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Doing Well, Doing Better

Standards for
Health Services in Wales

April 2011



Helping You to Use “Doing Well,
Doing Better, the Standards for
Health Services”

A “How to Guide” for Third Sector Organisations

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This guide has been designed to help:

- **Third Sector organisations** to use the *Standards for Health Services*.
- **NHS organisations** to assure themselves that Third Sector partners meet and use the *Standards for Health Services*.

This 'how to' guide provides a suggested step by step approach to using the Standards in your organisation. It also includes a number of useful templates to help you in the process.

In April 2011, the Welsh Assembly Government issued *National Minimum Standards for Independent Healthcare Services in Wales*. These are almost identical to the *Standards for Health Services* from which they are derived. The national minimum standards apply to all organisations that must register with Healthcare Inspectorate Wales which will include Third Sector Organisations such as hospices and palliative care services.

Before starting practical work we recommend you read through the **whole guide** first.

Since your board/trustees have a key role in the process of assurance and monitoring, it is essential to involve them from the outset in the self assessment process.

This 'how to' guide will equip you with information and tools needed to assess your service using the Standards. It has been designed purposely to enable Third Sector organisations to take a proportionate approach to the *Standards for Health Services*, using them alongside other quality standards and systems that are already in use.

What are the 'Standards for Health Services'?

[*Doing Well, Doing Better – Standards for Health Services in Wales*](#) were published on 1st April 2010. There are 26 standards covering all aspects of service delivery, quality and safety (governance) which help services to focus on continuous improvement, and ensure that they are “doing the right thing, at the right time, for the right client in the right place and with the right staff”.

The *Standards for Health Services* have been designed to support all organisations which provide health services and care, to work towards providing consistently higher standards of care. Health Boards and Trusts must assure themselves of the quality and services provided on their behalf by any partners - including the Third Sector. Using and meeting the *Standards for Health Services* helps the Third Sector to demonstrate the quality and safety of their services in a way that is consistent with the NHS.

All NHS funded services, and those required to register with Healthcare Inspectorate Wales (HIW) should use and meet the *Standards for Health Services* and/or the *National Minimum Standards for Independent Health Care Services in Wales*. They are designed to be used alongside professional and other service standards and are not meant as a replacement for other standards. The *Standards for Health Services* can be particularly useful for organisations and services who do not use other Standards or quality assurance systems.

For ease, the rest of the 'how to' guide refers to the *Standards for Health Services* “the Standards”.

The 26 Standards for Health Services:

1. Governance and accountability framework

2. Equality, diversity and human rights
3. Health promotion, protection and improvement
4. Civil contingency and emergency planning arrangements
5. Citizen engagement and feedback
6. Participating in quality improvement activities
7. Safe and clinically effective care
8. Care planning and provision
9. Patient information and consent
10. Dignity and respect
11. Safeguarding children and vulnerable adults
12. Environment
13. Infection prevention and control and decontamination
14. Nutrition
15. Medicines management
16. Medical devices, equipment and diagnostic systems
17. Blood management
18. Communicating effectively
19. Information management and communication technology
20. Records management
21. Research, development and innovation
22. Managing risk and health and safety
23. Dealing with concerns and managing incidents
24. Workforce planning
25. Workforce recruitment and employment practices
26. Workforce training and organisations development

The Standards provide a framework for quality and safety. Some aspects of the Standards must be **met** (such as compliance with legislation on controlled drugs, or a member of staff having a mandatory qualification). Others are a means to **continually improve services**, which is a very important principle underpinning the purpose of the Standards. **The Standards are not a “tick box” exercise that you either meet or don’t meet.**

We understand that using them for the first time might be daunting, particularly for smaller organisations. This guide will help you carry out your own self assessment against the Standards. It will help you develop a **Self Assessment Portfolio** to plan for continuous review, learning and service improvement within your organisation, and demonstrate how your service meets the Standards.

The guide also lists sources of help and information in your area.

Why use the “Standards for Health Services” – what are the benefits?

Using the Standards helps Third Sector organisations demonstrate that they have looked in detail at how services are provided, and whether they are safe and high quality. This will inform and assure a range of stakeholders, including:

- Their service users and staff
- Trustees, Boards and Governors
- Local GPs and other clinical staff
- Health Boards and NHS Trusts
- Service Planners and funders

Organisations and services can use the Standards to:

- review their services
- assess where they are doing well and have good practice to share

- assess where they could do better and have areas for improvement
- develop improvement plans to address the weaker areas
- engage with organisational management or the Health Board to escalate risks and actions that can't be managed at service level
- plan and design new or developing services

Service users can also use the Standards to understand what to expect from services and to recognise the part they can play in their own care.

In addition, using the Standards can help you to:

- promote honest discussion about strengths and weaknesses in the organisation
- improve team working
- promote joint working with other Third Sector organisations who also use the Standards
- identify opportunities to develop and extend the service
- involve clients and service users in assessing the services they receive
- promote open dialogue with your Health Board and other funders

Seeking and Providing Assurance

Your organisation and stakeholders needs to be assured that you have carried out the Standards assessment thoroughly, and provided an honest assessment of how you are meeting and using them. Service user groups can also be asked to comment on the process and the results.

The Standards are governance standards which provide a framework for quality and safety in health services **and apply to all NHS funded services**. They are a key means for NHS organisations, teams and services to assure patients, service users and the public that they look critically at all aspects of quality and safety, and take steps to improve. As a key element of its public assurance role, Healthcare Inspectorate Wales (HIW) will continue to assess how well individual health service organisations are performing in relation to the Standards.

What Third Sector and NHS teams and services say...

- ***“They helped us to look methodically at all aspects of our work”***
- ***“The Standards sit alongside our Professional Standards”***
- ***“Helped us to do a systematic service review”***
- ***“We owned the process – we did it for ourselves, rather than having it done to us”***
- ***“It was non threatening – we had permission to be honest about our strengths and weaknesses”***
- ***“Balanced debate between quality, safety and finance”***
- ***“Helped us to demonstrate to patients, service users, carers, staff, volunteers, managers and Executives that we had looked critically at our service”***
- ***“Challenged staff who think “we do it all anyway””***
- ***“Identified and prioritised issues for improvement***
 - ***for the team/service to do, or***
 - ***to do with the wider organisation and/or the Health Board or Trust”***

What is a Team or Service?

This guide is primarily written for any group of staff who work as a team or who provide a service (recognising that individuals may work in any number of teams). The whole of a small organisation might operate as a team to provide a single service, whereas a larger organisation may be divided up into a number of teams providing a variety of services. For ease, the rest of the Guide refers only to “services”.

Guidance Notes

Read these guidance notes before you start to work through the step by step guide.

Symbols used in the guide



The page symbol indicates where there is a form or template that needs to be filled in as part of your self assessment process.



The warning triangle indicates an important point for you to “stop and think about”.

Other things to bear in mind before you use this ‘how to’ guide

For consistency this guide refers to **service users** only. The generic use of this term is to refer to all aspects of people that your Third Sector organisation may support including patients, clients, individuals and carers.



Before you start it is a good idea to:

1. Make sure you can access:
 - A copy of the [Standards for Health Services](#)
 - The Easy Read version – primarily written for service users and the public - see [Easy Read](#)
 - A copy of any other standards that your organisation uses or complies with
 - Supporting Guidance for the Standards - explains what is required for each standard (see [Supporting Guidance](#))
 - All the components in this guide.
2. Make sure that your chief officer, trustees, governors and team members are aware that you have started to use the Standards.

Help and support is available via your local County Voluntary Council. They may be able to put you in touch with other Third Sector who already use the Standards, or are embarking on the same process. Please see ‘Where to go for help and support’ on page 14 for more information.

Step 1: Gain the support of your team, agree the lead person and decide how you will use the Standards

Whose job is it to use the Standards?

The *Standards for Health Services* are not something which one person in an organisation should look at once a year. **All staff and team members should know about them and how they can be used to improve what they do.**

In this guide, the individual leading the self assessment is referred to as the **Lead Person**. You will need to identify the lead person in your organisation. It is important that they have **the authority to:**

- **Inform Chief Officer, Trustees and Governors** – and gain their agreement and support for the work
- **Be accountable for conducting the self assessment**
- **Involve a range of other team members** in the process - including paid and unpaid staff, volunteers and service users as appropriate
- **Bring about or facilitate any improvements** which are identified as being necessary.
- **Delegate responsibility** as appropriate (for example, a member of staff to lead the self assessment of a particular standard)

The self assessment process may highlight a problem which the lead person does not feel they have the authority to address. Make sure you put in place a process for the lead person to share their concerns with their chief officer, trustees and/or governors, as appropriate, and escalate issues they cannot deal with.

Assessments work best when they involve multi-disciplinary representatives and service users from across the service. It is important to be **honest in your self assessment** so that you can identify:

- good practice to share
- poor practice
- training needs
- governance issues
- staff issues
- facilities that are not fit for purpose
- other relevant issues

Setting up your assessment team



Make sure your self assessment team:

- is multidisciplinary and fully representative
- has individuals who can take responsibility for individual standards or part standards
- is kept to a manageable size and able to meet regularly
- has structures in place to escalate issues of concern

Although it is not necessary to make your assessment team multi-agency, you could involve stakeholders and people from outside your service.

You may already have groups that can do the assessment – don't set up additional assessment teams unless really necessary. This may be an opportunity to review the quality and safety groups you already have – are they effective, do they have a clear purpose, do they have clear lines of reporting?

Step 2: Your cover sheet – start to build your Self Assessment Portfolio

Your Self Assessment Portfolio is a useful way of providing assurance that you have assessed your service using the Standards. The following steps outline how to build your Portfolio.



Use the Cover Sheet ([Appendix 1](#)) as the front page for your Self Assessment Portfolio and identify:

1. Your organisation's name
2. The service you are assessing
3. The date of your self assessment
4. The name of the lead person and group members

Step 3: Which standards apply to your organisation?

Look through each of the 26 Standards. **Don't assume that only a few standards apply to your service**, however some standards or parts of standards will not apply, for example, Standard 17 looks at the use of blood and blood products. If your service never deals with blood or blood products, make a note of this.



Use the 'Standards Which Don't Apply' Template ([Appendix 2](#)) and write down what standards (if any) don't apply to your organisation. Where a standard does not apply, briefly explain why. A couple of sentences will do for each case. This document will form the second page of your portfolio.

Sometimes a standard or section of a standard will apply to just part of your organisation or only some of the services you provide. In these cases, do not include these standards in the "Standards Which Don't Apply" Template. **It is important to self-assess the relevant parts of your organisation or services against the standards or part standards which apply.**

Step 4: Using other standards alongside the *Standards for Health Services*

Having identified standards which do not apply, map the Standards against other standards you use.

There are many standards that apply to teams/services in the Third Sector. You may have professional or service standards, or you may use other improvement systems (for example *PQASSO* or *the National Minimum Care Standards for Domiciliary Care Agencies in Wales*). The Standards are designed to be used alongside professional standards, regulatory body standards and other improvement systems – not to replace them, or add wholesale to them. Decide which of these standards help you to meet and use the Standards. You do not need to use those standards which you can demonstrate are addressed by other standards or quality improvement systems

Teams and services that do not use any standards or quality requirements will particularly benefit from using the Standards.

Look at the Standards alongside your other standards to see where they overlap, or where there are gaps.

Overlapping standards means that your team/service already uses a standard which possibly meets the equivalent *Standards for Health Services* adequately. Sometimes there will be only a partial overlap.



Record the mapping on the Template for Mapping Standards [Appendix 3](#)

Mapping will identify gaps and show which standards you need to address in addition to the other standards you use. We have already mapped the Standards against the [National Minimum Care Standards for Domiciliary Care Agencies in Wales](#).

You can use evidence which supports other standards to show how you meet and use the *Standards for Health Services*.

Step 5: Assess how your service is doing against the Standards

As noted in the introduction, some aspects of the Standards **must be met** (such as compliance with legislation on controlled drugs, or a member of staff having a mandatory qualification).

Others are a means to **continually improve services**; a very important principle underpinning the purpose of the Standards.

The assessment team must discuss and agree performance against every relevant standard or part standard. **There are no right or wrong answers but** it is essential to be **honest and open** in your discussions. There is little point in portraying an image that everything is very good, when it's not. Team members must feel comfortable enough to voice honest opinions – even if they differ from everyone else. Remember that some parts of the service may be very good with a particular issue, while others may not.

Some top tips from other teams –

“Do the work in bite size chunks and concentrate on the issues you really need to improve”

“Set yourselves a realistic timescale to complete your assessment – and stick to it”

“Standard 1 concerns Governance and Accountability. We found it best to start at standard 26 and work forward to number 1”

“We link all meeting agendas to the Standards”

Your organisation will need to **allow time** to do this work, although it can be done **during sessions allocated** for staff meetings, audit, peer review, in-house training.

The [NHS Wales governance e-manual](#) is a useful web-site with in-depth guidance on what each standard is looking for. You may find it helpful to visit this site when preparing your self assessment.

How well are you doing - using the Assessment Matrix

Your service can assess its performance using the Assessment Matrix. Using this approach helps you to -

- assess progress in a consistent way
- identify and demonstrate areas of good or excellent practice
- identify and prioritise weaker areas and main risks
- identify priority issues for improvement
- demonstrate progress and continuous improvement in any subsequent assessment of standards

This Assessment Matrix (table below) is **consistent with that used by NHS organisations** to self assess progress with the standards:

Assessment Matrix Level: Tick the relevant box to record your service level	We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve. <input type="checkbox"/>	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. <input type="checkbox"/>	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement <input type="checkbox"/>	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service <input type="checkbox"/>	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. <input type="checkbox"/>
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The Matrix is a means to-

- come to a common understanding and agreement on how well you are doing against a standard
- have honest discussions about where you are doing well and where you need to improve
- identify priority areas for improvement, and risks to escalate
- track development and progress over time

It is NOT -

- a scoring mechanism to criticise teams and services
- a means to compare teams and services with each other.

How is it used?

- use the Matrix after deciding how you are doing against a standard, and considering whether you have sufficient evidence to support your decision
- use the Matrix assessment to prioritise improvement actions – and the timescale to complete these. Some improvement actions will not be achievable by the team/service. These will need to be escalated as risks
- do not average out your Matrix Assessment, e.g. You may have a number of clinics that are well equipped and fit for purpose, but you have one very outdated clinic which urgently needs to be re-equipped

Using the Self Assessment Form ([Template Appendix 4a](#))



You will need to look at every standard or part standard that applies to your service. See [Appendix 4b](#) for guidance on how to complete the Self Assessment Form. These completed Self Assessment Forms will make up the next section of your Assessment Portfolio.

What is meant by ‘evidence’? How well are you doing? Making a judgment and considering the evidence.

On the Self Assessment Form, you should note the key evidence to verify your judgement. The evidence will vary from standard to standard and could take a variety of formats. You won't need to gather up and attach all the evidence, but you should be able to produce it reasonably quickly, if asked at a later date. The evidence you gather should also be proportionate. An example of a completed Self Assessment Form is included as [appendix 4c](#).

Evidence storage systems will vary from organisation to organisation but it is important to ensure that it is accessible to all team members. It may be sensible to include details of where to find your evidence on your self assessment form or your improvement plan. Alternatively you may indicate that it has been saved in a particular computer file, disc or memory stick.

When a standard or part standard must be met, (e.g. a member of staff having a mandatory qualification), the evidence required may be relatively straightforward e.g. copies of certificates held on personnel files. You don't need to gather together copies of certificates or policy documents in support of your compliance with the Standards, but you should be able to find them promptly when required.

There are many examples of evidence including:

- Policies and procedures
- Organisation leaflets
- Minutes of Board/other meetings
- Spreadsheets
- Details of training provided/attended
- Insurance/Health and Safety Certificates
- External reports
- Audit and quality improvement reports

For some standards or part standards the evidence may be less obvious. Sometimes it may not be possible to provide **written** evidence and the self assessment group will have to decide whether everyday practice is sufficient.

What about evidence for other standards you use?

You may have evidence to support other sets of standards. This can be used to support use of the Standards, so long as it is relevant. In some cases you will need additional evidence to demonstrate how well you are doing with the Standards.

Step 6: Planning improvements

The assessment process allows teams and services to identify and prioritise issues for improvement and develop Improvement Plans.



Your assessment and use of the Assessment Matrix will help to identify **priority** issues for improvement which can be included in a Standards Improvement Plan. **It is not necessary to have improvements against every standard – identify your priorities.**

Your organisation may already have an improvement plan template, but, if it doesn't an example is included as [Appendix 5a](#) and a guide to completing it is at [Appendix 5b](#).

Improvement plans must be fit for purpose, deliverable but challenging. (**Priority issues for improvement may already be included in other action/improvement plans. In this case it is not necessary to include them in a standards improvement plan, unless you choose to do so.**)



The Improvement Plan is a working document which you will need to revisit to measure progress. Your Improvement Plan for the previous year will also provide you with important information when you come to assess your organisation again.

See [Appendix 5c](#) for an example of a completed Improvement Plan.

Step 7: Monitoring and review

Monitoring

Improvement Plans must be monitored and reviewed to ensure that agreed actions are completed on time and that they have achieved the expected improvements. **Your board and trustees will have the main role in monitoring delivery of the improvements.** Occasionally it will not be possible to complete an agreed action. In this case the Lead Person responsible for that action will be expected to explain why and how it will be addressed in future. **Monitoring and review should be seen as a positive process** and an opportunity to demonstrate how the service is striving to improve.

Review

Self assessment against the Standards is not a “one off process”. Once the initial self assessment is completed, it can be updated regularly as the organisation develops and improves, or when risks and challenges present themselves. However it is useful to periodically review against all the standards to take stock of how you are doing. In the past NHS organisations have been required to do this annually, but this may not be necessary or realistic. Your board and NHS funders can decide what is best for your organisation.

A Standards Checklist



A **Standards Checklist** is included as [Appendix 6](#). This will be useful for all those involved in the standards assessment.

Sources of help and support

Having worked through the ‘how to’ guide, we hope you have found it helpful. However, if you need further guidance, you can get in touch with your local County Voluntary Council (see [Appendix 12](#) for contact details), Health Board/Trust contact or you can use the [NHS Wales governance e-manual](#).

Acknowledgments

This guide has been developed by the Welsh Assembly Government and Wales Council for Voluntary Action with the help of some key organisations including:

- British Red Cross.
- Carmarthenshire Association of Voluntary Services
- Interlink
- Powys Association of Voluntary Organisations
- Ponthafren
- Voluntary Action Merthyr Tydfil
- Wellbeing Regeneration

If you have any comments about this guide that you would like to raise please contact: martin.davies@Wales.GSI.Gov.UK or sarah.lamberton@wcva.org.uk

Appendix 1: Cover Sheet

This Cover Sheet should be filled in and fixed to the front of your Self Assessment Portfolio.

Standards for Health Services

Your organisation name:

The service that you are assessing

The date of your self assessment:

_____ to _____

The Lead Person for the self assessment is:

Appendix 3: Template for Mapping Standards

Standard for Health Services Number. NB: consider each part standard.	Where other standards are used, explain briefly how this means your service either: <ul style="list-style-type: none"> • <i>fully uses/meets Standards for Health Services</i> (this may be only the standards name/reference number) <u>OR</u> • <i>partly uses/meets Standards for Health Service</i> <u>OR</u> • leave blank if other standards do not help you to use/meet the standards
1	
2	
3	
4	
5	
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9	
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11	
12	
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15	
16	
17	

Standard for Health Services Number. NB: consider each part standard.	Where other standards are used, explain briefly how this means your service either: <ul style="list-style-type: none"> • <i>fully uses/meets Standards for Health Services</i> (this may be only the standards name/reference number) <u>OR</u> • <i>partly uses/meets Standards for Health Service</i> <u>OR</u> • leave blank if other standards do not help you to use/meet the standards
18	
19	
20	
21	
22	
23	
24	
25	
26	
In the space below note the <i>Standards for Health Services</i> and part standards that are not addressed by using other standards or quality assurance systems. You will need to assess these in more detail.	
Empty space for notes	

Appendix 4a: Standards Self Assessment Form

Standard Number	Person Responsible				Date
What other standards are you using that help you achieve this standard?					
What are you doing to achieve this standard?					
Evidence to demonstrate this					
Is this an example of good practice? If so, have we shared it?					
Assessment Matrix Level Tick the relevant box to record your service level	We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what / where we need to improve. <input type="checkbox"/>	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. <input type="checkbox"/>	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement <input type="checkbox"/>	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service <input type="checkbox"/>	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. <input type="checkbox"/>
What needs to be addressed/what are you not doing?					
Priority level for inclusion in improvement plan	<i>Immediate</i> <input type="checkbox"/>	<i>Within One Year</i> <input type="checkbox"/>		<i>Subsequent Year</i> <input type="checkbox"/>	

Appendix 4b: Guidance on Completing Standards Self Assessment Form

Standard Number	<i>Insert the number of the standard that you are using.</i>	Person Responsible	<i>Insert the name of the team member who is responsible for completing the self assessment of this particular standard or part standard.</i>	Date	
What other standards are you using that help you achieve this standard?	<i>From your mapping of the Standards for Health Services, insert details of any other standards you use which overlap. Leave this blank if you don't use any other standards</i>				
What are you doing to achieve this standard?	<i>Insert details of anything relevant you are doing to meet this standard or improve services in this area. You will need to address every part standard, listing them in the order they appear in the Standards for Health Services. Single sentences or bullet points will usually suffice This could include relevant work you are doing with other standards.</i>				
Evidence to demonstrate this	<i>Make sure you have evidence to support your response. This could be evidence you have gathered in support of your response to other sets of standards, so long as it is relevant. You won't necessarily have to gather up all the evidence, but you should know where to find it. See below for further information on 'what is meant by evidence'.</i>				
Is this an example of good practice? If so, have we shared it?	<i>If you think this is an area of good practice, include details. Good practice can be shared with other teams, services and NHS organisations.</i>				
Assessment Matrix Level Tick the relevant box to record your service level	We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what/where we need to improve. <input type="checkbox"/>	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. <input type="checkbox"/>	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement <input type="checkbox"/>	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service <input type="checkbox"/>	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. <input type="checkbox"/>
What needs to be addressed/what are you not doing?	<i>Be honest, include details of things you are not yet doing or any gaps you have identified.</i>				

Priority level for inclusion in improvement plan	<i>Immediate</i> <input type="checkbox"/>	<i>Within One Year</i> <input type="checkbox"/>	<i>Subsequent Year</i> <input type="checkbox"/>
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Having identified gaps and areas of weakness, consider whether these are-

- **Immediate** issues that must be addressed urgently
- Issues that needs to be addressed **during the one year**
- Issues that can be addressed at **some time in the future** when time and resources allow

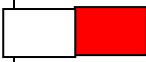


Also consider what you are going to do to improve. **Details** of how you are going to do this should be included in your Improvement Plan (Appendix 8).

Appendix 4c: Example of a completed Self Assessment Form




Standard Number	20	Person Responsible	Susan Jones – Office Manager	Date	10 Mar 2011
What other standards are you using that help you achieve this standard?	<p>20a – NMS for Domiciliary Care Agencies in Wales – 9.7, 12.9, 13.4, 14.3, 24.1</p> <p>20b – NMS for Domiciliary Care Agencies in Wales – 6.5, 13.4, 13.6, 14.3, 16.3, 24.2</p> <p>20c – NMS for Domiciliary Care Agencies in Wales – 10.8, 11.4, 12.9, 13.4, 13.6, 16.3, 24.3</p> <p>20d – NMS for Domiciliary Care Agencies in Wales – 6.2, 9.7, 13.4, 13.6, 24.4</p>				
What are you doing to achieve this standard?	<p>20a –All service users’ personal records are created, maintained and reviewed as set out in our own record keeping manual which was written in accordance with the National Minimum Standards for Domiciliary Care Agencies in Wales, the Data Protection Act 1998 and the Freedom of Information Act. We do not have a robust policy for disposal of records and discussion with staff members has revealed that they are not clear about which records should be disposed of and when.</p> <p>Financial transactions are recorded in accordance with our own codes of practice.</p> <p>20b – Records are safely and confidentially stored in locked cabinets and are regularly updated in accordance with the National Minimum Standards for Domiciliary Care Agencies in Wales and the Data Protection Act 1998. Paper records are disposed of confidentially. Measures have been put in place to ensure that our computer system is secure and computer records are backed up at regular intervals.</p> <p>Our manual does not include guidance on transportation and safekeeping of records out of the office setting. After a recent incident when a laptop was stolen from a member of staff’s car we urgently need to amend the manual.</p> <p>We have moved computer screens so that they are not visible from the public reception area.</p> <p>20c - Under the terms of our own record keeping manual, records are updated at intervals as appropriate. Records are also spot checked for accuracy. Staff training has been delivered on the importance of keeping up to date records.</p> <p>20d - In accordance with the National Minimum Standards for Domiciliary Care Agencies in Wales and the Data Protection Act 1998, records can be accessed only by authorised staff but are made available to service users or their families/carers where appropriate.</p> <p>Records are shared with other agencies only where legally required and where clinically needed in accordance with local information sharing protocols and with due regard to patient confidentiality.</p>				

Evidence to demonstrate this	20a – Our own record keeping manual 20a – Our own Financial code of practice. 20b – Our own record keeping manual (part 3, disposal of records, part 5, backing up of computer records). 20c – Our own record keeping manual (part 1) accuracy of records. 20d – Local Information sharing protocol. Our own record keeping manual (part 9, authorised access to data and sharing of information).				
Is this an example of good practice? If so, have we shared it?					
Assessment Matrix Level Tick the relevant box to record your service level	We do not yet have a clear, agreed understanding of where we are (or how we are doing) and what/where we need to improve. <input type="checkbox"/>	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. 20b <input checked="" type="checkbox"/>	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement 20a & 20d <input checked="" type="checkbox"/>	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service 20c <input checked="" type="checkbox"/>	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. <input type="checkbox"/>
What needs to be addressed/what are you not doing?	20a - Need to clarify the length of time for which records need to be kept, amend our records keeping manual and hold a staff training session. 20b - Urgently need to amend our record keeping manual to include policy on transportation of records and safe storage of records outside of the office setting. 20d – Our local information sharing protocol is now 5 years old, we need to check whether it is still fit for purpose and possibly update it.				
Priority level for inclusion in improvement plan	Immediate 20b <input checked="" type="checkbox"/>	Within One Year 20a & 20d <input type="checkbox"/>	Subsequent Year <input type="checkbox"/>		

Appendix 5a: Improvement Plan Template




Service:		Standard Number		Period Covered	
What we will do to improve					
What difference this will make					
What help/resources do we need to achieve this? (e.g. Internal? External?)					
Who is responsible for taking this forward?			Time scale for completion		
Cross reference to other plans					
Demonstrating and evidencing improvements					
REVIEW of progress	Date of Review	RED	AMBER	GREEN	
					
Comments and actions required following review of Improvement Plan					

Appendix 5b: Guidance on Completing Improvement Plan

Service:		Standard Number	<i>Insert the number of the standard/part standard you are referring to.</i>	Period Covered	
What we will do to improve	<i>Give details of exactly what you will do to bring about improvements in this area. Be specific and break your proposed action down into individual measurable tasks</i>				
What difference this will make	<i>Set out how you think the action will improve your service. What outcomes are you expecting?</i>				
What help/resources do we need to achieve this? (e.g. Internal? External?)	<i>After identifying what you will do to improve practice, you may need additional help and/or resources. For example, team members need to be trained in a particular procedure.</i> <i>This might be something that can be done by your organisation, or equally it may require external assistance. It is important that you identify all your needs in this box whether or not an action is within your control.</i>				
Who is responsible for taking this forward?	<i>You need to identify the team member or members who are responsible for this action.</i>	Time scale for completion	<i>Indicate the timescale for action. You may need to include a number of dates for completion of individual steps.</i>		
Cross reference to other plans	<i>You may have already included this action in other plans you have developed within your organisation. If this is the case it should be cross referenced.</i>				
Demonstrating and evidencing improvements	<i>This box is to be filled in once your action is underway or completed. You will need to provide evidence to show what has improved or what difference you have made. This section will be essential when you come back to monitoring processes and later review of your plan.</i>				
REVIEW of progress <i>When you monitor your Improvement Plan, you will need to identify whether a key action is “Red”, “Amber” or “Green”.</i>	Date of Review	RED <i>No progress with this action and we are behind the agreed timescale for delivery</i> 	AMBER <i>Some progress made in achieving this action, but we have to make some effort to deliver on time</i> 	GREEN <i>We are making progress and we are on time to deliver this action - or the action is completed.</i> 	
Comments and actions required following review of Improvement Plan					

Appendix 5c: Example of a Completed Improvement Plan

Service:	Local Health Support Service	Standard Number	20a 20b 20d	Period Covered	April 2011 – March 2012
What we will do to improve	<p>20a - Update record keeping manual to include details of when records can be disposed of and the correct procedure for disposal. Write and deliver a staff training session.</p> <p>20b - Amend record keeping manual to include policy on transportation of records and safe storage of records outside of the office setting. Write and deliver a staff training session.</p> <p>20c - Check whether local information sharing protocol is still fit for purpose and update as necessary. If necessary, write and deliver a staff training session.</p>				
What difference this will make	<p>20a – Guidance readily available on disposal of records. Compliance with Data Protection Act 1998. Staff trained in correct procedures.</p> <p>20b – Records safeguarded when outside of the office setting. Staff trained in correct procedure.</p> <p>20d – Up to date local information sharing protocol. Staff trained in correct procedure.</p>				
What help/resources do we need to achieve this? (e.g. Internal? External?)	<p>20a – Support of team managers to ensure all staff attend training session.</p> <p>20b – Support of team managers to ensure all staff attend training session.</p> <p>20d – Support of team managers to ensure all staff attend training session.</p>				
Who is responsible for taking this forward?	<p>20a - Susan Jones (Office Manager), Sian Brown (Training Officer)</p> <p>20b - Susan Jones (Office Manager), Sian Brown (Training Officer)</p> <p>20d - Susan Jones (Office Manager), Sian Brown (Training Officer)</p>		Time scale for completion	<p>20a – Within one year.</p> <p>20b – Within two months</p> <p>20d – Within one year.</p>	
Cross reference to other plans	<p>20a – Organisational Staff Training Plan</p> <p>20b – Organisational Staff Training Plan</p> <p>20d – Organisational Staff Training Plan</p>				
Demonstrating and evidencing improvements					

REVIEW of progress	Date of Review 10 May 2011	RED 	AMBER 	GREEN 
Comments and actions required following review of Improvement Plan				

Appendix 6: The Standards Checklist

1. Now that we have seen and worked through the Standards, have we told everyone about them?
2. Do all our staff know about the Standards, and their value to staff, service users and the organisation?
3. Have we identified all the professional standards and codes of conduct that apply to our team and mapped them to the Standards?
4. Do we know how well we are doing against the Standards?
5. Do we have evidence to support how well we are doing?
6. Have we identified and shared what we feel is excellent practice?
7. Have we honestly identified and prioritised every standard we need to improve?
8. Have we identified the issues or risks that we have minimal or no control over and shared them appropriately?
9. Have we written a SMART Improvement Plan and shared it appropriately?
(SMART – Straightforward, Measurable, Achievable, Realistic, Timely)
10. Are we clear about how we are going to bring about improvements
11. Are we clear about what difference these actions will make? What will be the benefit for service users/staff/the organisation?
12. Are we monitoring progress with the Improvement Plan, keeping the appropriate evidence and identifying what difference we have made?
13. Do our service users know about the Standards?
14. Have we shared information on improvements against the Standards with our service users?

Appendix 7: County Voluntary Council (CVC) Contact List

<p>Anglesey</p> <p>CVC Medrwn Môn Tel: 01248 724944 Fax: 01248 750149 Email: post@medrwnmon.org</p> <p>Local Health & Social Care Facilitator Ann Perkins Medrwn Môn 01248 724944 ann@medrwnmon.org</p>	<p>Blaenau Gwent</p> <p>CVC Gwent Association of Voluntary Organisations - (Brynmawr) Blaenau Gwent Tel: 01495 315626 Fax: 01495 315339 Email: info@gavowales.org.uk</p> <p>Local Health & Social Care Facilitator Louise Tovey Gwent Association of Voluntary Organisations 01495 315626 louise.tovey@gavowales.org.uk</p>
<p>Bridgend</p> <p>CVC Bridgend Association of Voluntary Organisations Tel: 01656 810400 Fax: Email: bavo@bavo.org.uk</p> <p>Local Health & Social Care Facilitator Roxane Dacey BAVO 01656 810400 roxanedacey@bavo.org.uk</p>	<p>Cardiff</p> <p>CVC Voluntary Action Cardiff Tel: 029 2048 5722 Fax: 029 2046 4196 Email: enquiries@vacardiff.org.uk</p> <p>Local Health & Social Care Facilitator Emily Forbes Voluntary Action Cardiff 02920 662592 emily.f@vacardiff.org.uk</p>
<p>Caerphilly</p> <p>CVC Gwent Association of Voluntary Organisations – Caerphilly Tel: 01443 863540 Fax: 01443 812292 Email: info@gavowales.org.uk</p> <p>Local Health & Social Care Facilitator Susanne Maddax Gwent Association of Voluntary Organisations 01443 863540 susanne.maddax@gavowales.org.uk</p>	<p>Carmarthenshire</p> <p>CVC Carmarthenshire Association of Voluntary Services Tel: 01267 245555 Fax: 01267 239933 Email: info@cavs.org.uk</p> <p>Local Health & Social Care Facilitator Debbie Bence CAVS 01267 245552 debbie@cavs.org.uk</p>

<p>Ceredigion</p> <p>CVC Ceredigion Association of Voluntary Organisations Tel: 01570 423232 Fax: 01570 422427 Email: gen@cavo.org.uk</p> <p>Local Health & Social Care Facilitator Anwen Knowles CAVO 01570 423232 anwen@cavo.org.uk</p>	<p>Conwy</p> <p>CVC Conwy Voluntary Services Council Tel: 01492 534091 Fax: 01492 535397 Email: info@cvsc.org.uk</p> <p>Local Health & Social Care Facilitator Geraint Davies Conwy Voluntary Services Council 01492 523850 geraintd Davies@cvsc.org.uk</p>
<p>Denbighshire</p> <p>CVC Denbighshire Voluntary Services Council Tel: 01824 702441 Fax: 01824 705412 Email: office@dvsc.co.uk</p> <p>Local Health & Social Care Facilitator Lindsay Haveland Denbighshire Voluntary Services Council 01824 709317 lindsay@dvsc.co.uk</p>	<p>Flintshire</p> <p>CVC Flintshire Local Voluntary Council Tel: 01352 744008 Fax: Email: info@flvc.org.uk</p> <p>Local Health & Social Care Facilitator Vacancy Flintshire Local Voluntary Council 01352 744003</p>
<p>Gwynedd</p> <p>CVC Mantell Gwynedd Tel: 01341 422575 Fax: 01341 422147 Email: enquiries@mantellgwynedd.com</p> <p>Local Health & Social Care Facilitator Sioned Llwyd-Larsen Mantell Gwynedd 01286 672626 SionedLarsen@mantellgwynedd.com</p>	<p>Merthyr Tydfil</p> <p>CVC Voluntary Action Merthyr Tydfil Tel: 01685 353900 Fax: 01685 353909 Email: enquiries@vamt.net</p> <p>Local Health & Social Care Facilitator Sharon Richards Voluntary Action Merthyr Tydfil 01685 353932 sharon.richards@vamt.net</p>

<p>Monmouthshire</p> <p>CVC Gwent Association of Voluntary Organisations – Monmouthshire Tel: 01291 672352 Fax: Email: info@gavowales.org.uk</p> <p>Local Health & Social Care Facilitator Louise George Gwent Association of Voluntary Organisations 01291 672352 louise.george@gavowales.org.uk</p>	<p>Neath Port Talbot</p> <p>CVC Neath Port Talbot Council for Voluntary Service Tel: 01639 631246 Fax: 01639 643368 Email: info@nptcvs.org.uk</p> <p>Local Health & Social Care Facilitator Tina Williams Neath Port Talbot Council for Voluntary Services 01639 631246 TinaW@NPTCVS.ORG.UK</p>
<p>Newport</p> <p>CVC Gwent Association of Voluntary Organisations – Newport Tel: 01633 241 550 Fax: Email: sassy.hicks@gavowales.org.uk</p> <p>Local Health & Social Care Facilitator Kate Thomas Gwent Association of Voluntary Organisations 01633 241572 Kate.thomas@gavowales.org.uk</p>	<p>Pembrokeshire</p> <p>CVC Pembrokeshire Association of Voluntary Services Tel: 01437 769422 Fax: 01437 769431 Email: enquiries@pavs.org.uk</p> <p>Local Health & Social Care Facilitator Michelle Copeman PAVS 01437 769422 / 07772 564401 michelle.copeman@pavs.org.uk</p>
<p>Powys</p> <p>CVC Powys Association of Voluntary Organisations Tel: 01597 822191 Fax: 01597 828 675 Email: enquiry@pavo.org.uk</p> <p>Local Health & Social Care Facilitator Trish Buchan Powys Association of Voluntary Organisations 01597 822191 trish.buchan@pavo.org.uk</p>	<p>Rhondda Cynon Taff</p> <p>CVC Interlink Tel: 01443 846200 Fax: Email: info@interlinkrct.org.uk</p> <p>Local Health & Social Care Facilitator Ann Philpott/ Anne Morris Interlink 01443 846200 aphilpott@interlinkrct.org.uk amorris@interlinkrct.org.uk</p>

<p>Swansea</p> <p>CVC Swansea Council for Voluntary Service Tel: 01792 544000 Fax: 01792 544037 Email: scvs@scvs.org.uk</p> <p>Local Health & Social Care Facilitator Amy Meredith Swansea Council for Voluntary Service 01792 544028 amy_meredith@scvs.org.uk</p>	<p>Torfaen</p> <p>CVC Torfaen Voluntary Alliance Tel: 01495 742420 Fax: 01495 740097 Email: anne@tvawales.org.uk</p> <p>Local Health & Social Care Facilitator Pat Powell Torfaen Voluntary Alliance 01495 742460 pat@tvawales.org.uk</p>
<p>Vale of Glamorgan</p> <p>CVC Vale Council for Voluntary Services Tel: 01446 741706 Fax: 01446 421442 Email: vcvs@valecvcs.org.uk</p> <p>Local Health & Social Care Facilitator Linda Pritchard Vale Centre for Voluntary Services 01446 741706</p>	<p>Wrexham</p> <p>CVC Association of Voluntary Organisations in Wrexham Tel: 01978 312556 Fax: 01978 263980 Email: info@avow.org</p> <p>Health and Social Care Manager Janet Williams Health and Social Care Development Officer Julie Cooper Association of Voluntary Organisations in Wrexham janet.williams@avow.org/ julie.cooper@avow.org</p>

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