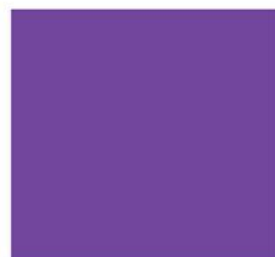


# Health and Care Standards

A 'How To' Guide for  
NHS Teams and Services



February 2016



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## INTRODUCTION

This Guide provides a suggested toolkit to help NHS Services and Teams use the Health and Care Standards to drive continual improvement within your service and organisation. It is designed to complement your organisation's local arrangements for using and assessing against the Standards.

This guide has been designed to help:

- **Teams and services** to use the Health and Care Standards.
- **NHS organisations** to assure themselves that their teams and services meet and use the Health and Care Standards, and to demonstrate this to others.

### 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 whether this is clinical, non clinical or support services. This toolkit may assist you in using, implementing and embedding the Standards alongside any arrangements your organisation may already have in respect of the Standards.

See page 9 for further details **on use by Primary Care**.

### What are the “Health and Care Standards”?

The [Health and Care Standards](#) were published on 1st April 2015. The standards cover all aspects of governance, service delivery, quality and safety which help services to focus on continuous improvement and ensuring that all services are patient centred and driven by patients' needs. The Standards provide a framework to be used to identify strengths and highlight areas for improvement. The Health and Care Standards bring together expectation under the previous 'Doing Well, doing Better: Standards for Health Services in Wales' and the 'Fundamentals of Care'.

Along side Safe Care, Compassionate Care: A National Governance Framework; the NHS Outcomes and Delivery Framework and the updated Framework for Assuring Service User Experience 2015 the Standards are a cornerstone of the quality assurance system within NHS in Wales and are an essential element of the overall framework for internal assurance.

The Health and Care Standards provide a **framework** for quality and safety in health services, and apply to all NHS funded services. They align with the seven quality themes of the NHS Outcomes and Delivery Framework to drive continual improvement in the health and wellbeing of the people of Wales. 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. The Standards are used by Healthcare Inspectorate Wales as an essential means of assessing continuous improvement in health services.

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. Information on how to assess against these principles can be found at [NHS Wales Governance e-Manual](#).

The Standards also support the commitment to the 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

### 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 cover all aspects of service delivery, 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.**

Teams and Services do a great deal to continuously improve services, and to address improvements as necessary. **The Standards are to be used to plan, develop, design and deliver services across all healthcare settings. They set out the requirements of what is expected at every level and every setting. They must drive the way service providers work and practice day in and day out.**

#### **Services should use the Standards to:**

- **involve patients and service users in reviewing the services they receive**
- **promote honest discussion about strengths and weaknesses in the service**
- **improve team working**
- **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 to escalate risks and actions that can’t be managed at service level**
- **identify opportunities to plan and design new services**
- **benchmark with others to improve further**
- **form the basis of peer review arrangements**

Using the Standards in this way helps to demonstrate that you have looked in detail at the service you provide, and take action to ensure they are safe and of high quality. This will inform and assure:

- Staff, patients, service users and carers
- Your Board, and Quality and Safety Committee
- Internal Audit Service
- Service Planners
- Partner organisations
- Healthcare Inspectorate Wales (HIW) and other external providers of assurance

## Seeking and Providing Assurance

Your organisation and stakeholders need 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. Patient / Service User Groups can also be asked to comment on the process and the results.

Your organisation's Board, key committees, internal audit service and others will seek assurance on the use of Standards. 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. As a person or a team providing care you need to know how you are doing in relation to the standards.

### What 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, 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 Health Board or Trust

### Who should use the “Health and Care Standards”?

The Health and Care Standards are not something which one person in a service 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.

### Symbols used in this Guide



The page symbol indicates a **form or template** to complete as part of your assessment.



The warning triangle indicates **‘stop and think’**.



# USING THE STANDARDS TO ASSESS YOUR SERVICE AND MAKE IMPROVEMENTS

## Sources of Help and Support

**Internal sources** of help and support will be available within your Health Board.

The Executive / Division / Directorate will provide guidance for the team / service on:

- how their Standards assessment and Improvement Plan link to the work of the Board and Quality and Safety Committee;
- how the identified risks and priorities are appropriately escalated up the organisation;
- the Standards priorities that the Board would like teams /services to address; and
- how their Standards Improvement Plan links with and informs corporate plans.

Other internal sources include:

- Local Standards processes, and other teams / services who have already used the Standards
- Local 1000 Lives Implementation teams can provide support in bringing about improvements
- Internal Audit service

**External sources** of help and support include:

- The [NHS Wales Governance e-Manual](#)

## Primary Care

All primary care practices and teams should use the Health and Care Standards. A number of tools and systems have been developed to support this, these include:

### For General Practice

- [CGPSAT](#) - The Clinical Governance Self Assessment Tool for GP practices
- More information can be found at [GP-one](#).
- GP teams can contact Primary Care Quality and Information Service, Public Health Wales, for advice.

### For General Dental Practice

- The Quality Assurance System (produced by Public Health Wales)
- [Maturity Matrix Dentistry | Dental Postgraduate Training and Education in Wales](#)
- GDP teams can contact their Primary Care Dental Practice Advisor or Practice Development Tutor

## Before you Start - Make sure you can Access:



- A copy of the [Health and Care Standards](#)
- [Health and Care Standards Supporting Guidance](#) – these explain what is required for each Standard
- The [Health and Care Standards Easy Read Version](#)– primarily written for patients, service users and the public
- A copy of any other standards that your service has to comply with or use
- Any Standards templates that your organisation uses (this guide includes templates for review and improvement plans, but your organisation may have its own)
- All the components in this guide

## Gain the support of Clinical/Managerial Leads and Decide How you will Use the Standards

***The Standards are relevant everywhere and should be included within local policies.***

Identify an individual to lead the assessment. In some services this will be the lead clinician or manager or this role may be delegated. The lead person must have **the authority to:**

- **Be accountable for the assessment**
- **Involve a range of staff** in the work along with patients / service users / carers as appropriate.
- **Delegate responsibility** as appropriate (for example, a member of staff to assess a particular standard)
- **Bring about or facilitate any improvements** which are identified as being necessary
- **Liaise with the wider organisation to address improvements that can't be addressed within the service and be responsible for escalating serious concerns that are uncovered by the Standards assessment**

The lead person will need to be familiar with:

- The organisation's internal systems and processes for the Health and Care Standards
- Lines of reporting and communication in respect of the Standards, particularly to your Board and Quality and Safety Committee.

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

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

Experience shows it can be really valuable for staff to discuss issues, air their concerns, and recognise good practice that's taking place.

***This may be an opportunity to review your quality and safety arrangements:***

- ***are they effective,***
- ***do they have a clear purpose,***
- ***do they have clear lines of reporting?***

## Assessing your Service



Make sure your team

- is multidisciplinary and fully representative of the service
- includes patients, service users or other stakeholders as appropriate
- has individuals with skills / expertise to contribute to assessment of individual standards as necessary
- is kept to a manageable size and able to meet as necessary.

## Recording your Self Assessment

You may wish to develop a **Standards Portfolio (see templates)** to demonstrate how your service uses and meets the Standards, and establish the foundations for continuous review, learning and service improvement. Service users, patients, and carers can also use the Standards to understand what to expect from services, and to recognise the part they can play in their own care.



Use the cover sheet ([Appendix 1](#)) as the front page for your **Standards portfolio** and identify:

1. The organisation's name
2. The service you are assessing
3. The date
4. The name of the lead person and team members.

## Which Standards Apply to your Service?

Look through the Health and Care 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](#)) to note standards which don't apply to your service, and very briefly outline the reason.

This is the second page of your **Standards portfolio**.

## Using other Standards alongside the Health and Care Standards

The next step is to map the Health and Care Standards against other standards and quality requirements you use.

***There are many standards that apply to teams/services in the NHS. You may have professional or service standards, or you may use other improvement systems.). The Health and Care Standards now incorporate the former Fundamentals of Care Standards and are designed to be used alongside your professional or regulatory body standards and other improvement systems.***

Decide which of these standards help you to meet and use the Health and Care Standards. Look at the Standards and map these alongside your professional and service standards or quality requirements to see where they overlap, or where there are gaps.

It's not sufficient just to be aware of standards, or to have a copy in the office. All standards need to be used constructively to improve the quality and safety of services. All staff must have the opportunity to express their opinions on how well – or badly – your service is doing with standards.

Mapping to the Health and Care Standards is primarily intended to identify issues that are not fully addressed by your other sets of standards or quality improvement systems. Identifying these "gaps" helps you to consider whether and how you need to address them and decide whether this is an area you need to improve.

**Overlapping** standards means that your service can probably demonstrate it adequately meets the equivalent Health and Care Standards. Sometimes there will be only a partial overlap.

The template at [Appendix 3](#) – is a good example of how you might wish to record the mapping of your standards.

***You can use evidence in support of other standards to show how you address the Health and Care Standards.***

## HOW TO CONDUCT A SELF ASSESSMENT OF YOUR TEAM OR SERVICE AGAINST THE HEALTH AND CARE STANDARDS

It might be helpful to use a facilitator from another team or service.

If practical, the assessment team must discuss and agree how the service is doing against **every** relevant standard or part standard that is not fully addressed by other standards or quality improvement systems. However experience shows it can be effective to use other approaches. These include:

- Identifying aspects of the service that are weak / failing / challenging **and** areas of good or excellent practice. Match these to the relevant Standards and use this as the starting point for review. *For example – persistently high C. Difficile rates on a ward will indicate the need to look closely at Standard 2.4 Infection Prevention and Control and Decontamination*
- Looking at a few key Standards that the team consider to be fundamental to the service, or where the consensus is that “we’re not doing particularly well”
- Using the results of, and responses to, other recent reviews. *For example Clinical Audits, data collected through 1000 Lives*
- Collating other reviews / action plans / improvement plans and priorities into a single focussed Standards Improvement Plan

**There are no right or wrong answers** when discussing how you are doing. 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 their opinions – even if they differ from everyone else. You could consider circulating a charter to this effect to team members before undertaking the self assessment. Remember that some parts of the service may be very good at a particular issue, while others are not. (*E.g. facilities in most clinics are modern and fit for purpose, but one clinic urgently needs to be re-equipped*).

### Some 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 service 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](#) web-site provides supporting guidance on each Standard and detail on what each Standard is looking for.

## How well are you Doing? - Using an Assessment Matrix

Your service can assess its performance using this example of an 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 is consistent with that used to complete the individual standard assessments.

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.
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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 Assessment Form



**You will need to assess your service against all Health and Care Standards as mapped to your professional, service and other quality improvement systems.**

An example Assessment form template is included as [Appendix 4a](#).

A guide to completing it is illustrated in [Appendix 4b](#).

The completed forms will form the next section of your **Standards portfolio**.

## How well are you Doing? - Making a Judgement and Considering the Evidence

Your discussions will help you to assess how well you are doing against the Standards. You will need to support your judgement with evidence to back up or prove that you are *“doing what you say you are doing.”* The evidence will vary from standard to standard and could take a variety of formats.

**You won’t necessarily have to gather up or attach this evidence, but you should be able to find it promptly when required.**

When a 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.

Other examples of evidence are:

- Policies and procedures
- Organisation leaflets
- Minutes of Board / other meetings
- Spreadsheets/databases
- Details of training provided / attended
- Insurance / Health and Safety Certificates
- External reports
- Audit and quality improvement reports, including 1000 lives data
- Photographs
- Feedback from patients, service users and carers

For some standards the evidence may be less clear cut and will vary according to the extent to which a service is delivered and the quality of the service. There may be instances when it is not possible to provide **written** evidence, and in these cases the team will have to decide whether everyday practice is sufficient.

Evidence storage systems vary, but make sure that evidence is not stored in one person’s memory and others know where to find it! Consider including details of where to find/links to your evidence on your assessment form or improvement plan

## MAKING IMPROVEMENTS

The assessment process allows teams and services to identify and prioritise issues for improvement, and develop Improvement Plans if appropriate. ***Priority issues for improvement can be integrated into other action / improvement plans. In this case it is not necessary to write a Standards Improvement Plan, unless you choose to do so.***

Use your organisations improvement plan template if available



**It is not appropriate to have improvements against every standard – identify your priorities.** If your organisation does not have a template an example Improvement Plan template is included as [Appendix 5a](#), and a guide to completing it is illustrated in [Appendix 5b](#). Improvement Plans must be fit for purpose, deliverable but challenging.

Issues for improvement may require input from other services (E.g. working with Learning Disabilities Service to develop support material for LD patients). **Some issues will have to be addressed in conjunction with Division / Executive support. These need to be escalated as appropriate, and may also be identified as risks for the service.**

Any Improvement Plan is a working document to revisit regularly to measure progress. Improvement Plans also provide important information for subsequent service assessments.

## MONITORING AND REVIEWING YOUR LOCAL IMPROVEMENT PLAN

### Monitoring

Monitoring and review are part of the performance framework of any team and service. Standards are a key component of quality and safety, and using them helps to drive continuous service improvement. Monitor and review your Improvement plan regularly to ensure that agreed actions are completed on time, and that they have achieved the expected improvements. Inform Clinical and Managerial leads of progress, and use your organisations reporting systems to inform others. Occasionally it will not be possible to complete an agreed action. In this case the person responsible for that action will be expected to explain why this is the case and how it will be addressed in future. **Monitoring and review should be seen as a positive process.** It is an opportunity to demonstrate how the service is improving and provide assurance to the Board, and all those who work in and use your service.

### Review

Assessment of the Health and Care Standards is not a “one off process”. Once the initial work is completed, it should be **regularly** updated as the service develops and improves, or when risks and challenges present themselves. However it is useful to (at least) annually review progress against the Standards to take stock of how you are doing.

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



APPENDIX 1: PORTFOLIO COVERSHEET

Health and Care Standards  
Assessment Portfolio



Your organisation name:

---

Service being assessed

---

Date of self assessment:

---

Lead Person and Team Members:

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APPENDIX 2: TEMPLATE FOR STANDARDS THAT DO NOT APPLY

Standard Number	Where a Standard does NOT apply to your team or service, use this space to briefly explain why.

## APPENDIX 3: TEMPLATE FOR MAPPING STANDARDS

Health and Care Standard Number (consider each criteria)	Where other standards are used, explain briefly how this means your service either <i>fully</i> uses / meets Health and Care Standards for. (This may be only the standards name / reference number) <u>OR</u> <i>partly</i> uses / meets Health and Care standards <u>OR</u> leave blank if other standards do not help you to use / meet the Health and Care Standard
Person Centred Care	
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	
3.5	
4.1	

Health and Care Standard Number (consider each criteria)	Where other standards are used, explain briefly how this means your service either <i>fully</i> uses / meets Health and Care Standards for. (This may be only the standards name / reference number) <u>OR</u> <i>partly</i> uses / meets Health and Care standards <u>OR</u> leave blank if other standards do not help you to use / meet the Health and Care Standard
4.2	
5.1	
5.2	
6.1	
6.2	
6.3	
7.1	
<p>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</p>	
<div></div>	

## APPENDIX 4A: ASSESSMENT FORM (CAN BE MODIFIED AS REQUIRED)

Standard Number		Responsible person		Date	
What are we 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 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.  <div style="text-align: right;"><input type="checkbox"/></div>	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action.  <div style="text-align: right;"><input type="checkbox"/></div>	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement.  <div style="text-align: right;"><input type="checkbox"/></div>	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service  <div style="text-align: right;"><input type="checkbox"/></div>	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from.  <div style="text-align: right;"><input type="checkbox"/></div>
What needs to be addressed/what are we not doing?					
Priority level for inclusion in improvement plan	Immediate <input type="checkbox"/>	Within one year <input type="checkbox"/>	Subsequent year <input type="checkbox"/>		

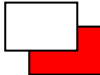


## APPENDIX 4B: HEALTH AND CARE STANDARDS

## ASSESSMENT FORM GUIDE

Standard Number		Responsible person	Person responsible for assessing this standard or part standard	Date	
What are we doing to achieve this standard?	Note anything relevant you are doing to meet this standard or improve services in this area. You will need to <b>address every criterion</b> , listing them in the order they appear in the Health and Care Standards. <b>Single sentences or bullet points will usually suffice.</b> This could include relevant work you are doing with other standards.				
Evidence to demonstrate this	Note key <b>evidence</b> to support your response. You won't necessarily have to gather up or attach evidence, but you should know where to find it. For further information on 'what is meant by evidence' check main text of the guide.				
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. <b>Good practice can be shared with other teams, services and NHS organisations.</b>				
<b>Assessment Matrix level</b>  Tick the matrix box that most accurately reflects how your service is doing with this standard	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. <div><input type="checkbox"/></div>	We are aware of the improvements that need to be made and have prioritised them, but are not yet able to demonstrate meaningful action. <div><input type="checkbox"/></div>	We are developing plans and processes and can demonstrate progress with some of our key areas for improvement. <div><input type="checkbox"/></div>	We have well developed plans and processes and can demonstrate sustainable improvement throughout the service. <div><input type="checkbox"/></div>	We can demonstrate sustained good practice and innovation that is shared throughout the organisation and which others can learn from. <div><input type="checkbox"/></div>
What needs to be addressed/what are we not doing?	<b>Be honest</b> , include details of things you are not yet doing or any gaps you have identified.				
Priority level for inclusion in improvement plan	Immediate <input type="checkbox"/>	Within one year <input type="checkbox"/>	Subsequent years <input type="checkbox"/>		
<b>Additional information</b>  Any relevant additional information Including any issues or risks that need to be escalated within the organisation.	<div>             Having identified gaps and areas of weakness, consider whether these are-             <ul style="list-style-type: none"> <li>• issues that must be addressed <b>urgently</b></li> <li>• Issues that needs to be addressed <b>during the year</b></li> <li>• Issues that can be addressed at <b>some time in the future</b> when time and resources allow</li> </ul> </div> <div>             Also consider <b>what</b> you are going to do to improve. <b>Details</b> of how you are going to do this will be included in your improvement plan.           </div>				




## APPENDIX 5A: HEALTH AND CARE STANDARDS

### IMPROVEMENT PLAN (CAN BE MODIFIED AS REQUIRED)

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

*As the improvement plan progresses, you will need to identify whether a key action is "Red", "Amber" or "Green". **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.*

## APPENDIX 5B: IMPROVEMENT PLAN GUIDE

<b>Service:</b>		<b>Standard Number</b>		<b>Period Covered</b>	Indicate the timescale for action. You may need to include a number of dates for completion of individual steps.
<b>What we will do to improve</b>	Give details of exactly what you will do to bring about improvements. Be specific and break your proposed action down into individual measurable tasks. Is this an action that can use 1000 Lives improvement methodology?				
<b>What difference this will make</b>	Describe how the action will improve your service. What outcomes are you expecting?				
<b>What help/resources do we need to achieve this? (e.g. Internal? External?)</b>	<p>You may need additional help and/or resources. For example, team members need to be trained by expert provider in a particular procedure.</p> <p>This might be something that can be done by your service area, or it may require external assistance. It is important to identify all your needs in this box whether or not an action is within your control.</p> <p>Improvement actions that are not within your service control may be RISKS to the service. Are they on your risk register?</p>				
<b>Who is responsible for taking this forward?</b>			<b>Time scale for completion</b>		
<b>Cross reference to other plans</b>	The improvement action may be included in other service plans. If this is the case it should be cross referenced.				
<b>Demonstrating and evidencing improvements</b>	You will need evidence to show what has improved or what difference you have made. This section will be essential as <b>you monitoring progress and later review your plan.</b>				
<b>REVIEW of PROGRESS</b>	<div>Date of Review</div>	<b>RED</b> 	<b>AMBER</b> 	<b>GREEN</b> 	
<b>Comments and actions required following review of Improvement Plan</b>					

As the improvement plan progresses, you will need to identify whether a key action is "Red", "Amber" or "Green". **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.



## APPENDIX 6: THE STANDARDS CHECKLIST

1. Now that we have seen and worked through the Standards, have we told everyone about them? ☐
2. Have we identified all the professional standards and codes of conduct that apply to our team and mapped them to the Standards? ☐
3. Do we know how well we are doing against the Standards? ☐
4. Do we have evidence to support how well we are doing? ☐
5. Have we identified and shared what we feel is excellent practice? ☐
6. Have we honestly identified and prioritised every Standard we need to improve? ☐
7. Have we identified the issues or risks that we have minimal or no control over and shared them appropriately? ☐
8. Have we written a SMART Improvement Plan and shared it appropriately? (SMART – Straightforward, Measurable, Achievable, Realistic, Timely) ☐
9. Are we clear about how we are going to bring about improvements – e.g. by using 1000 Lives methodology? ☐
10. Are we clear about what difference these actions will make? What will be the benefit for service users/staff/the organisation? ☐
11. Are we monitoring progress with the Improvement Plan, keeping the appropriate evidence and identifying what difference we have made? ☐
12. Do our patient, service users and carers know about the Standards? ☐
13. Do our stakeholders know about the Standards ☐
14. Have we shared information on improvements against the Standards with our Patients, service users and carers? ☐