# Health and Care Standards

A 'How To' Guide for
Third Sector Organisations

PAVO
Powys Association of Voluntary Organisations
Cymdeithas Mudiadau Gwirfoddol Powys

WCVA
Cyngor Gweithredu
Gwirfoddol Cymru
Wales Council for
Voluntary Action

# Contents

# INTRODUCTION

This guide has been designed to help:

o **Third Sector organisations** to use the *Health and Care Standards*.
o **NHS organisations** to assure themselves that Third Sector partners meet and use the *Health and Care Standards*.

This 'how-to' guide suggests a **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.

Before starting practical work – or even reading the Standards themselves - 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 of the self-assessment process.

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

## What are the "Health and Care Standards"?

*The Health and Care Standards* were published on 1st April 2015. The Standards cover all aspects of service delivery, quality, safety and governance which help all health care services in all settings and locations to focus on continuous improvement, by providing a framework which can be used to identify strengths and highlighting areas for improvement. They bring together expectations under the previous 'Doing Well, Doing Better: Standards for Health Services in Wales' and 'Fundamentals of Care'.

The *Health and Care Standards* have been designed to support all organisations that provide health services and care to work towards providing consistently higher standards of care. They provide the cornerstone, along with the updated Framework for Assuring Service User Experience (2015), of the overall quality assurance system within the NHS in Wales. Local Health Boards and NHS Trusts must assure themselves of the quality of services provided on their behalf by any partners - including the Third Sector.

Using and meeting the *Health and Care Standards* helps the Third Sector demonstrate the quality and safety of their services in a way that is consistent with the NHS. They are designed to be used alongside professional and other service standards and do not replace other standards. The *Health and Care Standards* can be particularly useful for organisations and services that do not use other Standards or quality assurance systems.

All NHS funded services and those required to register with Healthcare Inspectorate Wales (HIW) should use and meet the *Health and Care Standards* and/or the *National Minimum Standards for Independent Health Care Services in Wales*. The Welsh Government issued National Minimum Standards for Independent Healthcare Services in Wales in April 2011. 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.

The *Health and Care Standards* align with the seven quality themes of the NHS Outcome and Delivery Framework. The framework was published to drive continual improvement in the health and wellbeing of the people of Wales. The themes were developed through engagement with patients, clinicians and other stakeholders who identified priority areas which they wanted the NHS to be measured against. The Social Services and Public Health Outcomes Frameworks are also interconnected and will be used to support partnership working in delivering improvements to health and wellbeing.

The *Health and Care Standards* are structured around **Person Centred Care** and embrace the principles of co-production and prudent healthcare. Fundamental to the provision of high quality, safe and reliable care is good **Governance, Leadership and Accountability**. This is illustrated by placing them around the quality themes. These principles form part of the framework for assessment. More information on how to assess against these is found on the NHS Wales Governance e-Manual.

The Standards also support the commitment to Welsh Government's Welsh Language Strategy – 'More Than Just Words'.

The seven themes and their related standards are:



## 1. Staying Healthy

1.1: Health Promotion, Protection and Improvement

## 2. Safe Care

2.1: Managing Risk and Promoting Health and Safety
2.2: Preventing Pressure and Tissue Damage
2.3: Falls Prevention
2.4: Infection Prevention and Control (IPC) and Decontamination
2.5: Nutrition and Hydration
2.6: Medicine Management
2.7: Safeguarding Children and Safeguarding Adults at Risk
2.8: Blood Management
2.9: Medical Devices, Equipment and Diagnostic Systems

## 3. Effective Care

3.1: Safe and Clinically Effective Care
3.2: Communicating Effectively
3.3: Quality Improvement, Research and Innovation
3.4: Information Governance and Communications Technology
3.5: Record Keeping

## 4. Dignified Care

4.1: Dignified Care
4.2: Patient Information

## 5. Timely Care

5.1: Timely Access

## 6. Individual Care

6.1: Planning Care to Promote Independence
6.2: People's Rights
6.3: Listening and Learning from Feedback

## 7. Staff and Resources

7.1: Workforce

The key principles of each theme are outlined with a description of what it would mean to a person when the Standards within the theme are met. Each Standard describes a high level outcome requirement and sets out the criteria for meeting the Standard.

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 *Health and Care 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 *Health and Care Standards*.

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

## Why use the Standards – 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 provide assurance to:

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

Organisations and services can use the Standards to:

o   review their services
o   assess where they are doing well and have good practice to share
o   assess where they could do better and have areas for improvement
o   develop improvement plans to address the weaker areas
o   engage with organisational management or Health Board to escalate risks and actions that can't be managed at service level
o   develop existing or plan and design 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:

o   promote honest discussion about strengths and weaknesses in the organisation

o   improve team working

o   promote joint working with other Third Sector organisations who also use the Standards

o   identify opportunities to develop and extend the service

o   involve clients and service users in assessing the services they receive

o   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 your Standards assessment thoroughly, and provided an honest assessment of how you are using and meeting them.  Service user groups can also be asked to comment on the process and the results.

The Health and Care 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 Health and Care Standards.

## Responses from Third Sector and NHS teams

"They [The Standards] helped us to look methodically at all aspects of our work"

"The Standards sit alongside our Professional Standards"

"[The 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"

"[The Standards encouraged] balanced debate between quality, safety and finance"

"[The Standards] helped us to demonstrate to patients, service users, carers, staff, volunteers, managers and executives that we had looked critically at our service"

"[The Standards] 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 Local 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 this guide refers only to "services".

## GUIDANCE NOTES

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

## 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:

o   A copy of the Health and Care Standards 2015 (English or Welsh)
o   The Easy Read version – primarily written for service users and the public (English or Welsh)
o   A copy of any other standards that your organisation uses or complies with
o   Supporting Guidance for the Standards - this explains what is required for each Standard (see NHS Governance E Manual)
o   All the components in this guide

2.  Make sure that your chief officer, trustees, governors, paid and volunteer staff are aware that you have started to use the Health and Care 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 organisations which already use the Standards, or are embarking on the same process.  Please see 'Sources of help and support' on page 16 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 *Health and Care Standards* 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:**

o  **Inform Chief Officer, Trustees and Governors** – and gain their agreement and support for the work
o  **Be accountable for conducting the self-assessment**
o  **Involve a range of other team members** in the process including paid and volunteer staff and service users as appropriate
o  **Bring about or facilitate any improvements** which are identified as being necessary.
o  **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 from across the service and service users. It is important to be **honest in your self-assessment** so that you can identify:

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

## Setting up your assessment team

**Make sure your self-assessment team:**

o  is multidisciplinary and fully representative

o  has individuals who can take responsibility for individual standards or part standards

o  is kept to a manageable size and able to meet regularly

o  has structures in place to escalate issues of concern

Although it is not necessary to make your assessment team multi-agency, you can 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: 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 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 2.8 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.

**PAVO** has developed a self-assessment tool which identifies which Standards are likely to apply to your service by means of answering a short yes/no questionnaire about the service. You can access this tool on their website (you will need Microsoft Excel):
http://www.pavo.org.uk/help-for-organisations/hcs/hcs-selfassess.html

## STEP 4: MAPPING AGAINST OTHER STANDARDS

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 relevant National Minimum Standards).  The *Health and Care 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 *Health and Care Standards* and simply cross-reference them in your documentation.

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

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

**Overlapping** standards mean that your team/service already uses a standard which possibly meets the equivalent *Health and Care Standard* 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.

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

**PAVO** has mapped the Standards for Health Services (2010) to the *Health and Care Standards* which replace them.  This mapping (see link below) can be used to translate existing work on the Standards, to reduce duplication of effort and to quickly identify key changes. It also provides an overview of the Standards for those who have not used them before.  **PAVO** also plans to develop mappings to other standards, e.g. PQASSO, and will make these available on their website:
http://www.pavo.org.uk/help-for-organisations/hcs/hcs-resources.html

## STEP 5: ASSESS YOUR SERVICE 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's essential to be **honest and open** in your discussions. There is little point in "pretending" 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 organisation may be addressing a Standard or criteria capably whereas others may not.

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 or in-house training.

The NHS Wales Governance E-Manual is a useful web-site with in-depth guidance detail on what each standard is looking for. You may find it helpful to visit this site when preparing to self-assess against the Standards.

## 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"

"We link all meeting agendas to the Standards"

## How well are you doing?  Using an Assessment Matrix

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

o   assess progress in a consistent way

o   identify and demonstrate areas of good or excellent practice

o   identify and prioritise weaker areas and main risks

o   identify priority issues for improvement

o   demonstrate progress and continuous improvement in any subsequent assessment of the Standards

The Assessment Matrix (table below) provides a useful tool 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. ☐ | We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. ☐ | We are developing plans and processes and can demonstrate progress with some of our key areas for improvement. ☐ | We have well developed plans and processes and can demonstrate sustainable improvement throughout the service ☐ | We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. ☐ |
|---|---|---|---|---|---|

**The matrix is a means to:**

o   come to a common understanding and agreement on how well you are doing against a standard

o   have honest discussions about where you are doing well and where you need to improve

o   identify priority areas for improvement, and risks to escalate

o   track development and progress over time

**The matrix is not:**

o   a scoring mechanism to criticise teams and services

o   a means to compare teams and services with each other

**How is it used?**

o   use the matrix after deciding how you are doing against a standard, and considering whether you have sufficient evidence to support your decision;

o   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;

o   do not average out your matrix assessment, e.g. if you have a number of treatment rooms that are well equipped and fit for purpose but one outdated treatment room which urgently needs to be re-equipped then score as per the least suitable.

## Using the Self-Assessment Form

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 Self-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 back up or prove that you are doing what you say.  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 to do so at a later date.  The evidence you gather should also be proportionate.  We have given an example of a completed Self-Assessment Form at Appendix 4c which shows the sort of evidence you can use.

Evidence storage systems will vary from organisation to organisation.  Make sure that the evidence is not all stored in one person's memory and that other team members know how to find it!  It may be sensible to include details of where to find your evidence on your Self-Assessment Form or your Improvement Plan or you might choose to indicate that it has been saved in a particular computer file location.  If you store your evidence digitally make sure it is secure and backed-up.

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 it promptly when required.

There are many examples of evidence including:

| | |
|---|---|
| o Policies and Procedures | o Insurance/Health and Safety certificates |
| o Organisation leaflets | o External reports |
| o Minutes of Board/other meetings | o Funding Applications |
| o Spreadsheets & Databases | o Inter-organisational references |
| o Correspondence | o Publications |
| o Details of training provided/attended | o Audit and quality improvement reports |

For some Standards or part Standards the evidence may be less clear cut. 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 standards. This can be used to support use of the *Health and Care Standards* as long as it is relevant. In some cases you will need additional evidence to demonstrate how well you are doing with the *Health and Care 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's 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. Your board and NHS funders can decide what is best for your organisation.

## 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

We hope you have found this 'how to' guide helpful. However, if you need further guidance or support with the process, you can get in touch with your local County Voluntary Council (see Appendix 7 for contact details), your local Health Board/Trust contact or your can use the NHS Wales Governance E-Manual.

## Acknowledgments

This guide was originally developed by the Welsh Government and Wales Council for Voluntary Action with the help of some key organisations.

This revision (2016) was created by the Welsh Government in partnership with Powys Association for Voluntary Organisations (PAVO). Assistance with the revised examples was provided by Brecon Volunteer Bureau, North Montgomeryshire Volunteer Bureau and Ystradgynlais Community Support.

If you have any comments about this guide that you would like to raise please contact:
natalie.harris@wales.gsi.gov.uk or george.stroud@pavo.org.uk

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

# Health and Care Standards

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 2: Standards Which Don't Apply Template

| Number of Standard which does not apply. | Where a Standard does not apply, use this space to explain why. A couple of sentences will do for each case. |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

# APPENDIX 3: Template for Mapping Standards

| *Health and Care Standard* Number.  NB: consider each criterion. | Where other standards are used, explain briefly how this means your service either: • *fully* uses/meets Health and Care *Standards* (this may be only the standards name/reference number) OR • *partly* uses/meets Health and Care *Standards* OR • leave blank if other standards do not help you to use/meet the Health and Care Standards |
|---|---|
| **Person Centred Care** | |
| **0 Governance Leadership and Accountability** | |
| **1.1** | |
| **2.1** | |
| **2.2** | |
| **2.3** | |
| **2.4** | |
| **2.5** | |
| **2.6** | |
| **2.7** | |
| **2.8** | |
| **2.9** | |
| **3.1** | |
| **3.2** | |
| **3.3** | |
| **3.4** | |

| *Health and Care Standard* Number.<br><br>NB: consider each criterion. | Where other standards are used, explain briefly how this means your service either:<br>• *fully* uses/meets Health and Care *Standards* (this may be only the standards name/reference number) <u>OR</u><br>• *partly* uses/meets Health and Care *Standards* <u>OR</u><br>• leave blank if other standards do not help you to use/meet the Health and Care Standards |
|---|---|
| **3.5** | |
| **4.1** | |
| **4.2** | |
| **5.1** | |
| **6.1** | |
| **6.2** | |
| **6.3** | |
| **7.1** | |

**In the space below note the *Health and Care Standards* that are not addressed by using other standards or quality assurance systems. You will need to assess these in more detail.**

# 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**<br><br>**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. | We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. | We are developing plans and processes and can demonstrate progress with some of our key areas for improvement | We have well developed plans and processes and can demonstrate sustainable improvement throughout the service | We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. ☐ |
| **What needs to be addressed/ what are you not doing?** | ☐ | ☐ | ☐ | ☐ | |

| **Priority level for inclusion in improvement plan** | *Immediate* ☐ | | *Within One Year* ☐ | | *Subsequent Year* ☐ |
|---|---|---|---|---|---|

# APPENDIX 4B: Guidance on Completing Standards Self-Assessment Form

| Standard Number | *Insert the number of the standard that you are using.* | **Person Responsible** | *Insert the name of the team member who is responsible for completing the self-assessment of this particular standard or criteria.* | Date | |
|---|---|---|---|---|---|
| **What other standards are you using that help you achieve this standard?** | *From your mapping of the Health and Care Standards, insert details of any other standards you use which overlap. Leave this blank if you don't use any other standards* | | | | |
| **What are you doing to achieve this standard?** | *Insert details of anything relevant you are doing to meet this standard or improve services in this area. You will need to* ***address every criterion****, listing them in the order they appear in the Health and Care Standards.* ***Single sentences or bullet points will usually suffice*** *This could include relevant work you are doing with other standards.* | | | | |
| **Evidence to demonstrate this** | *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'.* | | | | |
| **Is this an example of good practice? If so, have we shared it?** | *If you think this is an area of good practice, include details.* ***Good practice can be shared with other teams, services and NHS organisations.*** | | | | |
| **Assessment Matrix Level**<br><br>**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. | We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. | We are developing plans and processes and can demonstrate progress with some of our key areas for improvement | We have well developed plans and processes and can demonstrate sustainable improvement throughout the service | We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. |
| **What needs to be addressed/what are you not doing?** | ***Be honest****, include details of things you are not yet doing or any gaps you have identified.*<br><br>☐ | ☐ | ☐ | ☐ | ☐ |

| **Priority level for inclusion in improvement plan** | *Immediate* | | *Within One Year* | | *Subsequent Year* |
|---|---|---|---|---|---|
| | ☐ | | ☐ | | ☐ |

*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).*
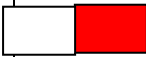
# APPENDIX 4C: Example of a completed Self-Assessment Form (Llanimagine Community Support)

| Standard Number | **3.4** | Person Responsible | Chief Officer | Date | 16/2/16 |
|---|---|---|---|---|---|
| **What other standards are you using that help you achieve this standard?** | Community Transport Association Quality Mark Standards<br><br>PQASSO Level 1 : QA 8 (Managing Resources), 10 (Working with Others), 11 (Monitoring and Evaluation), 12 (Results) | | | | |
| **What are you doing to achieve this standard?** | A) Computer access is password restricted and access to sensitive/confidential data given to users only as necessary. Paid staff have individual passwords over which they have control and volunteer staff share a logon to the system.<br>Paper records kept in locked filing cabinets with keys kept in in lockable key cabinet outside of office hours. Paper records disposed of securely using cross-cut shredder.<br>Data Protection policy updated to reflect Data Protection Act 1998. LCS registered with Information Commissioner (ICO) who recently completed advisory visit and made recommendations to improve practice.<br>B) Staff and volunteer handbooks cover topics of data/information management e.g. clear desk policy, computer locking in public areas, password sharing.<br>Paid and volunteer staff sign confidentiality policy and complete induction training on information assurance/confidentiality.<br>All digital records backed up on a weekly basis and copies stored in fire-proof safe and taken off-site. Chief Officer's password shared with Chair of board in case of emergency.<br>C) Client records updated as and when necessary (when clients inform staff). Procedure states that data kept on both staff and service users must be relevant and use reasonable.<br>Monitoring data (service use and volunteer hours, numbers etc.) collated regularly for submission to funders.<br>Paid staff are required to input data within set timescales and to a high level of accuracy. This is evaluated by line manager (usually Chief Officer) and forms part of their supervision.<br>D) Feedback from service users is sought and collated using feedback forms which give both qualitative and quantative indicators. This is collated to inform service development, report back to funders and as evidence for further funding applications.<br>Performance data regarding e.g. staff absence, geographical service mapping, service use, volunteer hours worked, numbers and retention etc. is input to spreadsheets and used to inform service planning.<br>Both feedback and performance data are used in our Annual Report to inform stakeholders.<br>E) Occasionally we need to refer to/inform public sector organisations e.g. social services of clients in need. Procedure – conditions for doing so - e.g. on safeguarding vulnerable adults is found in paid and volunteer staff handbooks. | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Evidence to demonstrate this** | <ul><li>Paid and volunteer staff handbooks (All criteria)</li><li>Data protection policy (A,B)</li><li>HR records: signed confidentiality policies & induction training records (A,B,C) supervision records (C)</li><li>Feedback and performance spreadsheets (D)</li><li>Annual reports (D)</li><li>ICO advisory visit report (All criteria)</li><li>Minutes of Board Meeting, September 2014, Item 6 : 'Emergency Arrangements' (B)</li><li>Various funding applications (D)</li></ul> **Handbooks & Policies** can be found in the folder of the same name on the Staff (S:) drive on the LCS network.<br>**Board meeting minutes & Annual Reports** can be found on our website. www.llanimaginecs.org.uk<br>An overview of the **report of the ICO** can be found on their website. https://ico.org.uk/action-weve-taken/audits-advisory-visits-and-overview-reports/<br>**HR records** are kept in the locked cabinet in the Chief Officers office.<br>**Funding Applications, Feedback & Performance Spreadsheets** can be found in similarly named folders in the Management (M:) drive on the LCS network. | | | | |
| **Is this an example of good practice? If so, have we shared it?** | We were previously unaware that the ICO offered to perform advisory visits. This has proved invaluable to inform our improvement plan for this Standard. We have shared this information at a meeting of the Powys Community Support Network (PCSN). (https://ico.org.uk/for-organisations/improve-your-practices/advisory-visits/) | | | | |
| **Assessment Matrix Level**<br><br>**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. | We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.<br>**A,B,E** | We are developing plans and processes and can demonstrate progress with some of our key areas for improvement<br><br>**C** | We have well developed plans and processes and can demonstrate sustainable improvement throughout the service<br><br>**D** | We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. |
| | ☐ | ✔ | ✔ | ✔ | ☐ |

| What needs to be addressed/what are you not doing? | A) Paid staff are responsible for own passwords but are not required to change them regularly or maintain any level of complexity. Given volunteer access to sensitive information is limited, volunteers can share logon but this password should also be rotated due to volunteer turnover. Investigation found that there is little clarity of length of time paper records are retained therefore disposal is inconsistent. Handbook does not specify simply says 'paper records should be shredded'<br><br>B) Discussion around sharing of Chief Officer password with board Chair has led to recognition of a lack of a formal Emergency/Contingency plan: Who should do what if e.g. office burns down? How will service be maintained? ICO suggest that sensitive/confidential data not kept within offices i.e. on laptops, memory sticks, backups etc. should be encrypted (which it is not presently).<br><br>C) Office staff/volunteers are doing a good job of updating client information but discussion with drivers highlighted insufficient information on how to pass on changes – drivers have been keeping own paper records of e.g. telephone numbers but not passing on to office. Investigation of recorded volunteer hours has shown that this is not kept accurately/honestly.<br><br>D) Completed feedback forms have been in decline recently. Improved volunteer hour recording should feed into better performance monitoring (see above).<br><br>E) ICO highlighted lack of formal data sharing protocols with partners – and lack of clarity over procedure. Some service user information is being transmitted over internet (e-mail) in unencrypted form. Although this only happens on rare occasions there should be a procedure – handbooks say WHEN and WHY to refer but not HOW. Also service users should be informed that some circumstances may lead to data sharing. |
|---|---|

| Priority level for inclusion in improvement plan | *Immediate*<br><br>**C,D**  ☑ | *Within One Year*<br><br>**A,B,E**  ✓ | *Subsequent*   *Year*<br><br>  ☐ |
|---|---|---|---|

# 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 | *Insert the number of the standard you are referring to.* | Period Covered | |
|---|---|---|---|---|---|
| **What we will do to improve** | *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* | | | | |
| **What difference this will make** | *Set out how your think the action will improve your service. What outcomes are you expecting?* | | | | |
| **What help/resources do we need to achieve this? (E.g. Internal? External?)** | *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.*<br><br>*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.* | | | | |
| **Who is responsible for taking this forward?** | *You need to identify the team member or members who are responsible for this action.* | | **Time scale for completion** | *Indicate the timescale for action. You may need to include a number of dates for completion of individual steps.* | |
| **Cross reference to other plans** | *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.* | | | | |
| **Demonstrating and evidencing improvements** | *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.* | | | | |
| **REVIEW of progress** *When you monitor your Improvement Plan, you will need to identify whether a key action is "Red", "Amber" or "Green".* | **Date of Review** | **RED** *No progress with this action and we are behind the agreed timescale for delivery* | **AMBER** *Some progress made in achieving this action, but we have to make some effort to deliver on time* | **GREEN** *We are making progress and we are on time to deliver this action - or the action is completed.* | |
| **Comments and actions required following review of Improvement Plan** | | | | | |

# APPENDIX 5C: Example of a Completed Improvement Plan

| Service: | Llanimagine Community Support | Standard Number | 3.5 | Period Covered | February 2016 onwards |
|---|---|---|---|---|---|
| **What we will do to improve** | **1** Paid staff handbook to be updated to include guidance on:<br><br>• password rotation & complexity including for volunteer logons (A)<br><br>• good ways to create secure, memorable passwords (A)<br><br>• use of encrypted laptops & memory sticks (B)<br><br>• how to share information safely when making referrals – this will be informed by discussion with referral partners (E)<br><br>• retention period for various paperwork (A)<br><br>**2** Paid and volunteer staff handbooks updated to include guidance on explaining to service users when their personal information may be shared (E)<br><br>**3** Drivers to be given additional refresher training on taking care of client in formation & passing updated client information back to the office (C)<br><br>**4** Contingency/Emergency Plan to be developed and distributed to key staff and board members (B)<br><br>**5** All staff to be reminded of importance of giving out and collecting service user feedback forms and informed of new procedures outlined in [1 & 2, above] (all criteria)<br><br>**6** Volunteer staff reminded of importance of correctly recording volunteering hours (C +D)<br><br>**7** All laptops to be encrypted and encrypted memory sticks given to staff who have cause to take sensitive/confidential data offsite but do not have a laptop. Offsite backup also to be encrypted (A, B) | | | | |
| **What difference this will make** | **1** **+ 7** Data will be more secure due to improved password integrity and encryption<br><br>**2** Service users will be aware that their personal information may be shared<br><br>**3** Service user information will be more secure, up to date and reliable<br><br>**4** Service will be more robust with improved continuity in any event<br><br>**5** **+ 6** Reporting to funders improved, better evidence when obtaining funding, service design better informed supporting co-production | | | | |

| | | | |
|---|---|---|---|
| **What help/resources do we need to achieve this? (E.g. Internal? External?)** | **7** IT contractors need to be engaged to implement action and to inform writing of procedures<br><br>**5** Paid and volunteer staff will need to understand the reasons behind the new procedures and the importance of the action to the service provided | | |
| **Who is responsible for taking this forward?** | **1,2,3,5,6** - OD (Office Manager), BL (Training Officer)<br><br>**7** – FB (Chief Officer) + IT contractors<br><br>**4** - FB (Chief Officer) + Board of Trustees | **Time scale for completion** | **1,2,4,5,7** – Within one year.<br><br>**3,5 (re. feedback forms),6** – Within two months |
| **Cross reference to other plans** | **1,2,3,5** – Organisational Staff Training Plan | | |
| **Demonstrating and evidencing improvements** | **1** Paid staff will have understood the necessity of measures and will be using suitably complex, regularly rotated passwords.  Monitored through supervision.<br><br>**2** Service users, if questioned, will be aware that their information may be shared.<br><br>**3** Service user contact details will be up to date – office staff to monitor when calling service users.<br><br>**4** Contingency/emergency plan in place and relevant staff aware.<br><br>**5** Increased feedback forms received in office.  Staff meeting minutes and internal communications evidence distribution of information.<br><br>**6** Increased volunteer hours (recorded).  Staff meeting minutes and internal communications evidence distribution of information.<br><br>**7** All digital information (sensitive/confidential) to be taken offsite will be encrypted. | | |

| | | | | |
|---|---|---|---|---|
| **REVIEW of progress (3,5 re. feedback forms,6** | **Date of Review**<br><br>**1 May 2016** | **RED** | **AMBER** | **GREEN** |
| **REVIEW of progress (1,2,4,5,7)** | **Date of Review**<br><br>**1 Feb 2017** | **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) and Volunteer Centre (VC) Contact List

## Anglesey CVC

Medrwn Môn
Neuadd y Dref
Sgwâr Bulkeley
LLANGEFNI
Ynys Môn
LL77 7LR

**01248 724944**
post@medrwnmon.org

**http://www.medrwnmon.org/**

## Blaenau Gwent CVC

Gwent Association of Voluntary Organisations
Ebbw Vale Communities First
44 Church Street,
Ebbw Vale,
Blaenau Gwent,
NP23 6BG
**01495 304352**

Tredegar Communities First
The Vitcc Centre,
Tredegar,
Blaenau Gwent,
NP22 3EL
**01495 712060**
info@gavowales.org.uk

**http://www.gavowales.org.uk/blaenau-gwent**

## Bridgend CVC

Bridgend Association of Voluntary
Organisations
BAVO
112-113 Commercial Street
Maesteg
Bridgend County Borough
CF34 9DL

**01656 810400**
bavo@bavo.org.uk

**http://www.bavo.org.uk/**

## Cardiff CVC

Cardiff Third Sector Council (C3SC),
Ground Floor,
Brunel House,
2 Fitzalan Road,
Cardiff
CF24 0EB
**029 2048 5722**
enquiries@c3sc.org.uk

**http://www.c3sc.org.uk/**

Cardiff Vountary Community Service
VCS Cymru
Ground Floor,
Brunel House,
2 Fitzalan Road,
Cardiff
CF24 0EB
**029 2022 7625**

**http://www.vcscymru.org.uk**

## Caerphilly CVC

*See:* Gwent Association of Voluntary Organisations

**01495 315626**
**01633 241550**
info@gavowales.org.uk

**http://www.gavowales.org.uk/caerphilly**

## Carmarthenshire CVC

Carmarthenshire Association of Voluntary Services (CAVS)
18 Queen Street
CARMARTHEN
SA31 1JT

**01267 245555**
admin@cavs.org.uk

**http://www.cavs.org.uk/**

## Ceredigion CVC

Ceredigion Association of Voluntary Organisations (CAVO)
Bryndulais
Bridge Street
Lampeter
SA48 7AB

**01570 423232**
gen@cavo.org.uk

**http://www.cavo.org.uk/**

## Conwy CVC

Community and Voluntary Support Conwy
Head Office
7 Rhiw Road,
 Colwyn Bay,
 Conwy,
 LL29 7TG

**01492 534091**
mail@cvsc.org.uk

**http://cvsc.org.uk/en/**

## Denbighshire CVC

Denbighshire Voluntary Services Council
Naylor Leyland Centre
Well Street
Ruthin
Denbighshire
LL15 1AF

**01824 702441**
office@dvsc.co.uk

**http://www.dvsc.co.uk/en/home/**

## Flintshire CVC

Flintshire Local Voluntary Council
Corlan,
Unit 3,
Mold Business Park,
Wrexham Road,
Mold,
Flintshire
CH7 1XP

**01352 744000**
info@flvc.org.uk

**http://www.flvc.org.uk/en/**

## Gwent CVC

Gwent Association of Voluntary
Organisations
Head Office
Ty Derwen,
Church Road,
Newport,
Gwent,
NP19 7EJ

**01495 315626**
**01633 241550**
info@gavowales.org.uk

**http://www.gavowales.org.uk**

## Merthyr Tydfil CVC

Voluntary Action Merthyr Tydfil
Voluntary Action Centre,
89-90 High Street,
Pontmorlais,
Merthyr Tydfil.
CF47 8UH
**01685 353900**
enquiries@vamt.net

**http://www.vamt.net/**

## Monmouthshire CVC

Gwent Association of Voluntary
Organisations –
Ty Derwen,
Church Road,
Newport,
Gwent,
NP19 7EJ

**01633 241550**
info@gavowales.org.uk

**http://www.gavowales.org.uk/
monmouthshire**

## Gwynedd CVC

Mantell Gwynedd
Swyddfa Gofrestredig: CAERNARFON
23-25 Y Bont Bridd
Caernarfon
Gwynedd,
LL55 1AB

**01286 672626**
ymholiadau@mantellgwynedd.com

Swyddfa Gofrestredig: DOLGELLAU
Yr Hen Orsaf Heddlu
Y Lawnt
Dolgellau
LL40 1SB

**01341 422575**
dolgellau@mantellgwynedd.com

**http://www.mantellgwynedd.com/**

## Neath Port Talbot CVC

Neath Port Talbot Council for Voluntary Service
Neath Port Talbot CVS
Tŷ Margaret Thorne
17-19 Alfred Street
Neath
SA11 1EF

**01639 631246**
info@nptcvs.org.uk

**http://www.nptcvs.com/**

## Newport CVC

Gwent Association of Voluntary
Organisations
Ty Derwen,
 Church Road,
 Newport,
 Gwent,
 NP19 7EJ

**01633 241 550**
info@gavowales.org.uk

**http://www.gavowales.org.uk/newport**

## Pembrokeshire CVC

Pembrokeshire Association of Voluntary Services
(PAVS)
36/38 High Street
Haverfordwest
Pembrokeshire
SA61 2DA

**01437 769422**
enquiries@pavs.org.uk

**http://www.pavs.org.uk/**

## Powys CVC

Powys Association of Voluntary
Organisations
Plas Dolerw
Milford Road
Newtown
Powys
SY16 2EH

**01686 626220**
enquiry@pavo.org.uk

**http://www.pavo.org.uk/**

## Rhondda Cynon Taff

Interlink Rhondda Cynon Taf

**01443 846200**
info@interlinkrct.org.uk

**http://www.interlinkrct.org.uk/**

## Swansea CVC

Swansea Council for Voluntary Service
Voluntary Action Centre
7 Walter Road
Swansea
SA1 5NF

**01792 544000**
scvs@scvs.org.uk

**http://www.scvs.org.uk/**

## Torfaen CVC

Torfaen Voluntary Alliance
Pontypool
Portland Buildings
Commercial Street
Pontypool
Torfaen
NP4 6JS

Blaenavon
Church View Advice Centre
Ivor Street
Blaenavon
Torfaen
NP4 9NA

**01495 742420**
info@tvawales.org.uk

**http://www.tvawales.org.uk/**

## Vale of Glamorgan CVC

Vale Council for Voluntary Services
Barry Community Enterprise Centre
Skomer Road
Barry
CF62 9DA

**01446 741706**
vcvs@valecvs.org.uk

**http://www.gvs.wales/**

## Wrexham CVC

Association of Voluntary Organisations in Wrexham
21 Egerton Street
Wrexham
LL11 1ND

**01978 312556**
info@avow.org

**http://avow.org/en/**

Revised: 23.02.16