

## **Powys Local Health Board**

# **Review of Progress against Healthcare Standards for Wales – 1 April 2007 – 31 March 2008**

**Date: 1 September 2008**

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## Executive Summary

The Welsh Assembly Government published *Healthcare Standards for Wales* in May 2005 setting out a common framework of 32<sup>1</sup> standards aimed at supporting the provision of timely and quality healthcare services and hence the delivery of improved levels of treatment and care to the citizens of Wales. As of 2007, NHS Trusts, Local Health Boards and Health Commission Wales are required to assess themselves against the Healthcare Standards on an annual basis with responsibility for adherence to the standards being firmly placed on the Boards of these organisations. From April 2008 this assessment will inform their Statements of Internal Control and Annual Reports.

Healthcare Inspectorate Wales is in turn responsible for taking the lead in co-ordinating the testing and validation of self-assessments. The details of how this has been undertaken this year and the findings arising from our review are set out in Section 4 of the main body of this report. Over the coming months we will be working with Trusts, LHBs and the Welsh Assembly Government to further develop our approach to the assessment of organisations against the Healthcare Standards so that it is appropriate to the new structures that will be implemented following the consultation exercise that will take place during Autumn 2008.

This year in addition to assessing whether organisations are taking forward the requirements of individual standards we have also looked at whether organisations have embedded the Healthcare Standards in their governance and internal assurance mechanisms. It is clear Powys LHB takes its role in this respect very seriously and as such it was able to submit a level of evidence last year that supported a level of maturity of **Developing**<sup>2</sup> or above for 11 of the 32 Standards.

This year for each NHS Trust and Powys Local Health Board we reviewed 10 of the 32 standards [Standards 4, 5, 6, 7, 8, 9, 15, 17, 25 and 26], which are those

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<sup>1</sup> The 32 standards are set out at Annex 5 of this report.

<sup>2</sup> Organisations are required to assess their progress in delivering the highest level of performance against each of the 32 standards using a maturity matrix. The maturity matrix allows for the assessment of performance against the following five maturity levels – Aware; Responding; Developing; Practising and Leading.

standards against which a number of provider organisations were assessed as under performing last year. Overall, Powys LHB performed well against these standards, with it being assessed as having a maturity of **Developing** or above at the Corporate, Operational/Clinical Outcomes and User Experience levels for seven of the 10 standards this year.

We also reviewed for each NHS trust and Local Health Board those standards for which we assessed the organisation as being only **Aware** or **Responding** in 2006-07. Last year Powys LHB was assessed as being **Aware** or **Responding** at one or more of the Corporate, Operational/Clinical Outcomes and User Experience levels of 12 standards [Standards 1, 2, 10, 11, 20, 21, 22, 23, 24, 27, 28 and 30]. In respect of six of these standards the Trust has made improvements and is now assessed as having a maturity of **Developing** or above [Standards 1, 20, 21, 22, 27 and 28]. It still remains **Responding** at all levels for Standards 2 and 24, the Operational/Clinical Outcomes level of Standard 11 and the User Experience level of Standards 10, 23 and 30, and will need to take further action to improve its maturity over the coming months.

We consider the LHB to have taken significant steps to embed the Healthcare Standards and to make them part of its governance arrangements. There is evidence of Board engagement with the Healthcare Standards agenda and assessment process and the progress it has made against the actions set out in its 2007-08 Healthcare Standards Improvement Plan demonstrates a commitment to further improving its maturity at all levels. Further details of the LHB's approach are provided in Section 6 of this report. The LHB has faced some difficult challenges over the last 12 months but despite this have introduced a directorate level self assessment tool which has enabled the Board to effectively monitor progress across the organisation.

## 1. Introduction and Context

1.1 This report presents the findings from the work undertaken by Healthcare Inspectorate Wales to test and validate Powys Local Health Board's 2007-08 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 it came into effect on 1 June 2005. It 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. They 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<sup>3</sup> 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.

- The first domain entitled '*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*

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<sup>3</sup> 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.

*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 entitled '*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 entitled '*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 entitled '*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 Last year NHS organisations were required, for the first time, to assess themselves against the *Healthcare Standards for Wales* and responsibility for adherence with the *Standards* was firmly placed on the Boards of healthcare organisations. The *Healthcare Standards* annual assessment process is key to ensuring healthcare organisations are held to account for the standard of services they provide and that patients and the public are better informed of the performance of their healthcare providers and commissioners and, most importantly, the

standards they should expect. From April 2008, this assessment will inform organisations' Statements of Internal Control and Annual Reports.

1.6 Organisations are required to formally submit their declaration and self-assessment returns to Healthcare Inspectorate Wales which is 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 2007-08 submissions is set out in the following section.



## 2. The 2007-08 Assessment Process

### The Self Assessment

2.1 The self-assessment process tests performance against the *Healthcare Standards* at three distinct levels:

- *Corporate* – how well do Boards 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*<sup>4</sup> – what is user experience like and is it improving?

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

The definition of each of these maturity levels is provided at Annex 1.

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<sup>4</sup> In the context of the Healthcare Standards assessment process the term ‘user’ is used to denote patients, service users, carers and staff.

2.3 This year the deadline for submission of self-assessment returns was 9 May 2008; bringing timescales in line with that of the annual reporting cycle and enabling a complete view of organisations governance arrangements, clinical and financial performance to be obtained at a single point in time.

### **Testing and Validation**

2.4 Healthcare Inspectorate Wales has tested and validated the 2007-08 self-assessment submission from Powys LHB, and this has involved:

- *The detailed evaluation of the following 10 standards which were identified as being areas where a number of LHBs were underperforming last year:*
  - Standard 4
  - Standard 5
  - Standard 6
  - Standard 7
  - Standard 8
  - Standard 9
  - Standard 15
  - Standard 17
  - Standard 25
  - Standard 26
- *A review of progress against those standards where Powys LHB was assessed by HIW as being only Aware or Responding last year, namely:*
  - Standard 1

- *Standard 2*
- *Standard 3*
- *Standard 10*
- *Standard 11*
- *Standard 20*
- *Standard 21*
- *Standard 22*
- *Standard 23*
- *Standard 24*
- *Standard 27*
- *Standard 28*
- *Standard 30*
- *An assessment of Powys LHB's commitment to the Healthcare Standards for Wales and in particular how well it has embedded them into its routine governance and internal assurance processes.*

2.5 The following stages have been completed in order to enable us to provide the assurances and judgements set out in this report:

- *Stage 1 – Desktop validation of the self-assessments submitted against each of the above standards; with a team of peer reviewers focusing on the 10 specific standards. This stage involved checking whether the questions supporting each criteria had been appropriately answered, testing that the answers were supported by sufficient and relevant evidence and evaluating whether the answers fitted the maturity score awarded by the organisation.*

- *Stage 2* – Meetings with Powys LHB’s Internal Auditors and the Mid and West Wales Regional Office to assess progress made in relation to the implementation of the improvements set out in Powys LHB’s 2007-08 Improvement Plan and in relation to embedding the Healthcare Standards assessment process into its routine governance arrangements.
- *Stage 3* – The holding of a Healthcare Summit. As it did last year HIW co-ordinated and facilitated a meeting, ‘Healthcare Summit’, bringing together review and audit bodies so that information and knowledge could be shared and fed into the Healthcare Standards assessment corroboration process.
- *Stage 4* – A meeting with representatives of Powys LHB’s Board to discuss the findings arising from the above stages and to give the Board the opportunity to inform the review team of the actions they propose to take.

2.6 An observational visit to the LHB was not made as part of the validation process for this year.

### **3. Overview of Powys Local Health Board**

3.1 Powys Local Health Board (LHB) was established on 1 April 2003. It serves a geographical region that is coterminous with that of Powys County Borough Council, with which it shares statutory responsibility for the implementation of the joint Health, Social Care and Well-being Strategy. It has a resident population of 130,000 people<sup>5</sup>.

3.2 The main roles of LHBs are corporate and clinical governance; securing and providing primary and community care health services; securing secondary care services; improving the health of communities; partnership; public engagement and provision of services.

3.3 Local Health Boards engage in two types of formal local partnership:

- Formulating and implementing a Health, Social Care and Well-being Strategy with the Local Authority and in consultation with other parties.
- Commissioning local services from a range of providers including hospital trusts, primary care contractors, the voluntary sector and the independent sector. Services commissioned include primary, community and secondary health care services.

3.4 As well as commissioning services, Powys LHB is unique in also providing services and employs approximately 2,500 people.

3.5 The NHS Business Services Centre (BSC) is part of Powys LHB and 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.

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<sup>5</sup> Source: Office for National Statistics



#### **4. How well is Powys LHB delivering against Standards 4, 5, 6, 7, 8, 9, 15, 17, 25, 26?**

The following 10 standards have been assessed this year because they were identified as being areas where a number of provider organisations were under performing in 2006-07.

##### **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 with protects patients, staff, visitors and their property, and physical assets of the organisation.*

S4.1 The LHB has assessed itself as **Developing** at all three levels. *[Last year we assessed the LHB to be **Developing** at the Corporate level and **Responding** at the Operational/Clinical Outcomes and User Experience level.]*

S4.2 The LHB has shown improvement against this Standard and has achieved the Green Dragon Level 3 Accreditation for Environmental Management. Also the LHB has provided evidence to demonstrate that a Disability Equality Scheme and other relevant policies are in place to ensure that patients' needs, privacy and confidentiality are respected.

S4.3 Staff raise their safety concerns via the incident reporting system, Corporate and Local Health and Safety and Risk Management meetings or Operational team meetings. These risks are recorded within the risk management register and, since last years submission, the LHB includes such lists within the Directorate Healthcare Standards Exception reports which go to the Governance and Risk Management Committee. This has ensured the proactive monitoring of environments, which was an area of concern last year.

S4.4 Over the last 12 months the LHB has made changes to the environment of care as a result of comments (complaints and compliments) received and patient safety incidents that related to environmental factors. The LHB has also set

standards for the provision of secure and safe environments in GP practices for the delivery of minor surgery. There was also reference to how staff complied with current safety requirements. However there was no evidence from the LHB to show how this covered supporting contract staff.

S4.5 We assess the LHB to be **Developing** at the Corporate, 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 all levels. *[Last year we assessed the LHB to be **Developing** at all levels.]*

S5.2 Clear lines of accountability to the Board and a defined governance structure are in place in respect of the aspects covered by this Standard. The Board is kept well informed of matters relating to the condition of the estate. Evidence submitted documents that the condition of the estate is in the main poor, however it is unclear as to whether any action has been taken to resolve the issues identified.

S5.3 The LHB has highlighted in its submission that it has issues in relation to cleanliness. An environment sub-group has been established to help address and improve problem areas, but further details of the steps the LHB proposes to take would be welcomed.

S5.4 The LHB is engaged in the 'clean**your**hands' campaign and audits of hand hygiene facilities are undertaken. It would be useful if audits could be extended to cover hand washing compliance amongst staff. The provision of alcohol gel for staff and hand cleaning wipes for patients is described as having a time scale of 2008 but was not achieved. The availability of alcohol gel for staff is inconsistent across the LHB and alcohol gel dispensers are reported as having been installed at hand

hygiene sinks – when to be most effective, they should be installed at the point of care.

S5.5 We agree however that the LHB is **Developing** at all three levels.

**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. *[Last year we assessed the LHB to be **Responding** at all three levels.]*

S6.2 There is little evidence of Board assurance mechanisms being in place for this Standard, however, there is some evidence that the Board have started to take steps to address it.

S6.3 Equality and diversity awareness training has been made available to LHB staff. In both primary and secondary care, notice boards and reception areas stock leaflets that provide patients with up to date, evidence-based information on a wide variety of conditions.

S6.4 The Language Line Interpretation Service is available to primary and secondary care staff and access to translation services has been made available

S6.5 A Multi Agency Task and Finish Group has been set up and is in the process of reviewing policies and practices within Powys to ensure options and opportunities are in place for patients with diverse needs to discuss and agree their care. The current draft policy has shown to be effective in the management of a recent

unaccompanied asylum-seeking child. This indicates that some approaches are being made to improve the User Experience.

S6.6 We agree with the LHB's assessment of **Responding** at the Corporate, Operational/ Clinical Outcomes and User Experience levels and consider that some of the work that it has started to put in place will help improve its maturity over the coming months.

**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, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at all three levels.]*

S7.2 Whilst the LHB has described activities within some of its service areas that are relevant to the Standard; eg Expert Patient Programmes and Integrated Care Pathway, and provided some evidence to support this, much of the evidence was not pertinent to this Standard.

S7.3 Importantly, there was limited description or evidence to demonstrate how the Board provides Corporate level oversight of some key over-arching frameworks through which the specific outcomes required within this Standard may be achieved, for example National Service Frameworks for Older People. The example given of Health Social Care and Well Being Strategy and the Board level actions described within it are relevant, but again the response lacked clarity in terms of the strategic linkage.

S7.4 Evidence of operational level monitoring was provided and covered different service areas. More evidence of a corporate level strategic direction, with accountabilities and monitoring arrangements for key service areas, would have been helpful to support the Board's self-assessed maturity level.

S7.5 The LHB's response and evidence of training was quite limited. There was no indication of a wider range of supporting activities, such as benchmarking or of patient involvement in care planning.

S7.6 The Clinical Governance report submitted as evidence showed that progress is being made with Integrated Care Pathway developments in three service areas. In addition Mental Health Services examples were provided but it would have been helpful to have seen wider examples, for instance relating to older people's care services generally.

S7.7 The LHB provided a brief description of some activity in respect of Rehabilitation and Exercise, Community Pharmacy and from Diabetes care.

S7.8 We assess the LHB to be **Responding** at the Corporate and User Experience levels and **Developing** at the Operational/Clinical Outcomes level.

### **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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB as **Responding** at the Corporate level and **Developing** at the Operational/Clinical Outcomes and User Experience levels.]*

S8.2 The LHB has made some progress against this Standard. Appropriate policies, strategies and procedures are in place and the LHB has signed up to the 'Dignity in Care' programme. A Partnership Board is in place that meets bi-monthly which allows staff side representatives to meet with the Executive Team and discuss relevant issues. We are pleased to note the LHB has established an Independent Mental Capacity Advocacy Service.

S8.3 The Directorate Healthcare Standards Self Assessment Tool and Improvement Plan also helps monitor this Standard at the Operational/Clinical Outcomes and User Experience levels although the LHB acknowledges that further work is required to consistently and effectively monitor compliance with this Standard.

S8.4 A range of training is provided for staff and there is an open invitation for staff at all levels to participate in the monthly Key Brief. This covers strategic and operational issues and the Chief Executive invites staff to raise any issues either through the Key Brief or via personal email.

S8.5 An annual audit is undertaken of compliance with the consent policy and the outcome of this exercise is shared across the LHB. Patient surveys are also undertaken which focus on information and consent. Changes made as a result of monitoring compliance with patient consent guidance are clearly demonstrated.

S8.6 Evidence was also provided to demonstrate that improvements have been made as a result of complaints and compliments relating to dignity and respect issues. Further, in response to concerns raised by staff about the communication of the changes taking place across the organisation and to services, a range of mechanisms have been put in place to ensure that all staff have access to up to date information.

S8.7 We recognise that the LHB has made good progress against this Standard and agree with the LHB's assessment of **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

## **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 **Responding** at the Corporate and User Experience levels and **Developing** at the Operational/Clinical outcomes level. *[Last year we assessed the LHB to be **Responding** at all three levels.]*

S9.2 Currently the LHB does not provide 24 hour access to food within its community hospitals; however arrangements are in place to ensure that staff are able to access food for their patients, out of hours. Patients are offered a choice of meals and receive a balanced diet.

S9.3 It is apparent that a lot of attention is being paid to the development of new catering arrangements and it is noted that following the implementation of cook-freeze the catering strategies will be updated.

S9.4 Board assurance mechanisms are unclear and we consider the receipt of complaints reports as insufficient to provide Board assurance. The LHB's Catering Strategy is dated January 2004 with an initial review date of April 2006, although there is no indication that such a review was implemented. A Catering Project Board has been established but it is unclear what its remit, accountability and reporting structures are.

S9.5 At the Operational/Clinical Outcomes level the evidence submitted demonstrates that the LHB has a range of systems and processes in place. Greater clarity in relation to what extent some of these are embedded within the work of the organisation would have been welcomed. 'Fundamentals of Care' audits have been undertaken and the LHB has appointed an in-house trainer to ensure that staff receive appropriate training. It was less clear, however, whether the LHB has related its workforce planning processes to patient dependency requirements.

S9.6 At the User Experience level the LHB has to demonstrate that it meets statutory requirements for monitoring compliance with food storage, handling and preparation. Although the summary responses note that there had been consultation with some groups of patients, no supporting evidence was provided. The LHB needs to improve its feedback mechanisms and to implement more proactive methods to ensure that patients are satisfied with the food and nutrition provided.

S9.7 The LHB has implemented some systems and processes at an Operational/Clinical Outcomes level but both Board assurance mechanisms and methods of obtaining patient and staff feedback remain under developed. As a result, we assess the LHB to be **Responding** at the Corporate and User Experience levels and **Developing** at the Operational/Clinical Outcomes level.

#### **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, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at the Corporate and Operational/Clinical Outcomes levels and **Developing** at the User Experience level.]*

S15.2 The Board monitors the strategic plans that are in place through its clinical governance and operational processes and has implemented the following:

- A complaints policy, which was formally approved by the LHB's Governance and Risk Management committee in March 2008.
- The production of quarterly and annual reports.
- The appointment of a Complaints Manager.

- The implementation of managing complaints and customer care training sessions, which are delivered at all hospital sites and to all primary care service providers.

There is also evidence that the LHB provides feedback to patients and service users but only via the complaints process responses. More proactive forms of feedback would enhance the LHB's maturity.

15.3 The LHB described 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.

S15.4 We therefore assess the Trust to be **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at the User Experience level.

### **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 has assessed itself as **Developing** at all three levels. *[Last year we assessed the LHB to be **Developing** at the Corporate level and **Responding** and the Operational/Clinical Outcomes and User Experience levels.]*

S17.2 At the Corporate level the LHB has a range of policies in place relevant to this Standard. Policies are agreed through the LHB's committee structure and the Nurse Director chairs the Child Protection Forum; the minutes of which go to the Chair of the Board and LHB's Clinical Governance lead.

S17.3 At the Operational/Clinical Outcomes level there is no evidence of a training strategy with regards to Child Protection. The LHB have stated that Protection of Vulnerable Adults (POVA) training is essential for all staff and although numbers have been provided, it is difficult to determine what the actual position is given that the figures suggest that only a small number of staff have completed this training. Evidence was also provided of action taken following child protection incidents and

of staff being aware of their responsibilities to protect vulnerable people. The revised version of the POVA policy is available on the LHB's internet site and also a memo circulating a revised version of the document was recently sent. The LHB is also represented at the Powys Adult Protection Committee Meetings.

S17.4 Policies are in place that cover Criminal Records Bureau (CRB) checks, POVA and Protection of Children Act (PoCA), however there is no indication of any audits having been carried out in this respect.

S17.5 We therefore assess the LHB to be **Developing** at the Corporate level and Operational/Clinical Outcomes levels and **Responding** at the User Experience 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 level and **Responding** at the Operational/Clinical Outcomes and User Experience levels.  
*[Last year we assessed the LHB to be **Developing** at the Corporate and User Experience level and **Responding** at the Operational/Clinical Outcomes level.]*

S25.2 An Information Management and Technology (IM&T) Strategy is in place. In addition, there is an organisational focus on IM&T at Board level as the Strategy links to Powys LHB's objectives as identified in its key strategic documents. Apart from specific meeting reports, there does not appear to be any type of high level reporting mechanism to assure the Board of the effectiveness of IM&T and how it influences service commissioning and provision.

S25.3 Organisationally, the Business Service Centre, which is managed by Powys LHB, presents a challenge in ensuring that the diverse needs of various LHBs are taken into account while ensuring a coherence that reflects economies of scale and adherence to national guidelines. There are a number of examples of IM&T developments directly impacting on services as evidenced by the LHB minutes and the BSC documentation.

S25.4 There is concern about the funding of training and no overall staff training plan was evident. While individual systems have control mechanisms for progress and training, high level organisational control is sparse. While it is asserted that staff are fully trained there is little evidence to back this up. The IT operations report is devoted to the technical performance of the infrastructure and does not relate to any end user experience and, although there are many policies, it is unclear as to the mechanisms which ensure adherence.

S25.5 We agree that the LHB is **Developing** at the Corporate level and **Responding** at the Operational/Clinical Outcomes and User Experience levels.

**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 **Developing** at all three levels. *[Last year we assessed the LHB to be **Developing** at the Corporate level and **Responding** at Operational/Clinical Outcomes and User Experience levels.]*

S26.2 A Records Management Strategy is in place which is comprehensive and appears to be up to date and under appropriate change control. However the Strategy itself is largely an operational control document and does not set a strategic framework (eg introduction and future development of electronic patient records and implications for the LHB).

S26.3 While all the relevant standards and policies are in place, it is not clear how the Board maintains awareness of the state of compliance. Although the Key Performance Indicator (KPI) report does show a degree of operational focus on the state of records within the LHB.

S26.4 The LHB has established induction processes and has introduced the ability to restrict access to systems where knowledge of relevant policies is not in place. However the whole process of actually managing the accuracy of records appears quite cumbersome.

S26.5 There is little evidence of how the LHB monitors and reviews its record management systems and processes or how it ensures that continuous improvement is taking place.

S26.6 We agree with the LHB's assessment of **Developing** at the Corporate and Operational/Clinical Outcomes levels but assess the LHB to be **Responding** at the User Experience level.

## 5. Have improvements been made for those Standards where Powys LHB was assessed as Aware or Responding in 2006-07?

In 2006-07 Powys LHB demonstrated a maturity of **Developing** or above for 11 of the 32<sup>6</sup> standards. This year we have revisited the 21 Standards where it was assessed as being **Aware** or **Responding** at one or more of the Corporate, Operational/Clinical Outcomes and User Experience levels. Nine of these Standards [Standards 4, 6, 7, 8, 9, 15, 17, 25 and 26] have been reported on in Section 4.

### **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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Developing** at the Corporate level and **Responding** at the Operational/Clinical Outcomes and User Experience levels.]*

S1.2 Strategies, policies and procedures are in place to ensure compliance with this Standard, including a Public and Patient Involvement strategy.

S1.3 Steps have also been taken by the LHB to ensure compliance with the Standard which include:

- The re-establishment of the Public and Patient Involvement Committee which has formal links to the Health, Social Care and Wellbeing Committee and other partnership groups.
- Board meetings are advertised in the local press and the public are invited to submit questions to the Board.
- The introduction of a number of Directorate level service planning groups that encourage public, patient and carer involvement. These include Mental Health User group, the 'Insight' group within Children's services and the

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<sup>6</sup> A table comparing the maturity levels for those standards not assessed this year against the 2006-07 validated maturity levels is provided at Annex 3

Diabetes user group. These serve to promote the active involvement of patients, carers, relatives and the public in enhancing the effectiveness and quality of the care and services provided

- The monitoring of the work of the Equality group by the PPI Committee.
- The 'trailing' of a Community Health Councils in-patient satisfaction questionnaire at Newtown community hospital in November 2007.

S1.4 The LHB has also demonstrated that it has made progress in addressing the issues we highlighted last year in relation to this Standard. The initiatives it has put into place include:

- The Builth Wells Project which is an innovative project lead by a team from Powys County Council working jointly with Powys Local Health Board and a local GP in Builth to plan and develop a new model of care which will be fully consulted on.
- Consultation events on a number of issues including Delayed Transfers of Care, Children and Young People, the future of Minor Injury Units, the Gwent Clinical Futures Project and the South Powys Clinical Assessment Centre development plan.
- Recent reconfiguration work at Brecon hospital which has involved considerable staff and patient group input.

S1.5 We consider that good progress has been made in relation to this Standard with changes having clearly been made as a result of user feedback.

S1.6 We therefore agree that the LHB is **Developing** at all three levels for this Standard.

## **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 As part of its 2007-08 assessment the LHB assessed itself as **Responding** at the Corporate, Operational/Clinical Outcomes levels. *[Last year we assessed the LHB to be **Responding** at all three levels.]*

S2.2 The LHB acknowledges that this is an area where urgent action is needed in 2008- 2009. A revision of the Clinical Governance Strategy is required together with the development of a robust clinical audit and effectiveness programme.

S2.3 Some evidence was provided of audits having been undertaken although again the LHB acknowledges the need for a more robust programme.

S2.4 Progress against this Standard has been slow and the LHB has acknowledged that it has been difficult to achieve due to clinical staffing shortages in some areas, we therefore agree that the LHB is **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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate level and **Responding** at the Operation/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB as **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at User Experience level.]*

S3.2 The Board monitors compliance with emergency access targets through its commissioning team reporting mechanisms.

S3.3 The LHB recognises the need to introduce systematic and regular performance monitoring for both its provider and commissioned services. There was also little evidence to show how patients are kept informed of performance against national emergency access targets and waiting times and the options available to them for accessing services.

S3.4 We therefore agree that the LHB is **Developing** at the Corporate level and **Responding** at the 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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate and Operation/Clinical Outcomes levels and **Responding** at the User Experience levels. *[Last year we assessed the LHB to be **Developing** at the Corporate, Operational/Clinical Outcomes levels and **Responding** at the User Experience level.]*

S10.2 The Board recognises its responsibilities for equality and diversity for both its provider and commissioned services. A number of strategies and policies are in place to address this Standard and performance against these is monitored by the Board on a quarterly basis via its commissioning reports and the balanced scorecard.

S10.3 Relevant training has been made available but the numbers of staff who have received it is unclear. There is evidence that steps have been taken by the LHB with progress having been made in some areas, however, a more co-ordinated and consistent approach to monitoring does need to be developed, which is acknowledged by the LHB.

S10.4 We, therefore agree that the LHB is **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at the User Experience level.

### **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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate and User Experience levels and **Responding** at the Operational/Clinical Outcomes level. *[Last year we assessed the LHB to be **Developing** at the Corporate level and **Responding** at the Operational/Clinical Outcomes and User Experience levels.]*

S11.2 A range of committees are in place with relevant reporting structures to ensure that the Board is provided with information in relation to governance, risk management and audit issues. For commissioned services, arrangements are in place through the partnership meetings to discuss and raise issues relating to clinical care and treatments.

S11.3 An annual audit programme is also in place and audits and reviews of clinical care are reported to the LHB's Audit and Medical Group. Audit is supported in some areas by professional groups which meet quarterly.

S11.4 Since last year the LHB has introduced a directorate level self assessment tool and an exception reporting process, which has enabled the Board to more effectively monitor progress across the organisation.

S11.5 There is evidence that the LHB recognises the issues in relation to clinical supervision and a policy is in place. However, the clinical governance exception report suggests that there have been problems with releasing staff to attend training as well as difficulties in implementing the policy.

S11.6 We therefore agree that the LHB is **Developing** at the Corporate level but still **Responding** at both the Operational/Clinical Outcomes and User Experience 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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. [*Last year we assessed the LHB to be **Responding** at the Corporate, Operational/Clinical Outcomes levels and User Experience levels.*]

S20.2 The Board regularly monitors the implementation of the all Wales Human Resources strategy 'Designed to Deliver' and progress is being made in key areas. A Training and Development Strategy is in place but this is dated 2004. However, the action plan that underpins the strategy is however reviewed formally on an annual basis through a report submitted to the Human Resources Committee. There is evidence that all key actions within the strategy have been progressed but some require more work to ensure they are fully embedded into the organisation. The LHB has stated that the strategy is due for a full review and discussions/meetings have commenced with managers.

S20.3 Details of service improvement initiatives that have been developed and implemented over the last 12 months were provided which include the 'Llandrindod Wells Leg Club' initiated by the community nursing team, the 'Diarch Research Project' undertaken by the diabetes clinical nurse specialist, environmental improvements at children's centres in Brecon and at Ynys y Plant and staff led research on user involvement in mental health.

S20.4 The LHB's HR department is currently working with the National Leadership and Innovation Agency for Healthcare to review its HR services with a view to developing the HR business partner model. The LHB has taken forward approaches to determine how well HR processes are working.

S20.5 We consider that progress has been made by the LHB and that steps have been taken to address this Standard we therefore agree with the LHB's assessment of **Developing** at the Corporate and Operational/Clinical Outcomes 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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at the Corporate and Operational/Clinical Outcomes levels and Aware at the User Experience level.]*

S21.2 The LHB has made progress against this Standard at the Corporate level and it is clear that the strategic agenda is being progressed. Reports are submitted to the Board providing assurance of the position in relation to professional registration.

S21.3 The LHB is working with the NHS Centre for Equality and Human Rights to build capacity and capability to ensure that patients and staff are treated fairly and in accord with their needs. The LHB's website has been developed and provides links to key documents that to such matters as race equality, human rights and disability equality. The LHB's Disability Equality Scheme was approved by the Board in November 2007.

S21.4 There is evidence of appropriate employment checks being carried out within the LHB. In addition, there is a policy and procedure for the validation and monitoring of registration numbers, together with a range of policies and procedures for dealing with breaches of professional conduct.

S21.5 Information relating to a breach of Professional Practice is reported to the Board through the Employee Relations Report. All details of such breaches are recorded on the LHB's Case Management system.

S21.6 We consider that the LHB has taken steps to address the issues in relation to this Standard and agree with the LHB's assessment of **Developing** at the Corporate and Operational/Clinical Outcome levels but consider it to be **Responding** 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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at the Corporate level and **Aware** at the Operational/Clinical Outcomes and User Experience levels.]*

S22.2 The LHB's Training and Development Strategy is dated 2004 and as such needs to be reviewed, however the action plan related to the strategy is reviewed on an annual basis. There is evidence of action taken by the LHB since last year's assessment in relation to embedding continuous and systematic processes for training and development. All directorates are required to submit an annual training needs analysis for their service, which informs the LHB's Training and Development programme. A report is submitted to the Board identifying the needs and how they are to be met.

S22.3 A Corporate Induction Programme is in place for all new starters. Staff are made aware of training programmes via email and the Learning Management System which enables staff and managers to manage their training and development needs.

S22.4 The LHB has identified that whilst the implementation of the Learning Management System has been progressed there is a need for further education and training of staff in respect of this. There is evidence of progress being made in relation to appraisals and performance management since last year with 97.4% of staff reported as having a PDP and 100% of medical staff having had an appraisal.

S22.5 Details of incidents relating to competency issues were not provided. While recognising the importance of individual confidentiality, summary reports of the circumstances and the actions taken as a result would have demonstrated compliance with this element of the Standard.

S22.6 We assess the LHB to be **Developing** at the Corporate, Operational/Clinical Outcome 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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate level and Operational/Clinical Outcomes and **Responding** at the User Experience levels. *[Last year we assessed the LHB to be **Responding** at all three levels.]*

S23.2 The LHB has a comprehensive range of policies and procedures in place to encourage and guide good practice in this area and these are reviewed every three years. Staff are made aware of the policies at induction and training is received on the dignity in the workplace policy. Staff also have confidential access to HR managers and the LHB's staff counsellor.

S23.3 We agree with the LHBs assessment of **Developing** at the Corporate and Operational/Clinical Outcome levels and **Responding** at the User Experience level.

The LHB needs to provide specific examples at the User Experience level to demonstrate how the LHB uses procedures that are in place and provide evidence that lessons have been learned as a result.

**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 As part of its 2007-08 assessment the LHB assessed itself as **Responding** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at the Corporate and User Experience levels and **Aware** at the Operational/Clinical Outcomes level.]*

S24.2 There are some plans in place at a strategic level for bringing together health and social care workforce plans and the LHB's workforce development arrangements are aligned to the requirements specified in 'Designed to Work'.

S24.3 Further work has been undertaken in the Mental Health Directorate to develop new roles linked to the new Mental Health Act in collaboration with social care staff.

S24.4 At the user experience level specific examples of how the patient/service user experience has improved as a result of implementing changes to work processes were not provided. As a result it was difficult for us to determine what improvements had been made since 2006/07.

S24.5 We agree that the LHB is **Responding** at the Corporate, Operational/Clinical Outcomes levels but consider it to be only **Aware** at the User Experience level.

### **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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at all three levels.]*

S27.2 There is evidence that the LHB has made progress against this Standard since last year. A new committee structure has been implemented and the required amendments to the standing orders have been made. The LHB has reported that even though the new structure has provided a better focus in some areas; for example, performance management, there have been concerns about duplication and the size of the agenda. As a result a further review is underway which will cover issues identified from the reviews undertaken by the Welsh Assembly Government Clinical Governance Support and Development Unit and the Governance in Health Project Team.

S27.3 Board level reporting of finance issues is stronger with the Director of Finance now having responsibility for both commissioning and finance.

S27.4 Arrangements are in place to enable the Board to support openness, probity and accountability and to support risk management. Board level responsibilities are defined and regular reports made to the Directors and Board that form part of the annual Risk Management Report. However the LHB has been without a Risk Manager for the last six months and this has impacted on the management and co-ordination of the organisations risk registers. The Governance and Risk Management Committee monitors the activities of several sub committees that monitor compliance with the relevant standards and policies.

S27.5 The LHB provided evidence of how clinical governance development and support is a collaborative function. In secondary care staff are encouraged to contribute to the directorate healthcare standards improvement plans and exception reporting mechanisms. Evidence was also provided of how the Clinical Governance Department engages with staff to provide both support and development opportunities through shadowing, training sessions and telephone and email advice. Governance arrangements are also included as part of the regular staff induction events.

S27.6 Staff are made aware of financial management arrangements via the monthly Key Brief, which also includes finance information. The Communications Group is currently undertaking a review of the effectiveness of the Key Brief as a method of cascading information.

S27.7 At the User Experience level the LHB was not able to provide evidence from within the last 12 months regarding the key issues that have been highlighted in respect of governance arrangements and evidence of how these have been addressed.

S27.8 In view of the above we assess the LHB to be **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at the User Experience level.

### **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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels. *[Last year we assessed the LHB to be **Responding** at all three levels for this Standard.]*

S28.2 It is evident that the LHB has made progress against this Standard. Appropriate strategies, policies and procedures are in place and there is a Governance and Risk Management Committee (GRMC) that works with managers and clinicians in a co-ordinated approach to achieving quality across the organisation. The Clinical Governance Strategy is still to be reviewed and the LHB has stated that this will happen following phase two of the Clinical Governance and Support and Development Unit's review which was published in March 2008.

S28.3 There is evidence that the GRMC monitors the activities of several sub-committees who in turn monitor compliance with the relevant healthcare standards. There is also a directorate based self assessment tool for the healthcare standards in place which aims to ensure the integration of clinical governance principles into all areas of the organisation.

S28.4 Audits have been undertaken in primary care and the improvement plans have demonstrated that staff have been more involved in clinical governance activities. A number of examples were submitted that demonstrate how staff are using clinical governance principles to maintain and improve patient care.

S28.5 We agree with the LHB's assessment of **Developing** at all three 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 As part of its 2007-08 assessment the LHB assessed itself as **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Responding** at the User Experience level. *[Last year we assessed the LHB to be **Developing** at the*

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

S30.2 The LHB's public health team has reviewed its priorities based on the local needs assessment and as a result seven key programme areas have been identified for action across Powys.

S30.3 At the Operational/Clinical Outcomes and User Experience levels the LHB's responses are the same as those submitted last year, which demonstrated that there was recognition of the issues but no evidence of practical application across the organisation.

S30.4 We agree with the LHB's assessment that it is **Developing** at the Corporate level but consider it to be only **Responding** at the Operational/Clinical Outcomes and User Experience levels.

## 6. How well have the Healthcare Standards been embedded in Powys LHBs governance and internal assurance processes?

6.1 From information gathered from the LHB's self-assessment, the Healthcare Summit and meetings with the Mid and West Wales Regional Office and Powys LHB's internal auditors it is clear that, over the last 12 months, the LHB has been working on embedding the Healthcare Standards and making them part of the organisation's governance processes.

6.2 We have consulted with Powys LHB's internal auditors when assessing how well the Healthcare Standards have been embedded in Powys LHB's governance and internal assurance processes. In line with the approach we agreed with internal auditors of trusts and LHBs across Wales they have:

- Reviewed the LHB's self-assessment and input to the online tool for those standards that have been specifically referred to in the LHB's Statement of Internal Control, namely:
  - **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.*
  - **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.*
  - **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.*
- **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.*

The review of each standard included a review of the 'story' and the evidence that supports it and an assessment of the appropriateness of the LHB's self-assessment of its maturity.

- Undertaken an assessment of the process adopted by Powys LHB in preparing and completing the self-assessment.
- Reviewed Powys LHB's Healthcare Standards Improvement Plan for 2007-08 and the processes in place to monitor and report on progress with particular attention being given to evaluating whether improvements have been made against those areas and standards where last year they were evaluated by HIW as being 'aware' or 'responding'.
- Assessed whether the Board has been appropriately engaged in the self-assessment process and in embedding the Healthcare Standards.

6.3 We are therefore able to confirm that:

- The maturity levels at which the Trust has assessed itself for standards 14, 16, and 28 are realistic and accurate.
- The process adopted by Powys LHB in preparing and completing their self-assessment was sound. The LHB use an electronic directorate based tool to update its progress against the Healthcare Standards.
- There has been regular monitoring of the Trust's 2007-08 Healthcare Standards Improvement Plan by its Clinical Governance Committee.

- Board members have been engaged in the Healthcare Standards process and were responsible for reviewing the Trust's self-assessment against the standards prior to submission

6.4 The design of the system of control, if complied with, is sufficiently robust to provide assurance that the activities and procedures in place will achieve the objectives for the system. However it is recommended that each Healthcare Standard should be allocated to a responsible lead within the LHB.



## **7. Next Steps**

7.1 Powys Local Health Board is required to submit a Board approved Healthcare Standards Improvement Plan to the Mid and West Wales Regional Office of Welsh Assembly Government's Department for Health and Social Services by the end of October 2008. This plan will be agreed by the Regional Office, which will monitor its implementation as part of the performance management arrangements in place for NHS Wales. It will be made available on LHB's website.

7.2 HIW will publish an all-Wales report in October 2008, which will integrate the findings from individual reports into an overview of the position across Wales. This will highlight the key themes and risk areas highlighted by this year's Healthcare Standards assessment process.



## Maturity Level Definitions

	<b>Aware</b>	<b>Responding</b>	<b>Developing</b>	<b>Practising</b>	<b>Leading</b>
<b>Corporate</b>	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.
<b>Operational</b>	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.
<b>User Experience</b>	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 for those Standards Independently Validated by HIW

#### Key

L	Leading
P	Practising
D	Developing
R	Responding
A	Aware

#### Standard 1

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

#### Standard 2

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

#### Standard 3

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	R	↔	R
User Experience	R	↔	R

#### Standard 4

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

### Standard 5

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

### Standard 6

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

### Standard 7

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

### Standard 8

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

### Standard 9

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

### Standard 10

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

### Standard 11

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

### Standard 15

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

### Standard 17

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

### Standard 20

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

### Standard 21

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

### Standard 22

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

### Standard 23

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

### Standard 24

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

### Standard 25

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

### Standard 26

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

### Standard 27

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

### Standard 28

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

### Standard 30

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



## Summary of Maturity Levels for those Standards not subject to Independent Validation by HIW

### Key

L	Leading
P	Practising
D	Developing
R	Responding
A	Aware

### Standard 12

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

### Standard 13

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	P	↔	P
Operational/Clinical Outcomes	P	↔	P
User Experience	P	↔	P

### Standard 14

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

### Standard 16

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↑	P
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

### Standard 18

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↑	P
User Experience	D	↔	D

### Standard 19

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

### Standard 29 – validated by internal audit

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	P	↓	D
Operational/Clinical Outcomes	D	↔	D
User Experience	D	↔	D

### Standard 31 – validated by internal audit

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	NA		NA
Operational/Clinical Outcomes	NA		NA
User Experience	NA		NA

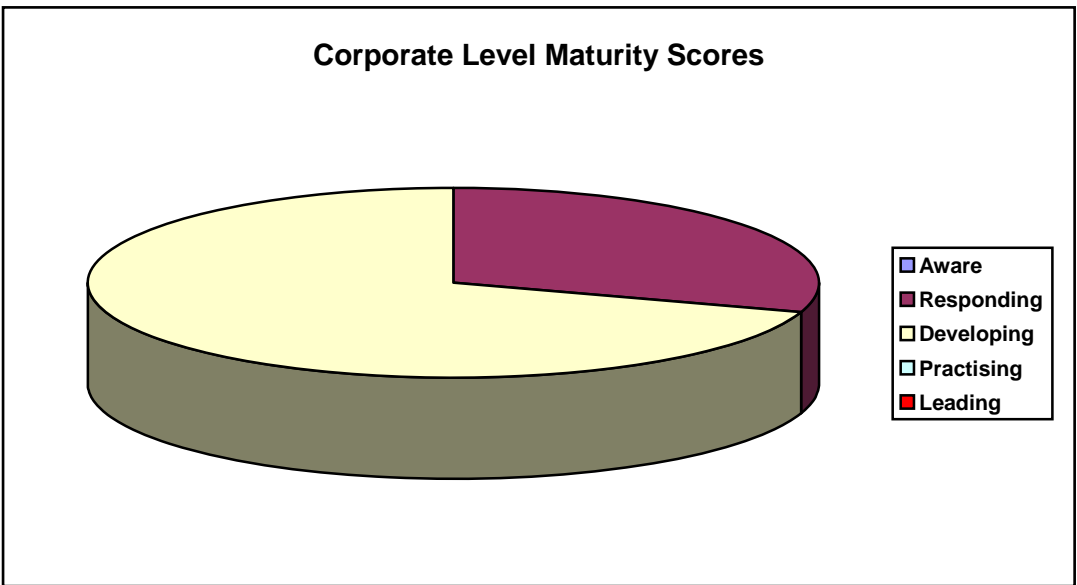
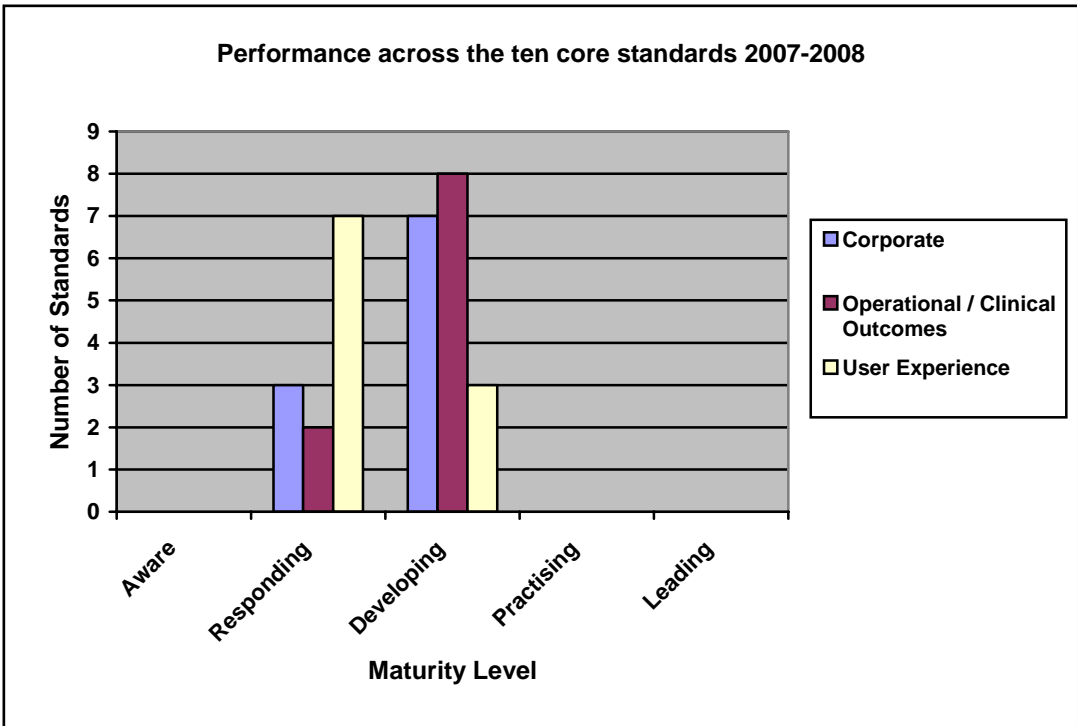
### Standard 32 – validated by internal audit

	2006-07 HIW Assessment	Variation (up/Down)	2007-08 Self Assessment
Corporate	D	↔	D
Operational/Clinical Outcomes	D	↔	D
User Experience	R	↓	D

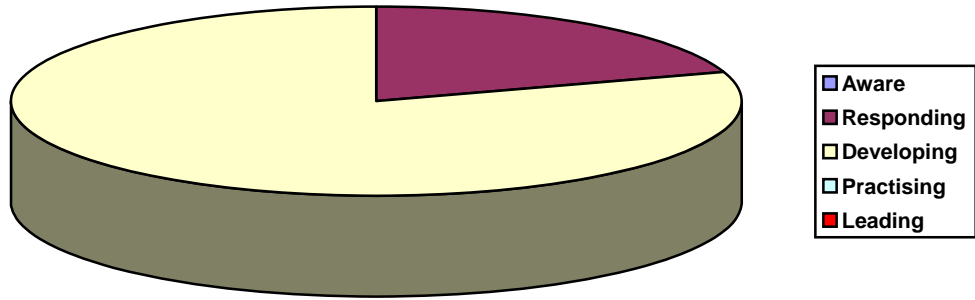


### Summary of Maturity by Corporate, Operational/Clinical Outcomes and User Experience Levels across the ten core standards

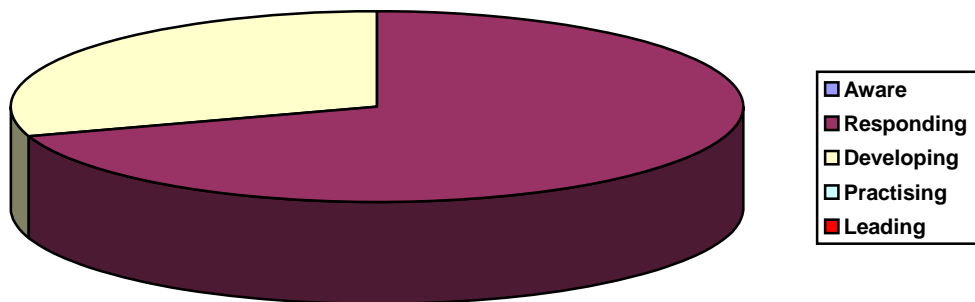
We agree with 83% of the scoring over the ten core standards for the 2007-08 submission. This is higher than last year where we agreed with 56% of the scoring against the same standards with an additional 4% of those scores being scored up.



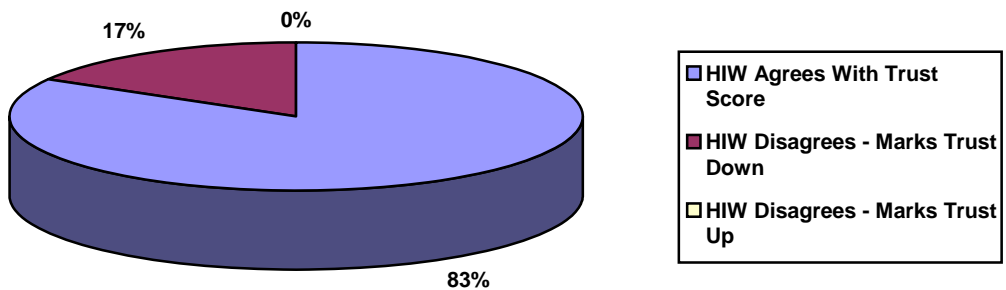
### Operational/Clinical Outcomes Level Maturity Scores



### User Experience Level Maturity Scores



### Agree/Disagree with Trust Score across the ten core standards





### The Healthcare Standards for Wales

#### Domain 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.

**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.

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

**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.

**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.

**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.

**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.

**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.

**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.

**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.

## **Domain 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.

**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 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.

**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.

### **Domain 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.

**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.

**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.

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

**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.

**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.

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

**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.

**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.

**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.

**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.

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

**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.

**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.

**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.

#### **Domain 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.

**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.

**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.

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



### 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, e.g. district nurses, chiropodists, etc. Combined trusts provide both community and acute trust services under one management.

**National Institute for Health and 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.