy and procedure.
- Capability policy and procedure.
- Performance management policy and procedure.
- Disclosure of a criminal background policy and procedure.

S23.3. All staff are made aware of the Whistleblowing policy at induction and are encouraged to report any concerns they may have. The Whistleblowing procedure sets out the confidentiality arrangements to support staff.

S23.4 Some examples of the procedures being used by staff to raise concerns with support and in confidence were submitted. No evidence, however, of arrangements in place to recognise the contribution and value of staff by organisational and personal development programmes were submitted.

S23.5. HIW therefore agree with the assessment of **Responding** at all three levels.

Standard 24
Healthcare organisations work together with social care and other partners to meet the health needs of their population by:

a. having an appropriately constituted workforce with appropriate skill mix across the community; and

b. ensuring the continuous improvement of services through better ways of working.

S24.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S24.2. The LHB reported having a workforce plan in place which includes primary and secondary care requirements. The local strategic planning arrangements are the main focus for bringing together Health and Social care workforce plans. The LHB is a member of the regional network workforce planning group.

S24.3. Reference had been made in an earlier standard to joint working, however, no evidence was submitted of joint working in reference to workforce planning or joint initiatives. No specific examples were submitted to demonstrate benefits to service users as a result of changes to work processes.

S24.4. We therefore consider the LHB to be **Responding** at the Corporate and User Experience levels and **Aware** at the Operational/Clinical Outcomes level.

Standard 25
Healthcare organisations use effective information systems and integrated information technology to support and enhance patient care, and in commissioning and planning services.

S25.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S25.2. The LHB has an Information Management and Technology (IM&T) strategy in place which underpins the availability of good quality data from clinicians. The LHB has worked closely with Carmarthenshire NHS Trust to implement a new patient management system and has developed a system to improve access to clinical data by professionals. The LHB also works with the BSC to ensure high quality data.

S25.3. The LHB reported local developments around such things as, the use of staff management data, for example, training records, sickness and absence rates and recruitment figures. These are now reported monthly to the Board to assist with determining the LHB's performance against a range of performance indicators and targets.

S25.4. The only reference in the submission to appropriate training for staff is that of the European Computer Driving Licence (ECDL) programme.

S25.5. We agree with the assessment of **Developing** at the Corporate and User Experience levels but consider the LHB to **Responding** at the Operational/Clinical Outcomes level.

Standard 26
Healthcare organisations have effective records management processes in place to ensure that:

- *a.* *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; and*
- *b.* *patient confidentiality is maintained.*

S26.1. The LHB assessed itself as **Responding** at the Corporate, Operational/ Clinical Outcomes and User Experience levels.

S26.2. The LHB has a records management strategy in place and a range of accompanying records management policies. The strategy clarifies executive accountabilities and responsibilities for the implementation of the strategy. An IM&T strategy is also in place with accompanying IM&T security policies identifying requirements for safe administration of electronic records and other records management systems and controls.

S26.3. The Medical Director is the Caldicott guardian, chair of the Informing Healthcare Committee and a member of the Records Management Committee. The retention and destruction policy has been updated and there is an action plan setting

out activity to support the implementation of the records management strategy in line with the risk management strategy and information security policy.

S26.4. The Corporate induction programme includes information security responsibilities for all employees. Intranet and electronic access is not provided for employees until they sign access declaration forms confirming they have read the relevant policies.

S26.5. There was some evidence of training programmes in place and some evidence of monitoring at operational level.

S26.6. We consider that the strategic agenda is being progressed and that there is evidence of continuous improvement and on that basis consider the LHB to be **Developing** at the Corporate level but we would agree with its assessment of **Responding** at Operational/Clinical Outcomes and User Experience levels.

Standard 27

Governance arrangements representing best practice are in place which:

- *a. apply the principles of sound clinical and corporate governance;*
- *b. ensure sound financial management and accountability in the use of resources;*
- *c. actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;*
- *d. include systematic risk assessment and risk management; and*
- *e. are integrated across all health communities and clinical networks.*

S27.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S27.2. A new committee structure has been established by the Board. The revised Governance and Risk Management Committee has been charged with progressing the integrated governance arrangements so that identified risks can be prioritised and discussed by the Board. The clinical governance strategy is to be revised following the publication of the Welsh Assembly Government's review of the LHB's clinical governance arrangements. There was no mention of training for staff in the submission and the only reference to staff awareness was through the 'key brief'.

S27.3. Detailed budgets are approved by the Board annually and delegated to first line managers and are performance managed. The Board receives monthly statements of the financial position and details of projected expenditures and forecast savings.

S27.4. Evidence was submitted that demonstrated that the Board supports openness, probity and accountability through a number of mechanisms.

S27.5. Arrangements for risk management are in place and Board level responsibilities are defined and a risk management strategy and policy is in place and currently being reviewed. A quarterly senior manager's report is made to the Executive Management Team which identifies the key health, safety and other risks. Compliance is monitored via the monthly health and safety reports. No further monitoring of these arrangements is in place and consideration needs to be given to developing a performance management framework for this area of work.

S27.6. Some examples were submitted to demonstrate how staff are working across the health community towards integrated governance.

S27.7. The governance arrangements are not suitable for the management and delivery of the Commissioning/Provider role. The LHB Board Structure leads to internal conflicts of interest and so we assess the LHB as **Responding** at all three levels.

Standard 28

Healthcare organisations:

- *a. ensure that the principles of clinical governance underpin the work of every team and every clinical service;*
- *b. have a cycle of continuous quality improvement, including clinical audit; and*
- *c. ensure effective clinical and managerial leadership and accountability.*

S28.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels

S28.2. The LHB has strategies, policies and structures in place to deliver this standard. The clinical governance strategy was approved in 2004 and is due to be reviewed. The Governance and Risk Management Committee which reports to the LHB Board is chaired by a non-officer member.

S28.3. A Performance Board was established in 2006 to which directorate leads provide regular reports. A self- assessment tool based on the healthcare standards has been established for use within the community hospitals, directorates and GP practices. Since its introduction, improvements in reporting of issues has taken place and a Clinical Services Modernisation Board was established to review the high risk services, make recommendations and develop appropriate action plans.

S28.4. At Operational/Clinical Outcomes level the response submitted demonstrated that there was a recognition of the key issues and some options had been developed to address them, however, there was little evidence of practical application across the organisation.

S28.5. Examples were submitted of how staff are using clinical governance principles to improve patient care.

S28.6. We have commented on the difficulties of governing the Commissioning/Provider split at Standard 27. We consider there to be issues in relation to the governance arrangements across the LHB given the problems identified in relation to the management of risks at patient level. We therefore consider the LHB to be **Responding** at all three levels for this standard.

4.4. Public Health

Standard 29
Healthcare organisations promote, protect and demonstrably improve the health of the community served and reduce health inequalities by:

- *a. collaborating and working in partnership with local authorities and other agencies in the development, implementation and evaluation of health, social care and well being strategies; and*
- *b. ensuring that needs assessment and sound public health advice informs their policies and practices.*

S29.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S29.2. The LHB demonstrated that a range of partnership arrangements are in place. Some examples include working with Powys County Council to develop continuing care, care of the elderly services and proposals for improved childrens' services.

S29.3. A HSCWB strategy is in place that has been developed in partnership with Powys County Council, local Community Health Councils, the National Public Health Service and Powys Association of Voluntary Services. New joint planning structures have been put in place to deliver and monitor the strategy.

S29.4. Appropriate arrangements are in place to obtain public health advice. The Public Health Director leads the needs assessment process that underpins the strategy. The local NPHS public health team also delivers a wide range of health promotion programmes.

S29.5. Evidence was submitted that priorities are identified through the partnership process and that progress is being made.

S29.6. At the Corporate level there is evidence that strategic plans are in place with good practice across the organisation. There are also examples of Board monitoring leading to continuous improvement therefore we consider the LHB to be **Practising**

at the Corporate level and **Developing** at the Operational/Clinical Outcomes and User Experience levels.

Standard 30
Healthcare organisations:

a. *have systematic and managed disease prevention and health promotion programmes, which include staff, which meet the requirements of the National Service Frameworks, national plans and health promotion and prevention priorities; and*
b. *take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services, and the commissioning and provision of services.*

S30.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S30.2. The LHB demonstrated that the Board is taking steps to address this standard and some of these include:

- The modernisation of the district nursing and specialist community nursing services
- All GP practices deliver chronic disease management programmes
- Prescribing for evidence based drug treatment of chronic diseases is being undertaken and pharmacist support has been made available
- Taking forward three cohorts of integrated care pathways with the National Leadership and Innovation Agency in Healthcare (NLIAH) programme
- Protocol for individual patient commissioning

All of these are based on the needs assessment.

S30.3. At the Corporate level there are examples of good practice. At Operational/Clinical Outcomes level there is recognition of the issues but little to support practical application and little evidence that the public have been engaged by the LHB in health promotion. We agree with the assessment of **Developing** at the Corporate level but considers the LHB to be **Responding** at the Operational/Clinical Outcomes and User Experience levels.

Standard 31
Healthcare organisations:

- *a.* *have plans in place to mobilise resources to protect the public in the event of significant infectious disease outbreaks and other health emergencies;*
- *b.* *identify and act upon significant public health problems and health inequality issues, with Local Health Boards taking the leading role;*
- *c.* *implement effective programmes to improve health and reduce health inequalities; and protect their populations from identified current and new hazards to health; and*
- *d.* *encourage and support individuals to recognise their own responsibilities in maintaining their health and well being.*

S31.1. See response to Standard 18.

Standard 32
Healthcare organisations achieve the Corporate Health Standard, the national quality mark for workplace health, moving to a higher level on reassessment.

S32.1. The LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S32.2. The LHB achieved the Bronze Corporate Health Standard and as such we agree with the assessment of **Developing** at all three levels.

A summary of maturity levels for each of the 32 standards as assessed by Powys through its self-assessment and by HIW following testing and evaluation can be found at Annex 2.

5. Next Steps

5.1. Powys LHB is required to publish a Healthcare Standards Improvement Plan by 30 November 2007. This plan will be agreed by the Regional Office of the Welsh Assembly Government's Department of Health and Social Services, which will monitor its implementation as part of the performance management arrangements in place for NHS Wales. It will be made available on the LHB's website.

5.2. Over the coming months HIW will be working with stakeholders to refine and improve the assessment tool for the future and to align the Healthcare Standards self-assessment process with the annual financial cycle.

5.3. An all-Wales report will be published in November 2007 and this will integrate the findings from individual reports into an over-view of the position across Wales. This will highlight the key themes and risk areas highlighted by the Healthcare Standards assessment process.

Annex 1

Maturity Levels Definitions

	Aware	Responding	Developing	Practising	Leading
Corporate	The Board is aware of the issues to be addressed but are unable to demonstrate decisions/ actions to address them.	The Board recognises the key issues and has identified options that are prioritised, although there is no evidence of strategic direction.	The Board is taking steps to address the key issues through the development of strategic plans with evidence of good practice across the organisation.	The strategic agenda is being progressed and monitored by the Board with significant evidence of continuous improvement across the organisation.	The Board is leading the strategic agenda through the implementation of innovative practice that is shared across and beyond the organisation to others, enabling realisation of long term sustainability.
Operational	There is awareness of the issues to be addressed, but no approaches have been developed to address them.	There is recognition of the key issues to be addressed and there is a range of options identified to address them.	Steps are being taken to address the key issues with evidence of practical application across the organisation.	There are well-developed plans being implemented throughout the organisation that address the key issues with evidence of evaluation and benchmarking leading to continuous improvement.	There is evidence of innovative practice, which is being shared across and beyond the organisation to others. They are further developing their approaches to ensure long term sustainable improvement.
User Experience	The individual(s) experience is generally poor and no approaches have been developed within the service to address them.	The individual(s) experience is generally not good although approaches have been developed within the service to address them.	The individual(s) experience is improving in many areas, although this is not yet consistent across the organisation.	The individual(s) experience is generally good across all areas.	The individual(s) experience is generally excellent and the service can demonstrate clear evidence of good practice, which can be shared.

Annex 2

Summary of Maturity Levels by Standard

Key

L	Leading
P	Practising
D	Developing
R	Responding
A	Aware

Standard 1

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	R	←→	R
User Experience	D	↓	R

Standard 2

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

Standard 3

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	P	↓	D
Operational/Clinical Outcomes	D	←→	D
User Experience	D	↓	R

Standard 4

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	R	←→	R
User Experience	D	↓	R

Standard 5

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	P	↓	D
User Experience	P	↓	D

Standard 6

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	R	↔	R
Operational/Clinical Outcomes	R	↔	R
User Experience	R	↔	R

Standard 7

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	R
User Experience	R	↔	R

Standard 8

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

Standard 9

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

Standard 10

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	R	↔	R

Standard 11

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

Standard 12

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

Standard 13

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	P	↔	P
Operational/Clinical Outcomes	P	↔	P
User Experience	P	↔	P

Standard 14

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

Standard 15

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	P	↓	R
User Experience	D	←→	D

Standard 16

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	D	←→	D
User Experience	D	←→	D

Standard 17

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	D	←→	D
User Experience	D	↓	R

Standard 18

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	P	↓	D
Operational/Clinical Outcomes	P	↓	D
User Experience	P	↓	D

Standard 19

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	D	←→	D
User Experience	P	↓	D

Standard 20

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	P	↓	R
Operational/Clinical Outcomes	P	↓	R
User Experience	D	↓	R

Standard 21

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	P	↓	R
Operational/Clinical Outcomes	P	↓	R
User Experience	D	↓	A

Standard 22

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	A
User Experience	P	↓	A

Standard 23

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

Standard 24

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	A
User Experience	D	↓	R

Standard 25

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↔	D

Standard 26

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	R	↑	D
Operational/Clinical Outcomes	R	↔	R
User Experience	R	↔	R

Standard 27

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

Standard 28

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↓	R
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

Standard 29

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	↑	P
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

Standard 30

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	D	↓	R
User Experience	D	↓	R

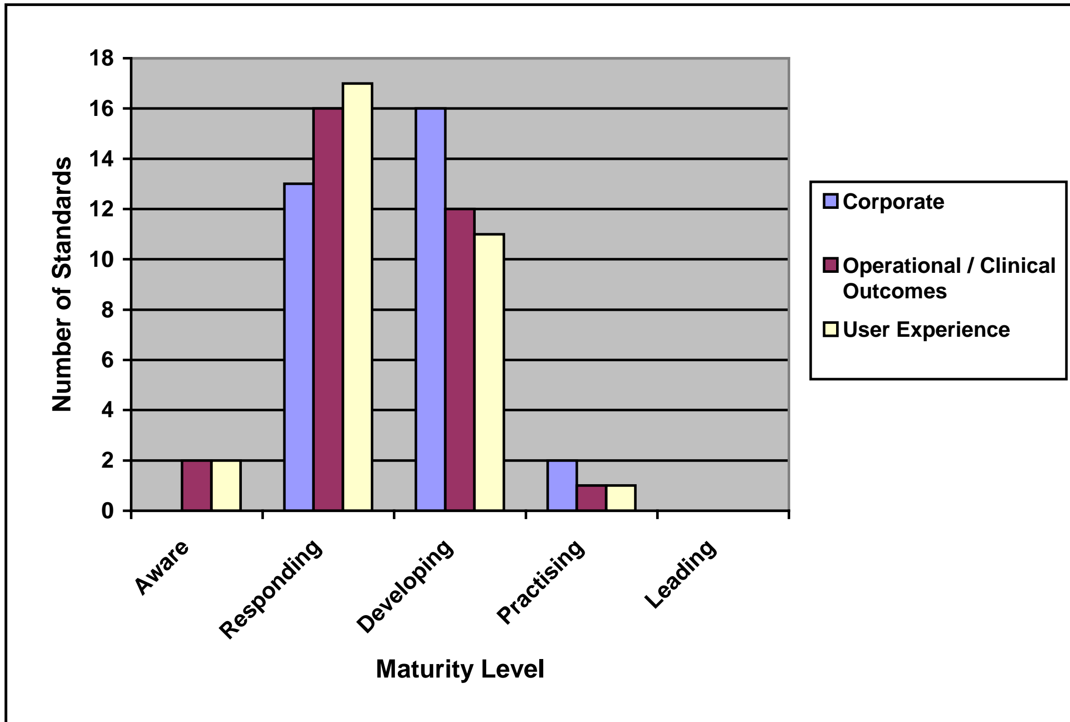
Standard 31 – Not applicable

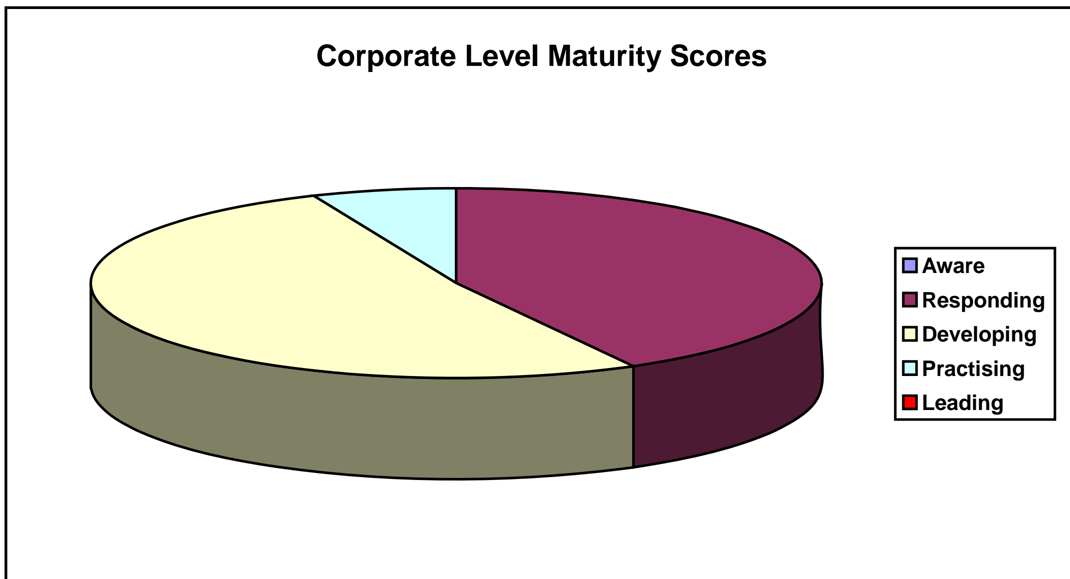
Standard 32

	Self-Assessment Score	Variation (up/ Down)	HIW Assessment
Corporate	D	←→	D
Operational/Clinical Outcomes	D	←→	D
User Experience	D	←→	D

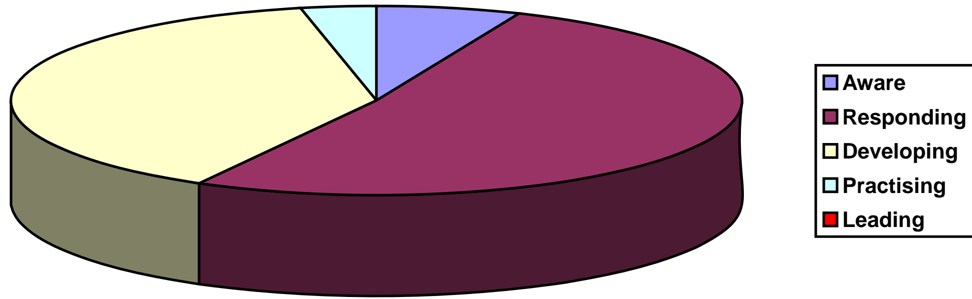
Annex 3

Summary of Maturity by Corporate, Operational/Clinical Outcomes and User Experience Levels

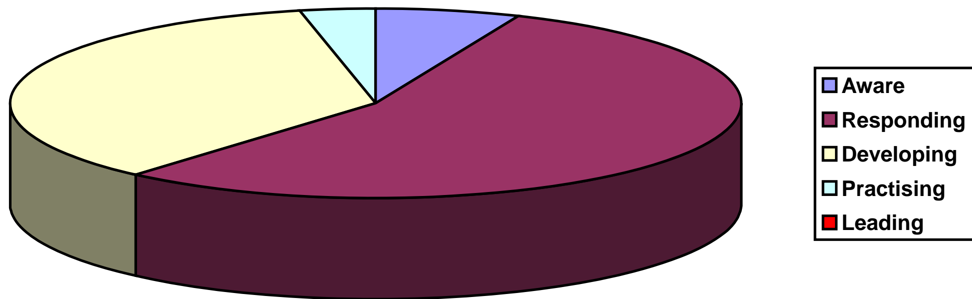




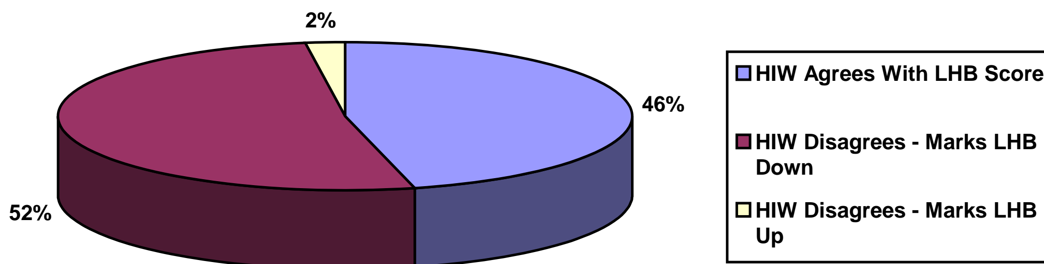
Operational/Clinical Outcomes Level Maturity Scores



User Experience Level Maturity Scores



Agree/Disagree with LHB Score



Annex 4

Glossary of Key Terms

All Wales Medicines Strategy Group – provides advice to the Minister for Health and Social Services on strategic medicines management and prescribing.

balanced scorecard - a management system providing a model within which an organisation can clarify its vision and strategy and translate them into action. It supports continuous improvement in organisational performance.

Caldicott Guardian – a senior clinician in each NHS organisation who is responsible for implementation of aspects of the Caldicott report, which reviewed the protection and use of patient information.

care pathway – a defined set of treatment and care steps designed to meet the particular needs of each patient.

clinical audit – evaluation and measurement by health professionals of how far they are meeting standards that have been set for their service.

clinical governance – a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

clinical networks – a group of services which work together across organisational boundaries to provide better patient care.

clinical outcome – the impact effect of a treatment on the health or wellbeing of an individual.

Community Health Council (CHC) – not-for-profit, community-based health promotion, advocacy and policy organisations. CHCs were established in 1992 and were set up to strengthen community participation in defining state and local policy that impacts healthcare access and quality. CHCs represent the public interest in the NHS and have a statutory right to be consulted in health changes in their area.

Criminal Records Bureau (CRB) – an executive agency set up to help organisations make safer recruitment decisions by providing wider access to criminal record information. The CRB helps employers in the public, private and voluntary sectors identify candidates who may be unsuitable for certain work, especially that involving contact with children or other vulnerable members of society.

data protection – a requirement upon public bodies and others to act responsibly in managing personal data. Such responsibilities are covered by the Data Protection Act 1984 and the Computer Misuse Act 1990, designed to safeguard data held in individuals.

Designed for Life – sets out a vision for the future of health services in Wales and has a 10 year strategy in place for achieving it. The strategy includes three strategic frameworks, each lasting about three years. These include: Framework 1 (2005-2008) Redesigning Health Care; Framework 2 (2008-2011) Delivering Higher Standards and; Framework 3 (2011-2014) World Class Services.

Healthcare Standards – a common framework of healthcare standards published in May 2005 by the Welsh Assembly Government to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings

infection control – a set of procedures to prevent the spread of infection, which will include, for example, washing of hands, use of sterile equipment, etc.

Local Health Boards (LHBs) – statutory bodies responsible for implementing strategies to improve the health of the local population, securing and providing primary and community healthcare services and securing secondary care services.

National Health Service (NHS) Trusts – self-governing bodies within the NHS, which provides healthcare services. Trusts employ a full range of healthcare professionals including doctors, nurses, dieticians, physiotherapists, etc. Acute trusts provide medical and surgical services usually in hospitals. Community trusts provide local health services, usually in the community, eg district nurses, chiropodists, etc. Combined trusts provide both community and acute trust services under one management.

National Institute for Clinical Excellence (NICE) – a special health authority producing guidance for the NHS and patients on medicines, medical equipment and clinical procedures.

National Patient Safety Agency (NPSA) – a special health authority created in July 2001 to co-ordinate the efforts of the entire country to report, and more importantly to learn from mistakes and problems that affect patient safety.

National Public Health Service for Wales (NPHS) - delivers a full range of public health services seeking to: improve the health and wellbeing of the people of Wales and reduce inequalities in health; protect against existing, new and emerging diseases and health threats and; contribute to improvement in health and social care services.

National Service Framework (NSF) – guidelines for the health service on how to manage and treat specific types of disease and illness.

Patient and Public Involvement (PPI) – strategy designed to ensure that the views and opinions of patients, service users, carers and the public are taken into account when planning and delivering services.

Royal College of Nursing (RCN) Clinical Leadership Programme – a programme allowing nurses protected time to observe care and delivery of services, and interview patients about delivery of care. Designed to enable nurses to develop and refine their leadership capabilities, improve team and organisational skills and centre on the needs of patients.

Statements of Internal Control – a statement on the NHS body's overall arrangements for gaining assurance on the effective management of the principle risks within the organisation.

Trust Board – a group of people who are by statute responsible for major strategy and policy decisions in each NHS Trust. Typically comprises a lay chairman, five lay members, the Trust Chief Executive and Executive Directors.

Welsh Risk Pool (WRP) - a mutual self-assurance scheme for all health bodies in Wales. It also supports patient and staff safety by encouraging and supporting good risk management performance and assessment by measuring against set standards.