NHS Direct Wales

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

October 2007

Contents

1.   Introduction and Context

1.1.   This report presents the findings from the work undertaken by Healthcare Inspectorate Wales to test and validate NHS Direct Wales 2006-2007 self-assessment of performance against the *Healthcare Standards for Wales*.

The Standards

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

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

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

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

    Standards to support the provision of healthcare in partnership with patients, service users, their carers and relatives and the public will be based on plans and decisions that respect diverse needs and preferences. Services will be

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

user friendly and patient centred. Healthcare will be provided in environments that promote patient and staff wellbeing and respect for individual patients' needs and preferences in that they will be designed for the effective and safe delivery of treatment and care and are well maintained and cleaned to optimise health outcomes for patients.

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

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

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

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

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

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

Ensuring Compliance

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

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

Inspectorate Wales to test and validate the 2006-2007 submissions is set out in the following section.

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

2. The 2006-2007 Assessment Process

The Self Assessment

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

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

- *Corporate* – how well do 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[2]* – what is user experience like and is it improving?

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

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

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

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

- Aware
- Responding
- Developing
- Practising
- Leading

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

2.5.   Being a developmental year NHS organisations have had to meet some tight timescales and were required to submit their completed self-assessment to HIW by 30 June 2007, three months after the assessment tool was released. The deadline was met by NHS Direct Wales and we would like to acknowledge the great amount of work, effort and commitment demonstrated by the organisation to ensure deadlines have been met.

Testing and Validation

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

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

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

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

The Site Visit

2.7.   NHS Direct Wales was a division of Swansea NHS Trust until 1 April 2007 when the arrangements changed and the service became part of Welsh Ambulance Services Trust (WAST). As the organisation had recently become part of the Welsh Ambulance Services Trust and both organisations are currently in the process of integrating processes and activities, HIW felt that it was more appropriate to organise a meeting with key senior members of the Trust that had been involved in preparing both submissions to further test and validate the information provided. At the meeting further information and greater clarity was sought around information contained both the Welsh Ambulance Services NHS Trust's submission and NHS Direct Wales' submission.

Healthcare Summits

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

3. Overview of NHS Direct Wales

3.1.   NHS Direct Wales (NHSDW) was until 31 March 2007 a division of Swansea NHS Trust. On 1 April 2007 the arrangements changed and the service has now become part of the Welsh Ambulance Services Trust. NHSDW is a health advice and information service available 24 hours a day, every day.

3.2.   NHSDW can be contacted if someone feels ill and is unsure what to do, or for health information on a wide range of conditions, treatments and local health services.

3.3.   NHSDW's telephone service is answered by Call Handlers who take personal details, when supplied, and reasons for calling. Depending on the reasons for calling, callers may be put through to a Nurse Adviser, Health Information Adviser or Dental Health Adviser. During busy periods it may not be possible to speak to an advisor immediately but they will call back at an agreed time within a three hour timeframe.

3.4.   The NHS Direct Wales website information service is intended for health information enquiries only. Skilled health information advisers will attempt to answer patients' queries within three working days and will provide them with responses to enquiries such as:

- Information on named/diagnosed conditions
- Details on local NHS services
- Patients rights and help with health costs
- Signpost to other services (ie counselling, self help/support groups)

However, they cannot answer the following queries:

- Diagnosis or self diagnosis on a condition
- Treatment given is not working
- Recommend treatments or medications
- If the person concerned is residing outside of the UK

3.5.	Information provided by the website service is not intended to replace a consultation with an appropriately qualified health professional, as NHSDW cannot guarantee that information provided will meet a patient's health or medical requirements.

4. Findings – Including areas of Improvement and Good Practice

4.1 The Patient Experience

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

S1.1   NHS Direct Wales (NHSDW) assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S1.2   The organisation was able to demonstrate that the Management Board/ Executive Team is committed to public and patient involvement (PPI) through a number of mechanisms such as:

- NHSDW previously operated as a division of Swansea NHS Trust and as such the Trust's (PPI) strategy provided the overarching direction for NHSDW.
- A PPI group that previously linked to the Trust group is in place to take the agenda forward and there is an Executive lead for PPI.
- Swansea Trust complaints policy was supplemented by the development of a local NHSDW complaints procedure.
- A Community Health Council (CHC) member attends the NHSDW clinical governance committee meeting.
- NHSDW runs 'public facing' events where informal feedback on its service is obtained.
- A self-assessment against Signposts 1&2 was completed.
- Monthly reports are submitted to the Management Board on user feedback.

It is important that NHSDW undertakes further work as part of Welsh Ambulance Services NHS Trust (WAST) to clarify how the PPI strategy links in as part of the new organisation. This principle also applies to work required to effectively integrate policies and procedures.

S1.3   Evidence was submitted that demonstrated that steps had been taken to address the key issues. Some examples were that there had been engagement with Royal National Institute for the Blind (RNIB) and Royal National Institute for the Deaf (RNID) to gather views on its service and work had been undertaken with the LHBs for whom it provides GP out of hours and dental services to obtain user feedback. Direct feedback from callers is entered onto an electronic database. Evidence of working across health and social care was provided in the work undertaken in the referral of child protection and the protection of vulnerable adults and the sharing of information. Good evidence of changes made as a result of gathering views was provided.

S1.4   We agree with NHSDW's assessment of **Developing** at all three levels.

Standard 2
The planning and delivery of healthcare:
> a.   *reflects the experiences, views and preferences of patients and service users;*
> b.   *reflects the health needs of the population served;*
> c.   *is based on nationally agreed evidence and best practice; and*
> d.   *ensures equity of access to services.*

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

S2.2. NHSDW has in place a number of processes to meet this standard, for example:

- Monthly reports to the Board and weekly capacity planning meetings that demonstrate service accessibility and report on targets within the balanced scorecard.
- Computer Assisted Software with an inbuilt prioritisation tool.
- Health alerts are disseminated and assessed for applicability.
- All information used within the call centre is assessed using quality evaluation tools.

- All electronic information provided within the calls is governed by the NHS Direct reference group. Messaging is in place to inform service users of the status when trying to access the service together with advice options.

S2.3. All standards relating to sources of information are contained within the National Nurse Review Tool and Health Information Review Tool and compliance is monitored through regular performance and audit reviews. The timeliness and effectiveness of service delivery is reviewed weekly.

S2.4. There is evidence of good practice across the organisation but insufficient evidence of continuous improvement. As a result we are unable to agree an assessment of Practising and consider the organisation to be **Developing** 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. NHSDW assessed itself as **Practising** at the Corporate and Operational/ Clinical Outcomes levels and **Developing** at the User Experience level.

S3.2. NHSDW has agreed with its commissioners that they follow GP service out of hours standards in relation to accessing appropriate care promptly and this is monitored by the Board using the balanced scorecard and the operational monthly report. The key performance indicators relating to response times for managing its 'immediate life threatening' and high priority calls are also monitored via the same mechanisms.

S3.3. Organisational performance is discussed and reviewed at weekly capacity planning meetings that are attended by representatives of all staff groups. NHSDW's performance against the standards and key performance indicators is very good. Information on its performance is provided to commissioners and stakeholders.

S3.4. We agree with NHSDW's assessment of **Practising** at the Corporate and Operational/Clinical Outcomes levels and **Developing** at User Experience level.

Standard 4
Healthcare premises are well-designed and appropriate in order to:
   a.   promote patient and staff well-being;
   b.   respect different patients' needs, privacy and confidentiality;
   c.   have regard for the safety of patients, users and staff; and
   d.   provide a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

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

S4.2. As NHSDW were part of Swansea NHS Trust, they adhered to their relevant policies and procedures and their estates and facilities function were also provided by the Trust. The Management Board however is responsible for ensuring that the organisation complies with all relevant legislation to promote the safety and experience of its staff and service users. The Board has supported best practice guidelines in relation to call centre working and the Management Board receives regular monthly reports and recommendations relating to the environment.

S4.3. Each of the three call centre sites carry out an annual health and safety check to ensure staff are working in an appropriate and safe environment and staff are encouraged to undertake risk assessments of the environment if particular risks are identified. Incident reporting processes are in place for staff to use. A number of fora are in place where concerns can be raised by staff. A number of examples of changes made as a result of feedback received were included in the submission.

S4.4. NHSDW need to ensure that key staff with responsibility for health and safety fully engage with the health and safety department at WAST as part of the organisational transfer.   It is important to ensure that organisational structures are in place to enable staff to comply with safety requirements and that joint policies and training programmes are developed for the management of staff safety issues.

S4.5. We agree with the assessment of **Developing** at all three levels as steps are being taken and there is evidence of practical application across 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.*

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

S5.2. NHSDW's submission stated that as the service does not provide direct patient care, the infection control and hospital cleanliness standards do not directly apply. It was acknowledged however that even though they do not apply in the context of patients they do need to be considered in relation to staff.

S5.3. Service level agreements (SLAs) are in place which state that maintenance and health and safety advice and support to the three NHSDW sites is provided by the local Trust in each area. The implementation of these agreements is monitored by the General Manager and Business Service Administrator. NHSDW employs an independent cleaning contractor to supply cleaning services which is subject to an SLA service level agreement. A database of all SLAs is held centrally on the organisation's intranet site. As part of the transfer to WAST there is a need to review estates management and maintenance arrangements.

S5.4. We agree with the assessment of **Developing** at all three levels for this standard.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S6.2. NHSDW was able to demonstrate that it is taking steps to address this standard. It has a communication strategy in place dated 2006 but it is in draft form. The service produces information leaflets in a variety of languages and to meet a broad range of needs. An online enquiry service is available as an alternative to the telephone service and 24 hour text service is available for the deaf. Information is available in a variety of formats, for example, large print, Braille or audio.

S6.3.   The service is being promoted taking into account the demographics of the local population, for example, in community first areas, regions where there is low uptake of the service, poor health rates, low literacy and areas where English or Welsh is not the first language. As a result of user feedback, information was produced to explain and clarify what happens when people contact the service.

S6.4. There are a number of systems and processes in place to support the availability and provision of information and all information goes through a rigorous process of approval via an editorial board. Membership of this group has patient representatives and professionals from across the NHS in Wales.

S6.5. We agree with the assessment of **Practising** at all three levels, as well developed plans were being implemented throughout the organisation to address the key issues and evidence of evaluation and continuous improvement was provided.

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. NHSDW assessed itself as **Practising** at the Corporate and Operational/ Clinical Outcomes levels and **Developing** at the User Experience level.

S7.2. NHSDW was able to demonstrate that the strategic agenda is being progressed. The focus of NHSDW's work and training is around the empowerment of callers to enable them to care for themselves whenever possible. The software used helps to 'signpost' people to achieve the most appropriate outcome. A range of systems have been implemented to empower callers to make decisions and choices about their care options.

S7.3. The service supports the Expert Patient Programme to enable people to proactively manage their own care. A recruitment line to recruit tutors and volunteers for the National Expert Patient Programme has also been set up.

S7.4. Calls received are continuously evaluated to review the appropriateness and use of information provided. Lessons are learned and retraining undertaken in the event of poor information being given. All staff are subject to regular performance reviews which include the assessment of the appropriateness of self care outcomes.

S7.5. A number of examples of patients working in partnership with staff to empower them to make decisions about their care were submitted.

S7.6. We agree with the assessment of **Practising** at the Corporate and Operational/Clinical Outcomes levels and **Developing** at the User Experience 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. NHSDW assessed itself as **Practising** at the Corporate and Operational/ Clinical Outcomes levels and Developing at the User Experience level.

S8.2. NHSDW was able to demonstrate that it had implemented strategies and policies, such as Fundamentals of Care, across the organisation to ensure that service users and staff are treated with dignity and respect. Training support is also available for staff on a range of topics and staff receive feedback on any complaints they may have been involved in to ensure individual learning occurs.

S8.3. A monthly open forum meeting is held for staff where any issues or concerns can be raised with members of the senior management team. Exit interviews are undertaken for staff when they leave the organisation.

S8.4. Informed consent within the context of NHSDW relates only to the sharing of patient information. The NHSDW Child Protection Referral Guidance provides specific guidance relating to the disclosure of information.

S8.5. A range of examples were submitted providing evidence of the monitoring compliance and examples of improvements made. We are able to agree with the assessment of **Practising** at the Corporate and Operational/Clinical Outcomes levels and **Developing** at the User Experience level. It is important to note however as stated previously that particular attention needs to be given to the integration of policies and procedures with the WAST ensuring that areas of good practice that currently exist are not lost.

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. It was that this standard was not applicable to NHSDW.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S10.2. NHSDW functioned as a division of Swansea NHS Trust for the assessment period and as such complied with the full range of policies and procedures relating to this standard. NHSDW actively contributed to the development of the Trust's race equality and disability schemes and have undertaken pre-screening of its policies and procedures in line with the Race Relations Amendment Act. It has also commenced impact assessments of its high risk policies. The Board receives feedback from the PPI group and via accolades and complaints as well as from patient satisfaction surveys.

S10.3. NHSDW provides a comprehensive range of induction and refresher training for staff and all sessions are evaluated. Examples were submitted of developments undertaken to meet the needs of specific groups.

S10.4. We agree with the assessment of **Practising** at all three levels.

4.2. Clinical Outcomes

Standard 11
Healthcare organisations ensure that:
   a.   *clinical care and treatments are delivered by healthcare professionals who make clinical decisions based on evidence based practice;*
   b.   *clinical care and treatments are carried out under appropriate clinical supervision and leadership;*
   c.   *clinicians continuously update skills and techniques relevant to their clinical work including peer reviews; and*
   d.   *clinicians participate in regular audit and review of clinical services.*

S11.1. NHSDW assessed itself as **Practising** at the Corporate level and **Developing** at the Operational/Clinical Outcomes levels.

S11.2. NHSDW was able to demonstrate that they were taking steps to address this standard. Strategies, policies, groups and arrangements are in place related to clinical effectiveness and audit, evidence based practice, clinical supervision and leadership. The Computer Assisted Software (CAS) has an inbuilt prioritisation tool and the triage system incorporates National Institute for Health and Clinical Excellence (NICE) guidance and standards. Appropriate arrangements are in place for the governance of the clinical decision support system with appropriate monitoring and review arrangements in place. A robust recruitment and selection process is in place which includes Criminal Records Bureau (CRB) and professional registration checks.

S11.3. The clinical audit programme is driven by clinical performance reporting, adverse incident reporting, national standard compliance and themes from monthly reports and feedback. A re-audit is also undertaken to demonstrate improvements and lessons learned. Appropriate clinical training opportunities are available which are evaluated.

S11.4. We agree with the assessment of **Practising** at the Corporate level as there is evidence that the strategic agenda is being progressed with some evidence of continuous improvement. We also agree with the assessment of **Developing** at Operational/Clinical Outcomes and User Experience levels.

Standard 12
Healthcare organisations ensure that patients and service users are provided with effective treatment and care that:
  a. *conforms to the National Institute for Clinical Excellence (NICE) technology appraisals and interventional procedures, and the recommendations of the All Wales Medicines Strategy Group (AWMSG);*
  b. *is based on nationally agreed best practice and guidelines, as defined in National Service Frameworks, NICE clinical guidelines, national plans and agreed national guidance on service delivery;*
  c. *takes account of patients' physical, social, cultural and psychological needs and preferences; and*
  d. *is integrated to provide a seamless service across all organisations that need to be involved, including social care organisations.*

S12.1. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S12.2. There was no evidence that the organisation had a clear strategic agenda in place that was being progressed but there was some evidence that NHSDW were taking steps to address the key issues. A number of examples were provided of effective partnership working with other organisations including LHBs, Accident & Emergency (A&E) departments, and the National Public Health Service.

S12.3. Evidence of appropriate training of staff was provided and there was evidence of annual review information being distributed to stakeholders. References were also made to the various types of information available.

S12.4. Some evidence of improvements made as a result of complaints and compliments was submitted. We therefore assesses NHSDW as **Developing** at all three levels.

Standard 13
Healthcare organisations, which either lead or participate in research, have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

S13.1. NHSDW assessed itself as **Responding** at the Corporate level and **Developing** at the Operational/Clinical Outcomes and User Experience levels.

S13.2. NHSDW was operating as a division of Swansea NHS Trust for the period of this assessment and as such worked within the framework of their Research and Development Strategy. However, there is no real evidence contained within the submission of any application of the research governance framework or any involvement of the Management Board.

S13.3. There was some evidence that individuals had been identified within NHSDW to support the Research and Development function, however, there was limited evidence of research other than software change requests and participation in a Demonstrator Research Project led by the Centre for Health Information. It is important that following its transfer to WAST, opportunities are explored to progress the research governance agenda.

S13.4. We agree an assessment of **Responding** at all three levels.

4.3. Healthcare Governance

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

S14.1. NHSDW has assessed itself as **Practising** at the Corporate, Operational/ Clinical Outcomes and User Experience levels.

S14.2. NHSDW was able to demonstrate that steps were being taken to address this standard. Appropriate structures, policies and procedures were in place through Swansea NHS Trust's arrangements. NHSDW also developed its own procedures for particular issues that were specific to the work of NHSDW. These arrangements will need to be reviewed following transfer to WAST. There is no evidence of an assurance framework being in place that relates risks to strategic objectives.

S14.3. There is evidence that staff participate in activities that focus on health and safety and are involved in appropriate training. Adverse incidents and patient safety issues are reported and followed up, however, there is a gap in the evidence in terms of 'closing the loop'. NHSDW has a Partnership Forum and an Open Forum in place that allows staff to raise concerns or issues with regard to the safety of callers and staff on a regular basis.

S14.4. A number of examples of NHSDW engaging with callers was provided as well as examples of service users involvement in the development of quality improvement programmes. Evidence of evaluation and continuous improvement was provided at the User Experience level.

S14.5. We agree an assessment of **Developing** at the Corporate and Operational/Clinical Outcomes levels and **Practising** at the User Experience 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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S15.2. As NHSDW operated as a division of Swansea NHS Trust their policy for complaints was implemented in NHSDW. This policy was supplemented by a local procedure for NHSDW approved by their Management Board. Regular information relating to complaints is also received by their Management Board.

S15.3. A range of information about the complaints procedure is available via the website together with information about timescales for handling and next steps. No requests for independent review had been made and no complaints had been referred to the Ombudsman.

S15.4. A range of appropriate training is provided for staff at induction and as refresher training. Evidence was provided that good, clear systems were in place for the handling of both formal and informal complaints. Examples of service changes made as a result of complaints were provided as were examples of how this information is feedback to service users.

S15.5. NHSDW was able to provide evidence of well developed plans being implemented across the organisation and we, therefore, agree with the assessment of **Practising** at all three levels.

Standard 16
Healthcare organisations have systems in place:
  a. *to identify and learn from all patient safety incidents and other reportable incidents;*
  b. *to report incidents to the National Patient Safety Agency's (NPSA) National Reporting and Learning System and other bodies in line with existing guidance;*
  c. *to demonstrate improvements in practice based on shared local and national experience and information derived from the analysis of incidents; and*
  d. *to ensure that patient safety notices, alerts and other communications concerning safety are acted upon within required time-scales.*

S16.1. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S16.2. NHSDW has put in place robust structures, processes and reporting mechanisms to identify and learn from patient safety incidents. NHSDW has developed its own adverse incident procedure that identifies roles and responsibilities for feeding into the overarching Trust process. Learning from incidents is fed into the clinical effectiveness and quality improvement mechanisms. Changes made as a result of incidents are reported to Management Board and are made available to staff.

S16.3. Appropriate training relating to the identification and reporting of incidents is provided at induction and as refresher training. The training team also issue 'coaching tips' highlighting issues emerging from incidents and where appropriate, further training is provided. An incident 'Open Forum' is held to discuss incidents with representatives from all disciplines.

S16.4. Evidence was provided that safety alerts are sent to staff, however, there is no audit evidence that they are acted upon in a timely manner.

S16.5. It is important to ensure that arrangements are made for local and national experiences and information on incidents is fed into clinical effectiveness and quality improvement on transfer to WAST.

S16.6 We agree that steps are being taken to address the key issues covered by this standard but there is no evidence of evaluation leading to continuous improvement. HIW therefore considers that an assessment of **Developing** at all three levels is appropriate.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S17.2. NHSDW has appropriate strategies, policies and procedures in place to protect children and vulnerable adults. A child protection group has been established and the intention is to appoint a named professional at a strategic level to address the loss of a Named Nurse due to the transfer to WAST.

S17.3. A child protection training strategy based on national guidance is in place and appropriate training takes place involving a range of organisations. Training for the protection of vulnerable adults takes place and takes account of the learning from reviews and reflects the specific guidance that is followed by the four adult protection forums. The NHSDW referral form is used to refer Protection of Vulnerable Adults (POVA) concerns to social services. Appropriate CRB / Protection of Children Act (POCA) checks have been undertaken for staff and checks have been subject to audits as part of Swansea NHS Trust audit activity. Positive procedures are in place for dealing with child protection related incidents.

S17.4. There is evidence that positive work has been undertaken by the organisation to progress work in relation to child protection and this needs to be used to inform the future development of similar processes for the protection of vulnerable adults.

S17.5. We agree that steps are being taken to address the key issues covered by this standard but there is no evidence of evaluation leading to continuous improvement. We therefore agree an assessment of **Developing** at all three levels.

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

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

S18.2. NHSDW has strategies, policies and procedures in place that are regularly reviewed to manage emergency situations and these are available on the intranet and in 'hard copy' at all NHSDW sites. Plans have been tested on several occasions and have demonstrated success. Evidence was provided of improvements made as a result of the tests that have been undertaken.

S18.3. There is a need to ensure that the plans that currently exist in NHSDW are integrated into WAST and are also included in their business continuity plans following transfer.

S18.4. We agree that well developed plans are in place and that there is evidence of continuous improvement. We therefore agree an assessment of **Practising** all three levels.

Standard 19
Healthcare organisations ensure that:
   a.   *all risks associated with the acquisition and use of medical devices are minimised;*
   b.   *all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed;*
   c.   *quality, safety and security issues of medicines are managed; and*
   d.   *the prevention, segregation, handling, transport and disposal of waste are managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.*

S19.1. This standard was not applicable to NHSDW.

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. NHSDW assessed itself as **Developing** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S20.2. NHSDW operated as a division of Swansea NHS Trust and as such complied with the Trust's HR strategies, policies and procedures. The HR Manager at NHSDW was a member of the Trust's HR meetings and regular monthly HR reports are submitted to the Board.

S20.3. Annual appraisals and performance reviews are undertaken and compliance is monitored and reported to the Management Board. NHSDW produced an action plan following a staff survey that addressed service improvements to be made as a result of staff initiatives. Exit interviews are undertaken for all staff that leave the organisation and a staff suggestion scheme is in place.

S20.4. We agree that steps have been taken to address the key issues and agree an assessment of **Developing** at all three 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. NHSDW assessed itself as **Practising** at the Corporate and Operational/ Clinical Outcomes levels and **Developing** at the User Experience level.

S21.2. NHSDW had implemented the Swansea NHS Trust's policies and procedures and in addition have clear local arrangements in place in the form of a professional registration procedure. This outlines NHSDW's responsibilities for registration

checks in respect of monitoring and capturing registration information and how to address issues of non-compliance. CRB checks are also undertaken on recruitment.

S21.3. Swansea NHS Trust's policies and procedures in respect of minority groups and diversity have been implemented in NHSDW.

S21.4. There was evidence that some steps had been taken to address this standard but no real evidence of practical application across the organisation nor any reference as to how this will transfer into WAST. We therefore assess NHSDW as **Developing** at the Corporate level and **Responding** at the Operational/Clinical Outcomes and User Experience levels.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S22.2. NHSDW has in place strategies and policies to monitor and support the professional and personal development of staff. All staff receive an intense induction period followed by a period of mentoring until a required level of competence is achieved. A Continual Professional Development (CPD) programme is in place, 'side by side' monthly coaching sessions as well as an annual 'downtime refresher training' programme, where mandatory training is provided for all front line staff. A management information system is in place that stores training records.

S22.3. All staff receive an annual appraisal and six monthly PDP updates in line with Knowledge Skills Framework (KSF) requirements. In addition monthly one to ones are performed by the team leaders to monitor individual performance. All training programmes are being mapped to KSF levels appropriate for each staff group.

S22.4. NHSDW are working with WAST and Swansea University to develop a joint curriculum for call handling and triage and for paramedics which will help staff to take on new roles in the new organisation.

S22.5. Evidence was provided of positive action being taken as a result of incidents that have occurred.

S22.6. There was evidence that the strategic agenda is being progressed with some evidence of continuous improvement. There is evidence of practical application across the organisation, however, there is little evidence of evaluation or benchmarking. We agree with the assessment of **Practising** at the Corporate and User Experience levels but considers the organisation to be **Developing** at Operational/Clinical Outcomes level.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels

S23.2. NHSDW referred us to the Swansea NHS Trust submission and policies and procedures for this standard as they operated as a division within that Trust. No information or evidence was provided however that demonstrated how these policies were being applied by NHSDW.

S23.3. Given the submission that was made, we consider there to be recognition of the issues but no evidence of practical application across the organisation. We therefore consider an assessment of **Responding** to be appropriate at all three levels.

Standard 24
Healthcare organisations work together with social care and other partners to meet the health needs of their population by:
   a.   *having an appropriately constituted workforce with appropriate skill mix across the community; and*
   b.   *ensuring the continuous improvement of services through better ways of working.*

S24.1. NHSDW assessed itself as **Practising** at the Corporate and Operational/ Clinical Outcomes levels and **Developing** at User Experience level.

S24.2. Evidence was provided of a range of examples of partnership working with both the statutory and voluntary sectors including Health Commission Wales, commissioners of the GP out of hours services, the National Institute for the Deaf, Childline, LHBs and NHS Trusts.

S24.3. Recruitment plans are in place to fill existing vacancies and to support the development of new services. Specialist nurse roles have been developed for child protection and POVA working with social services and providing training and advice.

S24.4. A number of examples of joint initiatives were provided including:

- Working with acute Trusts to provide A&E integrations, reducing demands for information and advice from A&E departments.
- Working with community pharmacies to ensure callers have information.
- Providing GP out of hours call handling and telephone triage.
- Working with an LHB to develop direct referral processes to district nursing.
- Working with a GP out of hours service to identify special notes for palliative care patients in order to improve communication.
- Working with some GP practices to provide support to chronic disease management teams.

S24.5. Examples of improvements made to the user experience as a result of changes to work processes were also provided.

S24.6. We consider that the strategic agenda is being progressed and monitored and that there is evidence of continuous improvement. We therefore agree with the assessment of **Practising** at the Corporate level but consider that evidence of evaluation and benchmarking is required to constitute an assessment of Practising at the Operational/Clinical Outcomes level. As a result we consider the organisation to be **Developing** at Operational/Clinical Outcomes and User Experience levels.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience level.

S25.2. Evidence was provided that the strategic agenda is being progressed and monitored by Management Board. An Information Technology (IT) strategy is in place, an IT risk assessment and an IT representative sits on the Management Board and the organisation holds weekly capacity planning meetings that includes a regular agenda item to discuss the effective use of Information Management & Technology (IM&T) within the organisation.

S25.3. Regular meetings are held with third party suppliers of IM&T services to review and report on the standards of quality and support. The IM&T department reports monthly statistics to highlight performance.

S25.4. A range of appropriate training is provided for staff and there was good evidence of systems in place to check for the consistency and integrity of information.

S25.5. We agree with the assessment of **Practising** at the Corporate and User Experience levels but consider the organisation to be **Developing** at the Operational/Clinical Outcomes level as evidence of benchmarking and evaluation is required.

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. NHSDW assessed itself as **Responding** at the Corporate level and **Developing** at Operational/Clinical Outcomes and User Experience levels.

S26.2. NHSDW has operated as a division of Swansea NHS Trust and has worked to the Trust policies and procedures. NHSDW has its own 'Access to Healthcare Records' procedure that reflects the type of record held within the service.

S26.3. Staff receive appropriate training to ensure they are aware of the importance of good records. Errors relating to clinical records are dealt with through the normal adverse incident process.

S26.4. We agree with the assessment of **Responding** at the Corporate level and **Developing** at the Operational/Clinical Outcomes and User Experience levels as the Board recognises the key issues and has identified options to address them although there is no strategic direction.

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. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S27.2. Because NHSDW operated as a division of Swansea NHS Trust they worked within the framework of the Trust's structures, policies and procedures as they apply to corporate, clinical and financial governance. NHSDW had however established appropriate two way reporting and communication channels.

S27.3. A senior member of the Trust's finance team attends Management Board meetings and provides monthly reports on the financial position. Financial monitoring is undertaken through the NHSDW balanced scorecard. However, there was no mention of an assurance framework focussing on business priorities being in place.

S27.4. NHSDW has a number of procedures that promote openness, probity and accountability throughout the organisation and at all levels. Appropriate training is provided for staff. The organisation has a risk management strategy in place that is monitored and underpins the Trust's strategy.

S27.5. We consider that steps have been take to address the key issues and that there is evidence of practical application across the organisation and therefore agree an assessment of **Developing** at all three levels.

Standard 28
Healthcare organisations:
      a.   *ensure that the principles of clinical governance underpin the work of every team and every clinical service;*
      b.   *have a cycle of continuous quality improvement, including clinical audit; and*
      c.   *ensure effective clinical and managerial leadership and accountability.*

S28.1. NHSDW assessed itself as **Practising** at the Corporate level and **Developing** at the Operational/Clinical Outcomes and User Experience levels.

S28.2. NHSDW has appropriate strategies and policies in place through those of Swansea NHS Trust but have developed and implemented additional procedures that are appropriate for the services provided by NHSDW. There is an identified team structure for clinical governance with clear roles and responsibilities

S28.3. Awareness and appropriate training is provided for all staff on clinical governance and all staff have access to clinical supervision. NHSDW has a Quality Improvement Team in place made up of representatives from all staff teams that supports clinical audit.

S28.4. Examples of improvements using clinical governance principles made to patient care were provided.

S28.5. We consider that steps are being taken to address the key issues and hence agree an assessment of **Developing** at all three levels.

4.4. Public Health

Standard 29
Healthcare organisations promote, protect and demonstrably improve the health of the community served and reduce health inequalities by:
  a. *collaborating and working in partnership with local authorities and other agencies in the development, implementation and evaluation of health, social care and well being strategies; and*
  b. *ensuring that needs assessment and sound public health advice informs their policies and practices.*

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

S29.2. NHSDW works in collaboration with health and social care at a regional level to identify health needs and inequalities. It also has good links in place with the National Public Health Service, Wales Centre for Health and the Welsh Consumer Council to support the sharing of public health advice and information.

S29.3. NHSDW is the agreed provider for 'fronting' national and local helpline services for health alerts or scares.

S29.4. We agree that steps are being taken to address the key issues and there is evidence of practical application across the organisation. An assessment of **Developing** at all three levels is agreed.

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. NHSDW assessed itself as **Practising** at the Corporate and User Experience levels and **Developing** at Operational/Clinical Outcomes level.

S30.2. There is evidence of a range of activities provided by NHSDW in relation to disease prevention and health promotion including:

- Frontline helpline for local or national health alerts or scares.
- Helpline service for the Hepatitis C 'Lookback 'exercise and the E-coli scare.
- Strategic partner in the annual 'Keep Well this Winter' campaign.
- National Smile Week.

S30.3. All health promotion events are evaluated and feedback is received. The public are encouraged to comment on the organisation and their experiences of the telephone and web based services via a feedback facility.

S30.4. Steps are being taken to address the key issues and as such we consider an assessment of **Developing** at the Corporate and Operational/Clinical Outcomes levels to be appropriate. Evidence of evaluation at the user Experience level leads to an assessment of **Practising** at this level.

Standard 31
Healthcare organisations:
> a. *have plans in place to mobilise resources to protect the public in the event of significant infectious disease outbreaks and other health emergencies;*
> b. *identify and act upon significant public health problems and health inequality issues, with Local Health Boards taking the leading role;*
> c. *implement effective programmes to improve health and reduce health inequalities; and protect their populations from identified current and new hazards to health; and*
> d. *encourage and support individuals to recognise their own responsibilities in maintaining their health and well being.*

S31.1. See response to Standard 18.

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

S32.1. NHSDW assessed itself as **Practising** at the Corporate, Operational/Clinical Outcomes and User Experience levels.

S32.2. No evidence other than a reference to Swansea NHS Trust's submission was made in relation to this standard. It is important that NHSDW as part of WAST ensures that a joint approach to achieving this is undertaken.

S32.3. We have assessed NHSDW as **Aware** in relation to this standard.

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

5. Next Steps

5.1.   The Welsh Ambulance Services Trust, NHS Direct Wales' host organisation, is required to publish a Healthcare Standards Improvement Plan by 30 November 2007 that will reflect the actions required following both this report and that of the Wales Ambulance Services Trust. This plan will be agreed by the Regional Office of the Welsh Assembly Government's Department of Health and Social Services, which will monitor its implementation as part of the performance management arrangements in place for NHS Wales. It will be made available on the Trust's website.

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

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

Maturity Level Definitions

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

Summary of Maturity Levels by Standard

Key

L	Leading
P	Practising
D	Developing
R	Responding
A	Aware

Standard 1

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

Standard 2

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

Standard 3

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

Standard 4

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

Standard 5

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

Standard 6

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

Standard 7

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

Standard 8

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

Standard 9

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

Standard 10

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

Standard 11

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

Standard 12

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

Standard 13

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

Standard 14

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

Standard 15

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

Standard 16

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

Standard 17

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

Standard 18

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

Standard 19

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

Standard 20

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

Standard 21

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

Standard 22

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

Standard 23

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

Standard 24

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

Standard 25

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

Standard 26

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

Standard 27

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

Standard 28

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

Standard 29

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

Standard 30

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

Standard 31

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

Standard 32

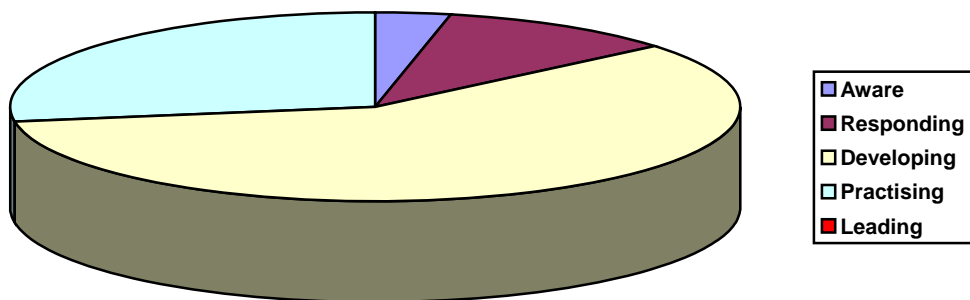|	Self-Assessment Score	Variation (up/Down)	HIW Assessment
Corporate	P	↓	A
Operational/Clinical Outcomes	P	↓	A
User Experience	P	↓	A

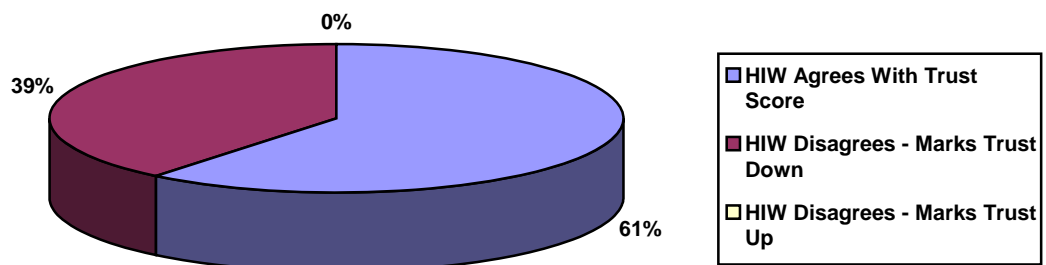# Summary of Maturity by Corporate, Operational/Clinical Outcomes and User Experience Levels

Corporate Level Maturity Scores
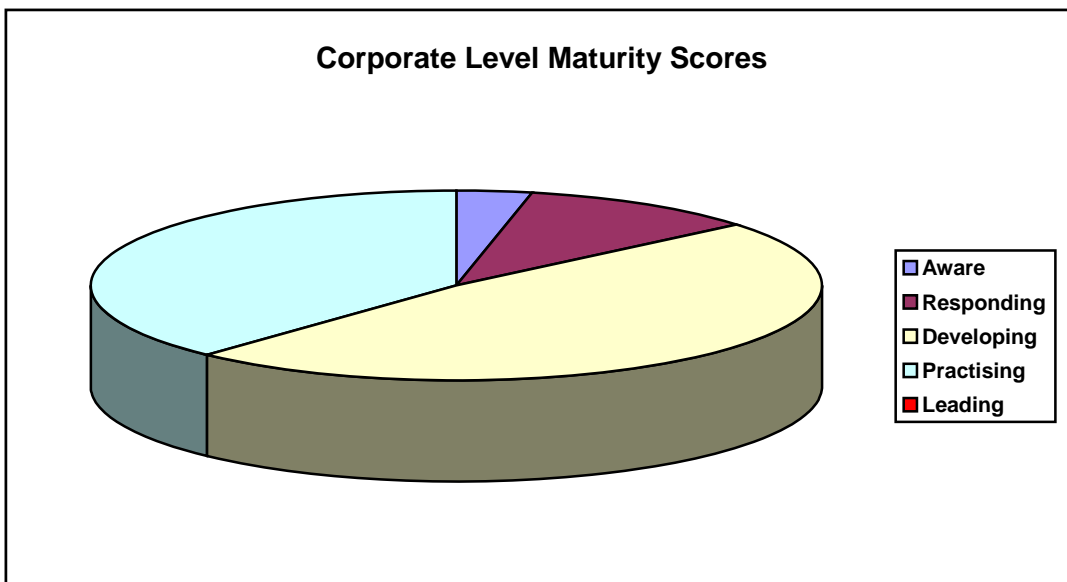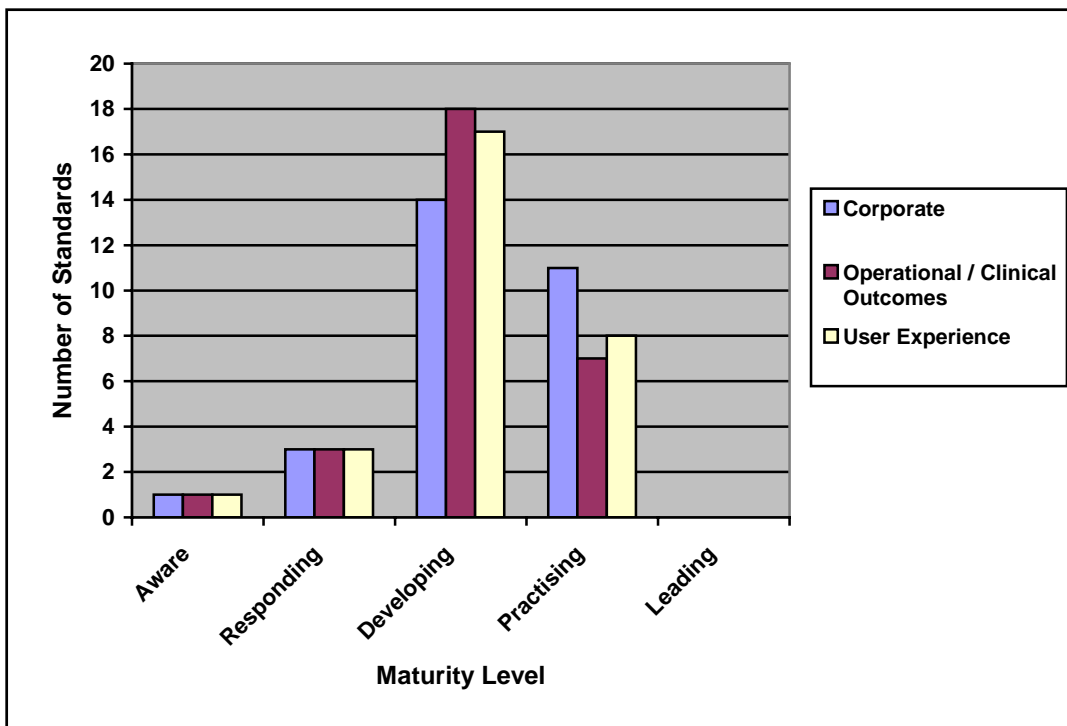
Operational/Clinical Outcomes Level Maturity Scores

Legend:
- Aware
- Responding
- Developing
- Practising
- Leading
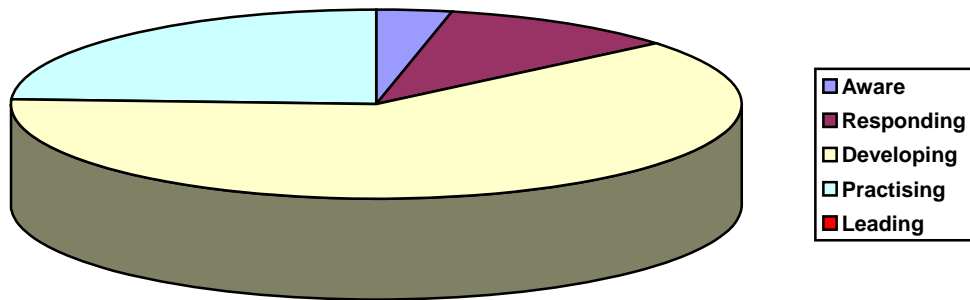
User Experience Level Maturity Scores

Legend:
- Aware
- Responding
- Developing
- Practising
- Leading

Agree/Disagree with Trust Score

0%
39%
61%

Legend:
- HIW Agrees With Trust Score
- HIW Disagrees - Marks Trust Down
- HIW Disagrees - Marks Trust Up

Glossary of Key Terms

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

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

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

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

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

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

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

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

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

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

data protection – a requirement upon public bodies and others to act responsibly in managing personal data. Such responsibilities are covered by

the Data Protection Act 1984 and the Computer Misuse Act 1990, designed to safeguard data held in individuals.

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

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

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

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

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

National Institute for 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.