

Review of Progress against Healthcare Standards for Wales

Welsh Ambulance Services NHS Trust

1 April 2008 - 31 March 2009

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Executive Summary

In May 2005 the Welsh Assembly Government published *Healthcare Standards for Wales*, setting out a common framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings. The standards are focused on improving the experience of patients and service users and placing them at the centre of the way in which services are planned and delivered, thus providing a basis for continuous improvement.

This is the third year in which the Welsh Ambulance Services NHS Trust has been required to self-assess its progress in delivering the highest level of performance against each of the 32 standards and to submit its assessments to Healthcare Inspectorate Wales (HIW) for testing and validation. Section 1 of this report provides full details of the assessment process adopted and the methodology used to test and validate the Trust self-assessment.

From 11 to 13 March 2009, HIW undertook unannounced visits to all major Accident and Emergency (A&E) units and Out-patient Departments throughout Wales. The purpose of these visits was to validate and test compliance and performance against the Healthcare Standards by looking at how care is delivered to patients and service users. As part of these visits we talked to a range of ambulance staff and patients and observed practice. The work undertaken focused on the 9 standards that relate to dignity and respect, child protection and vulnerable adults. The remaining standards have been assessed in respect of the Healthcare Standards via the Trust's own internal audit mechanisms.

Overall, the Welsh Ambulance Services NHS Trust performed well against these 9 standards, with 8 being assessed as having a maturity of **Developing** or above at the User Experience¹ levels. The Trust demonstrated a particular strength in relation to Standard 7: Service Users' contribution to Care Planning which was assessed as **Practicing**.

It was evident from the site visits that, in general, ambulance staff do everything possible to ensure that patients' dignity and respect is maintained. Patients reported to reviewers that they were treated sensitively by Emergency Medical Service (EMS) staff, although there were some concerns raised about the attitude of a small number of Patient Transport Service (PTS) staff, primarily in North Wales. The latter tended to be about a lack of effort to assist service users. We are satisfied that, on the whole, a good standard of care is delivered to those patients and service users who use the ambulance services. There was sound evidence of the commitment of staff to providing a good quality service and a significant majority of the service users we talked to were complimentary of the way they were treated by staff. We commend the Trust and its staff for their commitment.

There is however a recurring theme which emerged from our work about the availability of information on how to make complaints and deliver compliments. A further concern which emerged from our discussions with staff was the limited extent to which the outcomes of complaints and incidents are fed back to staff to enable lessons to be learned. These issues are discussed in the Patient Safety Panel, Professional Advisory Groups (which all staff are able to attend). The individuals we spoke to may not have been involved in complaints or compliments.

¹ User Experience is the term used throughout this report to represent the experience of patients, service users and carers.

1. Introduction and Background

1.1 Each year since 2007 NHS healthcare organisations across Wales have been required to self-assess the way in which they provide and commission services against the Healthcare Standards for Wales published by the Welsh Assembly Government in 2005. Our reports from 2007 and 2008 can be accessed from our website (www.hiw.org.uk) or by writing to us at:

Healthcare Inspectorate Wales
Bevan House
Caerphilly Business Park
Van Road
Caerphilly
CF83 3ED

1.2 The 32 Healthcare Standards set out a common framework to support healthcare organisations to provide effective, timely and quality services. They are designed to deliver improved levels of care and treatment to the citizens of Wales.

1.3 Healthcare Inspectorate Wales tests and validates the self-assessments submitted by each organisation. To do this we adopt each year an approach that is relevant to the issues that we believe or people tell us matter most to the public of Wales.

1.4 This year we have validated and tested healthcare organisations' compliance and performance against the Healthcare Standards by undertaking unannounced visits to every Welsh NHS Trust and a sample of GP practices across Wales. As part of these visits we focused on:

- **Child protection** – because the Baby Peter case has highlighted concerns in England.
- **Protection of Vulnerable Adults** - because our previous reviews have highlighted this as an area where more work is needed.

- **Dignity and respect issues** – because these are key to a patients/service users' experience and should matter to us all.

1.5 As part of our visit to the Welsh Ambulance Services NHS Trust we undertook observational visits to the Accident and Emergency (A&E) Departments and Out-Patient Departments of the following Hospitals:

- The Royal Gwent Hospital
- Neville Hall Hospital
- Prince Charles Hospital
- The Royal Glamorgan Hospital
- The University Hospital of Wales
- The Princess of Wales Hospital
- Morriston Hospital
- West Wales General Hospital
- Withybush Hospital
- Ysbyty Gwynedd
- Glan Clwyd Hospital
- Wrexham Maelor Hospital
- The Emergency Admissions Unit and Out-patients Department at Llandough Hospital

1.6 We also worked closely with the Internal Auditors of the Welsh Ambulance Services NHS Trust and have drawn on their findings as part of our validation work. Their report can be found at Annex 1.

2. Findings

2.1 To enable us to assess how well the Welsh Ambulance Services NHS Trust is delivering against requirements relating to child protection, protection of vulnerable adults and dignity and respect requirements we looked in detail at the following 9 Standards:

Standard 4: Environment of Care.

Standard 5: Maintenance and Cleanliness.

Standard 6: Information and Communication.

Standard 7: Service Users Contribution to Care Planning

Standard 8: Dignity, Respect, Consent and Confidentiality.

Standard 10: Access to Healthcare.

Standard 12: Care and treatment meets the service users' needs.

Standard 15: Feedback, Compliments and Complaints.

Standard 17: POVA (Protection of Vulnerable Adults) and POCA
(Protection of Child Protection).

2.2 The full set of 32 Standards is at Annex 2 and the Maturity Level Definitions in Annex 3.

2.3 Our evaluation of the nine Standards above has enabled us to provide an assessment of how WAST ensures that:

- Vehicles are suitable and clean.
- Useful and suitable information is provided to patients and service users.
- Patients and service users are involved in planning their care.
- Consent to care or treatment is appropriately sought and properly documented.
- Patients and service users are treated with dignity and respect.
- Patient information is treated confidentially.
- Care provided takes account of patients' and service users' physical, cultural and psychological needs and preferences.

- Appropriate systems and procedures in place to ensure that children and vulnerable adults are safeguarded and protected.

The details of our findings are set out below.

Standard 4: Environment of Care

2.4 The Emergency Medical Services (EMS) vehicles we observed provided a suitable environment of care for patients. The vehicles were of modern design and were fitted with the necessary clinical equipment to provide the first response in emergency situations.

2.5 The circumstances within which patients were 'handed over' from ambulance staff to hospital staff in many of the receiving A&E departments were less than ideal. These handovers often took place in corridors and conversations could be overheard by other patients or members of the public. The environment appeared over-crowded in many instances and, because of the proximity of doors to the outside, the areas were not very warm for patients who might be in a shocked state. Whilst this is not directly an issue for the Welsh Ambulance Services Trust (WAST), it does affect the service it provides. In addition, problems of capacity in many of the A&E departments often result in a backlog of patients having to wait on trolleys, in corridors or in ambulances. In such situations EMS staff are required to stay in attendance until they formally hand over the patient to A&E staff, this inevitably affects the performance of resources of the WAST. This is an issue for the Trusts across Wales and will be reflected in the All Wales report

2.6 Particular difficulties were observed at the Wrexham Maelor Hospital in respect of ambulance reception, where it was difficult for wheelchair users to speak with reception staff as a result of the design of the Ambulance reception area. Dissatisfaction with the ambulance reception at Ysbyty Gwynedd was also expressed by some patients in North West Wales.

2.7 Further concerns were expressed by patients attending the renal dialysis unit at West Wales General Hospital. We were told that the work of the unit was significantly restricted by difficulties that existed in transporting patients who have to travel long distances for treatment. Restrictions on the numbers of patients that could be accommodated by the Patient Care Service (PCS), as well as on the times they could be transported, were having an adverse impact on the efficiency of the unit. Similar problems in North Wales have been addressed effectively and the West Wales General Hospital needs to learn from this.

2.8 The Trust has assessed itself as **Developing** at the User Experience level across this standard. We consider that, based on the results of the unannounced visit, this maturity level is justified.

Area for Improvement:

- 1. Arrangements for patients to be transported to the dialysis unit at West Wales General Hospital need to be reviewed to ensure that the difficulties for patients accessing services are resolved.**

The following two issues are to be addressed by other NHS Trusts and will be reflected in the All-Wales healthcare standards report we intend to issue:

- The need to ensure that appropriate arrangements are in place for patients to be 'handed over' from WAST staff to hospital staff in ways that ensure comfort and confidentiality**
- North West Wales NHS Trust and North Wales Trust need to review the design of the ambulance reception areas at Maelor Hospital and Ysbyty Gwynedd following concerns raised by disabled service users**

Standard 5: Cleanliness

2.9 New vehicles had been purchased for the EMS; however most of the paramedics and technicians we interviewed in a number of areas reported that there was little time available at the beginning of a shift to carry out necessary vehicle checks. We were told that due to operational pressures the availability of time dedicated to the deep cleaning of vehicles has been adversely affected.

2.10 The vehicles used by both EMS and Patient Care Services (PCS) staff were observed to be free of clutter and superficially clean. On closer inspection however vehicles were found to have a fine coating of black dust inside the vehicle with some dirt found near clinical equipment. EMS staff told us that they often did not have time to deep clean their vehicles. The staff in North West Wales told us they were frustrated about the lack of staff and the unavailability of locations where vehicles could be taken for cleaning. The Trust however does have plans in place to address this issue by developing a network of “make ready” facilities throughout Wales with dedicated teams for stocking and washing of vehicles.

2.11 All patients reported feeling safe and secure in the vehicles, with seat belts being used routinely. They also commented favourably on the cleanliness of vehicles.

2.12 The Trust has assessed itself as **Developing** at the user experience level across this standard. We consider that based on the results of the unannounced visits, this maturity level is justified.

Areas for Improvement:

- 2. Arrangements for vehicle and equipment cleaning need to be improved by the Trust.**
- 3. The Trust should ensure that voluntary drivers understand the importance of providing help and assistance to service users within their care.**

Standard 6: Information and Communication

2.13 Information leaflets setting out the services available were held on all PCS vehicles we checked. The majority of service users we spoke to felt that ambulance staff communicated well and that information was provided in a sensitive and timely manner. The communications we observed between WAST staff (both EMS and PCS staff) and service users were appropriate and sensitive, although, from our discussions with both staff and service users in North West Wales, it was clear that there was poor communication between hospital reception liaison staff and ambulance planning control. WAST are currently implementing a PCS CAD system throughout Wales to replace disparate PCS legacy systems to ensure a consistent approach to PCS working practices in the 3 regions. Both groups of staff reported difficulties in communicating with PCS drivers due to the lack of radio equipment or staff not responding when the equipment was in place. We are aware that the Trust is currently undertaking a replacement of analogue radios with digital radios which will improve these issues. We were told that these difficulties often led to poor management of vehicles and journeys, with any changes required to journeys often not taking place. No satellite navigation systems were available for PCS vehicles, however the Trust is currently implementing Mobile Data Terminals with in-built satellite navigation systems for all vehicles to address this issue.

2.14 The staff we spoke to demonstrated an awareness of the need for service users whose first language is neither English nor Welsh to be supported. Staff are not able to access translation services directly, although we were told that ambulance control staff are able to arrange for this service if they are aware of language difficulties at the time the EMS is called. Staff told us that they would request help and guidance from hospital staff if there was a need to access translation services. Some staff were aware of leaflets about how to access such services being available on some of the vehicles and all staff are issued with the Ambulance Services Association phrasebook.

2.15 The majority of staff we spoke to were able to demonstrate awareness of a range of approaches to support service users with sensory impairment. However some staff stated that they would rely on escorts, family or carers to support them. Of the staff we spoke to, only a small number reported having had basic training in how to support people with sensory impairment and only two reported having had training in British Sign Language.

2.16 A number of WAST staff raised concerns about the availability of wheelchairs at most hospitals to support patients with mobility needs.

2.17 The Trust assessed itself as **Developing** at the User Experience level across this standard. We consider that based on the results of the unannounced visits, this maturity level is justified.

Area for Improvement:

4. The systems in place to support effective communication between the hospital reception liaison service and ambulance planning control, as well communication with PCS drivers, needs to be fully implemented to demonstrate improved communication.

Standard 7: Service Users' contribution to Care Planning

2.18 Whilst this standard has only limited relevance to the WAST, it was clear from discussions with patients and service users that ambulance staff do where appropriate take the opportunity to discuss options with them. Examples include:

- Whether it is appropriate for the individual to be transported to hospital or for them to receive care from local GP services;
- If individuals require pain relief which would be the most appropriate method to meet their needs.

- The Clinical Desk where callers ringing 999 whose conditions are neither life threatening nor emergencies are further assessed and advised to access a level of healthcare appropriate to their needs or provided with advice on how to care for their symptoms at home

2.19 The Trust has assessed itself as **Practicing** at the User Experience level across this standard. We consider that based on the results of the unannounced visits, this maturity level is justified.

Standard 8: Dignity, Respect, Consent and Confidentiality

2.20 It was clear from our observations and discussions with staff and service users that those who access the service of the WAST are treated with dignity and respect. Communication between EMS staff and service users was observed to be sensitive and respectful of the individual's rights to confidentiality and dignity. As noted at paragraph 2.6, the circumstances in some A&E departments made it difficult to achieve this standard. However, WAST staff were observed to behave in an exemplary way even in difficult environments and circumstances. Patients and service users were in the main very complimentary about the service they had received.

2.21 Our visit to North Wales did highlight concerns in relation to PCS. We were told by two patients that they had not been assisted when getting in and out of vehicles and that the driver had remained in his seat. It would be appear that these episodes involved voluntary drivers, who may not have received the appropriate customer care training. A further example was shared with us of a PCS driver who made no attempt to communicate with, and offered no assistance to, a patient attending for chemotherapy. We were told that his attitude was 'very uncaring'.

2.22 Paramedic staff we spoke to were able to articulate how informed consent is obtained and they reported that 'consent' formed part of their basic and continuing training. Paramedics and technicians demonstrated a working understanding of mental capacity issues and many paramedics said they had received specific training on this issue. Technicians, however, did not appear to have the same level of training, although they did report that this was planned. Leaflets were available on the EMS vehicles to assist the assessment of capacity.

2.23 The staff we spoke to also demonstrated an awareness of what to do in the event of a patient's refusing treatment when there was some concern about his or her capacity. HIW has however heard concerns from service providers about the willingness of some ambulance staff to transport patients who in their opinion lack the capacity to agree to this, even when it is in the patient's best interest.

2.24 WAST staff fully understood the importance of maintaining patients' confidentiality, but reported that they had not received specific training about this. While the issue of confidentiality is addressed as part of general paramedic training, it would appear that it is not covered at present for technicians and PCS staff. However, PCS staff are made aware of the Trust's Policy on Confidentiality at induction although they do not receive specific 'training'.

2.25 The Trust assessed itself as **Developing** at the User Experience level across this standard. We consider that based on the results of the unannounced visits, this maturity level is justified.

Areas for Improvement:

5. The Trust should ensure that:

- **training related to obtaining consent is extended to technicians;**
- **training related to capacity is provided for all staff.**

Standard 10: Access to Healthcare

2.26 All EMS staff demonstrated a basic understanding of the importance of service users not being unfairly discriminated against on the grounds of age, disability, ethnicity, race religion or sexual orientation. We were told that these issues are addressed as part of paramedic training or at induction, but a number of technicians reported that they felt that there was a lack of training provided to them on these issues. None of the staff we spoke to said they had received any training in customer care.

2.27 A number of disabled service users who talked to us described very positive experiences of how they had been supported and assisted by ambulance staff getting on and off vehicles and from the vehicles to the area they needed to visit. Most service users said that ambulance staff were sensitive and sympathetic to their difficulties.

2.28 The Trust assessed itself as **Developing** at the User Experience level across this standard. We consider that based on the results of the unannounced visits, this maturity level is justified.

Area for Improvement:

6. Consideration to be given to how appropriate training is provided to all staff

Standard 12: Care and treatment meets the service user's needs

2.29 There is a significant variation in the effectiveness of inter-agency liaison and contact across Wales. We were provided with examples of areas where there is a positive relationship between WAST and social services, housing departments and care staff to ensure the welfare of patients/service users. This was contrasted, however by examples of where the only contact that WAST had with social services was when an ambulance was requested by social services to lift an individual for them because their own staff were unable to do so due to their no lifting policy.

2.30 Concerns were raised with us by WAST staff about discharge arrangements for patients. WAST staff described instances when they had been called to an emergency that had resulted from inadequate discharge arrangements being put in place by other healthcare providers

2.31 Despite information that was submitted to us as part of the Trust's self assessment about the action taken to meet the needs of people with sensory impairment, staff and service users were not aware of any the actions made in this area.

2.32 The Trust told us about a number of patient care pathways that had been developed, including those relating to Resolved Hypoglycaemia and Epileptic Seizure, falls by elderly people and stroke

2.33 The Trust has assessed itself as **Practicing** at the User Experience level across this standard. However, we consider that based on the results of the unannounced visit, the Trust maturity level is assessed as **Developing**.

Area for Improvement:

7. The Trust needs to further communicate the work of the Partners in Healthcare team.

Standard 15: Feedback, Compliments and Complaints

2.34 From the Self Assessment it is clear that a significant amount of work has been undertaken during the year to ensure processes are in place to not only record and respond to complaints but ensure the identification of trends and lessons learned, a large part of which is feedback to staff as a result of a complaint.

2.35 While the WAST has a complaints policy and procedure in place, we were told by staff that incidents and complaints are not routinely shared with them and that they rarely receive feedback about the outcome of a complaint. It

was also clear that there is no uniform system in place for providing feedback: for example, one member of staff mentioned receiving an e-mail outlining an incident, while another said that information about an incident would be put on the bulletin board.

2.36 The WAST provided us with information about improvements made as a result of feedback from complaints. However, staff and service users told us that they were not aware of changes that had been made following concerns raised.

2.37 The majority of service users we spoke to were unaware of the process for making a complaint or for providing feedback. It was apparent that informal comments from service users were not routinely captured and that the recording of them was 'ad hoc'. Patients and service users and staff felt that the Trust did not actively encourage feedback.

2.38 There was no evidence from the visits undertaken of any information available to explain to service users how to provide feedback on the service, whether in the form of compliments or complaints. We do however, acknowledge that this is an area identified by the Trust within its improvement plan for the current year.

2.39 The Trust has assessed itself as **Developing** at the User Experience level across this standard. However, we consider that based on the results of the unannounced visit, the Trust maturity level is assessed as **Responding**.

Area for Improvement:

8. The Trust needs to review the way its complaints / compliments process is publicised to service users and to ensure that appropriate information is made available.

Standard 17: POVA (Protection of Vulnerable Adults) and POCA (Protection of Children Act)

2.40 The Trust has made significant progress in putting systems in place to ensure the protection of children and vulnerable adults (POVA). The majority of the paramedic staff reported that they had received training on these issues, as well as on the requirements of the Mental Capacity Act. However, technicians and PCS staff reported that they had not received training to date and many PCS staff said they were unaware of the issues. All EMS staff could adequately describe what they understood by the terms, “vulnerable adult” or “a child in need of protection”. They also described many instances when they had reported concerns.

2.41 The Trust employs a named nurse for Safeguarding Children and there is a designated person in each region who is responsible for receiving and taking action on both POVA and child protection referral forms.

2.42 The application of Criminal Records Bureau (CRB) checks remains challenging. Although new employees and staff who move to new posts are checked in line with current all Wales policy, there was some concern about voluntary drivers. Although many of them were aware of issues in respect of POVA and Child Protection, it was evident from the staff we spoke to that they were not aware whether or not they had been CRB checked. We do acknowledge, however, that there is ongoing work to extend repeat CRB checks to staff working with children and vulnerable adults and that the introduction of the ISA will assist greatly in resolving this situation across NHS Wales.

2.43 The Trust has assessed itself as **Practicing** at the User Experience level across this standard. However, we consider that based on the results of the unannounced visits, the maturity level is **Developing**.

Area for Improvement:

- 9. The Trust must ensure that the appropriate level of training is provided to all staff in these areas**
- 10. As a matter of urgency the Trust must ensure that the appropriate CRB checks are made for all staff.**

3. Conclusion and Next Steps

3.1 This year's Healthcare Standards assessment process has demonstrated that the Welsh Ambulance NHS Trust is improving in relation to most areas, such as dignity and respect, and the protection of vulnerable adults and child protection. However, action needs to be taken to ensure that training programmes are extended to all staff in areas such as POVA, Safeguarding Children and the Mental Capacity Act. There also needs to be better availability of information about complaints and compliments. WAST needs to ensure that staff are informed of the outcomes of complaints and incidents so that lessons may be learned. Appropriate arrangements should be in place for the regular cleaning of vehicles.

3.2 The Welsh Ambulance Services NHS Trust will need to consider the areas highlighted as requiring further improvement by this assessment process and that of its Internal Auditors, when developing its Healthcare Standards Improvement Plan. These areas for improvement by our assessment are summarised in Annex 4.

3.3 The Welsh Ambulance Services NHS Trust is required to submit an Improvement Plan, approved by its Board, to the North Wales Regional Office of Welsh Assembly Government's Department for Health and Social Services by the end of October 2009. This plan will be agreed by the Regional Office, which will monitor its implementation as part of the performance management arrangements in place for NHS Wales. It will be made available on the Welsh Ambulance Services NHS Trust's website.

MIAA Audit and Assurance

**Welsh Ambulance Services NHS Trust
Risk Maturity and Healthcare Standards
Review**

Internal Audit Report 2009-10

Report No. 202WAST_0910_001

**Final Report
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CONDUCT OF THE REVIEW

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Report Distribution

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Terry Eckley	National Risk and Health & Safety Manager	PDF
Chris Powell	Senior Nurse , Clinical Manager	PDF
Audit Committee Members		

Review Completion

Action	Planned Date	Actual Date
Fieldwork Start	24/04/2009	24/04/2009
Fieldwork Complete	08/05/2009	08/05/2009
Discussion Document to Client	12/05/2009	11/5/2009
Responses by Client	26/05/2009	12/5/2009
Final Report	01/06/2009	13/5/2009

Discussion Meeting held with

Name	Title	Date
Sara Jones	Clinical Director	12/5/2009
Terry Eckley	National Risk and Health & Safety Manager	11/5/2009
Chris Powell	Senior Nurse , Clinical Manager	12/5/2009

Review Preparation

Review prepared on behalf of MIAA by

Name	Title
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Acknowledgement

MIAA would like to thank all staff for their co-operation and assistance in completing this review.

Further Information

This report has been prepared as commissioned by the organisation, and is for your sole use.

If you have any queries regarding this review please contact the Principal Auditor or the Audit Manager. To discuss any other issues then please contact the Director.

CONTENTS AND REVIEW

Introduction and Background

The review of Risk Maturity and Healthcare Standards for Wales system has been conducted in accordance with the requirements of the Internal Audit Plan, as approved by the Audit Committee.

Healthcare Inspectorate Wales (HIW) is responsible for reviewing the quality and safety of patient care commissioned and provided by healthcare organisations in Wales. In undertaking this role, it endeavours to support and encourage continuous improvement in the provision of health services. The Welsh Assembly Government published Healthcare Standards *for Wales* in May 2005. This document set out a common framework of healthcare standards to support the NHS and partner organisations in providing effective, timely and quality services across all healthcare settings.

Welsh Health Circular WHC (2008) 01, Healthcare Standards Assessment 2007-2008, was published on the 1st February 2008. The document clearly states that from 2007/08 onwards the Healthcare Standards will underpin the organisations Statement of Internal Control (SIC).

The need to manage risks has become recognised as an essential part of effective corporate governance. This has put organisations under increasing pressure to identify all the business risks they face and to explain how they manage them.

Objective and Scope

The review objectives can be divided into two main areas which can be defined as follows:

- To ensure the Trust has utilised robust systems and processes to underpin the Self-assessment of performance against the Healthcare Standards for Wales.
- To follow up the progress made in addressing previous years risk maturity recommendations

This was broken down into the following sub objectives:

- The Trust has a robust mechanism for the collection, review and submission of data for the Healthcare Standards in Wales;

- Quality Control of the evidence collated and outcomes decided has been applied by the Trust prior to submission to the Healthcare Inspectorate Wales;
- Self assessment outcomes are clearly linked to evidence;
- Comprehensive Improvement Plans have been developed following the submission;
- The Board is sufficiently engaged in the Healthcare Standards in Wales process.

Limitations inherent to the internal auditor's work

We have undertaken the review of the Risk Maturity and Healthcare Standards for Wales process, subject to the following limitations.

Internal control

Internal control, no matter how well designed and operated, can provide only *reasonable* and not absolute assurance regarding achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

The assessment of controls relating to the Risk Maturity and Healthcare Standards for Wales process is that at May 2009. Historic evaluation of effectiveness is not always relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in the operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

Opinion

We are required to provide an opinion on the adequacy and effectiveness of internal control in relation to the area under review. Our opinion is based on the work performed as set out in the agreed objectives and is subject to the inherent limitations set out in the limitations (Section 2) and responsibilities (Appendix B) sections of this report. We also provide an assurance statement for the area under review.

Assurance/ Opinion statement – Risk Maturity

The opinion applied to this review has been classified as

- Risk Defined;

Full definitions are provided in Appendix B Table B.1.

Limited to the objective, and based on the findings of this review, the following opinion has been applied:-

Given the findings of the review, we consider that the organisation has considered risk management, and put in place strategies led from a risk management team. Strategy and policies are in place and communicated. Risk appetite defined.

The organisation is therefore assessed as Risk Defined. In this context, our audit strategy is to facilitate risk management / liaise with risk management and use management assessment of risk where appropriate.

Assurance statement: Healthcare Standards

The assurance levels applied to this review have been classified as 'high', 'significant', 'limited' or 'no'. Full definitions are provided in Appendix B. Limited to the objective, and based on the findings of this review, the following assurance level has been applied:

As a result, significant assurance can be given on the adequacy and operating effectiveness of controls in place over Risk Maturity and Healthcare Standards for Wales at the time of our audit.

Follow-up

In light of the findings of this audit we would recommend that follow-up work to confirm the implementation of agreed management actions is conducted within the next 12 months.

Detailed findings and recommendations

Our detailed findings and recommendations are set out in the findings and recommendations section of this report (Appendix A). Management responses are included which identify actions to be taken, responsibility and timeframe.

Design of controls under review

In our opinion, the design of controls is adequate to address the key objectives of the Risk Maturity and HCS Validation review.

Operation of the controls under review

We identified three instances where the controls were not operating as designed in practice at the time of our audit, all of which have been assessed as high or medium risk. In our opinion these weaknesses are not likely to have a significant impact on the achievement of the key objectives of the review.

Summary of Recommendations

To aid management focus in respect of addressing findings and related recommendations, the classifications provided in Appendix B, Table B.2 have been applied. The table below summarises the prioritisation (detail provided in Appendix A) of recommendations in respect of this review.

<i>Critical</i>	<i>High</i>	<i>Medium</i>	<i>Low</i>	<i>Total</i>
0	2	1	0	3

Management Summary

Risk Maturity

Culture, Roles and Responsibilities

The executive responsibility for risk management currently sits with the Deputy CEO supported by the Clinical Director who delegate as appropriate to other Directors. Further revision and update of the Scheme of Delegation is awaiting the outcome of the ongoing management capacity review. These recommendations arising from the review are to be discussed at a future Board away-day. There will be internal consultation before the findings and recommendations go to the Board in June 2009, this will be followed by revising and updating all risk and governance related policies and procedures.

The modernisation agenda, TTMD, through projects and sub-projects is addressing specific key risk areas within the Trust. The Board receive regular reports through the Risk Management & Modernisation Committee and the Clinical Governance Committee.

Processes

There is a process in place to identify, record assess and analyse risks on a continuous basis. Further improvements have recently taken place in the development of the directorate and departmental risk registers by having a mechanism in place to link between these documents and the corporate risk register. The Trust committee structure facilitates the review and update of the corporate and directorate risk registers. The process for reviewing key risks within the Trust is supported by the Risk Management and Modernisation Committee together with the Clinical Governance Committee and Patient Safety Panel. All have clear lines of reporting to the Trust board.

Monitoring

One of the main functions of the Risk Management and Modernisation Committee and the Clinical Governance Committee is to monitor the risks (clinical, corporate, legal and financial) associated with the Modernisation Plan and the Strategic Change and Efficiency Plan (SCEP). This together with reports received by the committee from subordinate meetings and working groups will ensure the monitoring of risks at the highest level.

The Trust receives assurance both internally and externally regarding the effectiveness of its risk management arrangements.

Healthcare Standards for Wales

The following core standards were reviewed against the 2008-09 self assessment:

- Healthcare standard 14
- Healthcare standard 16
- Healthcare standard 27
- Healthcare standard 28

The following assurances can be confirmed:

- Each standard has been allocated a nominated Executive lead and a designated Lead Officer.
- A detailed process is in place to ensure the adequate collection, review and submission of each Standard assessment.

- Supporting evidence provided within the self-assessment was adequate and relevant when compared to the self-assessment outcome.
- A Healthcare Standards Improvement Plan was developed in response to issues identified by both the Trust and HIW. This plan will be sent to the Regional Office following formal Board approval.
- A HCS Reporting Framework was developed to ensure that the Executive Team and Trust Board are fully engaged in the process.

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

The Trust has assessed itself as level 3 (Developing), this is the same outcome as last year and reflects a realistic approach being applied by the Trust and that further development is needed in this area .The Trust's Health and Safety Policy, Risk Management Strategy and Associated policies and procedures are still in draft versions which will be further influenced by the Trust's recent strategic management review.

The following issues were identified:

14.2 Operational and/or Clinical Outcomes- Evidence to support staff induction training is missing.

14.2 User experience- Evidence of the asbestos survey is missing.

Standard 16 Adverse Incidents and Learning: Healthcare organisations have systems in place:

to report incidents to the National Patient Safety Agency's (NPSA) National Reporting and Learning System and other bodies in line with existing guidance; to demonstrate improvements in practice based on shared local and national experience and information derived from the analysis of incidents; and

to ensure that patient safety notices, alerts and other communications concerning safety are acted upon within required time-scales.

The Trust has assessed itself as level 4 (Practising); this is an increase from last year's assessment. This outcome is supported by evidence within the standard. Standard 16 is an example of good practice in that all supporting evidence could be easily cross referenced or linked to the narrative sections of the standard.

The following issues were identified:

16.1 Operational and/or Clinical Outcomes- Evidence of Board Paper is missing.

16.4 Corporate

Statement: The Patient Safety Panel is the responsible committee to provide the Clinical Governance Committee with assurance that all Patient Safety Notices and other safety communications are acted upon within the required timescales.

Audit Comment: Although minutes of the Panel have been uploaded under other sections of the standard, reference or link to these minutes should have been made.

16.4 Operational and/or Clinical Outcomes

Statement: The Trust has put in place 3 Regional Professional Advisory Groups which is the focal point for the dissemination of notices and alerts.

Audit Comment: Evidence to support this is missing.

Standard 27 Governance (including Risk Management): Governance arrangements representing best practice are in place which:

- a. apply the principles of sound clinical and corporate governance;
- b. ensure sound financial management and accountability in the use of resources;

- c. actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;
- d. include systematic risk assessment and risk management; and
- e. are integrated across all health communities and clinical networks.

The Trust has assessed itself as level 4 (Practising); this is an increase from last year's assessment. This outcome is supported by evidence within the standard.

Standard 28 Clinical Governance: Healthcare organisations:

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

The Trust has assessed itself as level 3 (Developing); this is the same as last year's assessment. Further development is needed in this area, in particular on an operational level to demonstrate that staff are involved in the development and monitoring of clinical governance systems and how they relate to these strategies, policies and procedures.

HCS Scrutiny Panel

Each standard is quality assured by the identified Executive lead who is responsible for confirming that they have read and are satisfied with the draft self assessment submission. In addition a Scrutiny Panel was established with representation from managers from across a range of departments/directorates including the Programme Management Department.

Terms of Reference (TOR) for the scrutiny panel stipulate the followings:

The Panel will need to meet in two distinct modes, firstly as an officer body looking at initial draft submissions. Secondly, the panel will then need to meet with Non Executive Directors of each of the Board's Committee to provide assurance to the Board prior to sign off. In such circumstances the Panel will be chaired by a Non Executive Director.

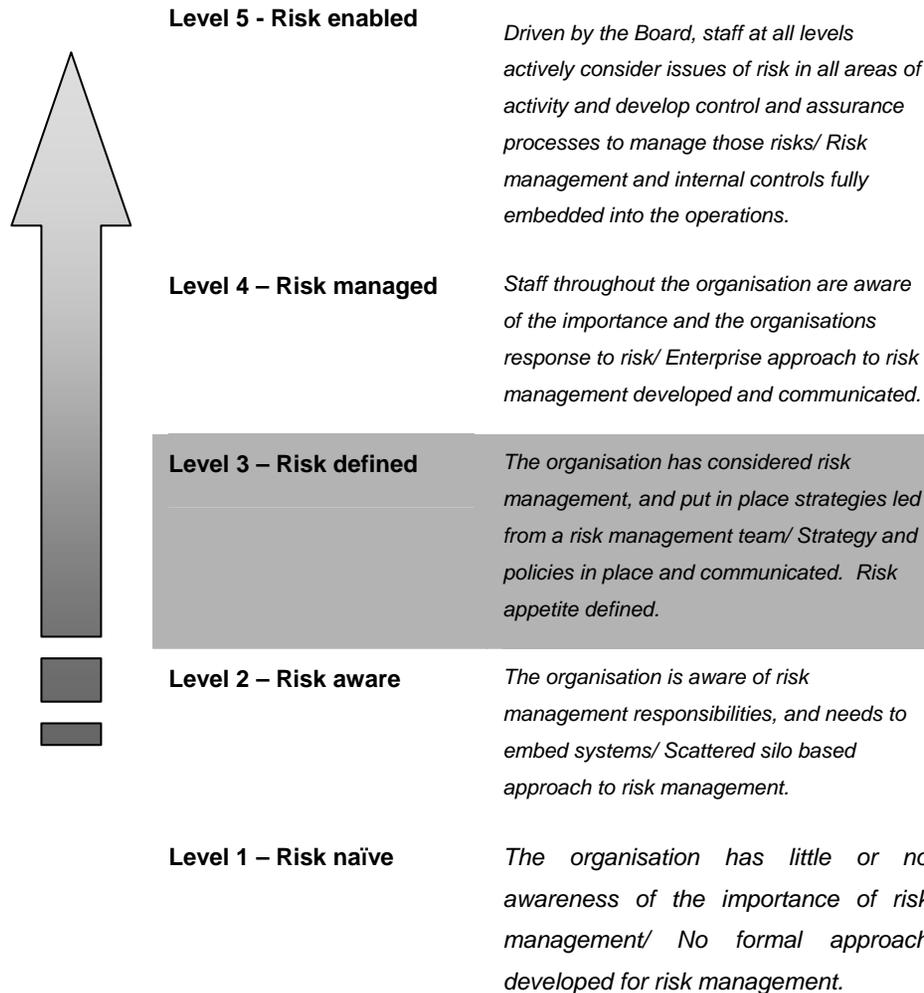
These TOR have not been fully achieved during the year which has resulted in the benefits of establishing the panel not been fully realised. This is largely due to a number of meetings being cancelled due to the number of apologies received from various key officers. Furthermore no minutes were issued for the two meetings that have taken place. These minutes, as stated in the TOR, should be reported to the Trust Board.

No.	Issue Identified	Recommendation	Risk Classification	Management Response, Responsibility and Deadline for Action
1	A number of meetings of the Scrutiny Panel had to be cancelled due to frequent apologies received from core members of the panel.	<p>The Scrutiny Panel should meet in its full capacity to provide the Trust with a reasonable level of assurance prior to final submission of all documentation to HIW.</p> <p>An annual schedule for meetings should be devised with key meetings in the process being identified. Lead officers should identify nominated deputies to ensure that that panel can meet as often as is required during the year.</p>	High	<p>Management Response:</p> <p>Agreed with audit recommendation in full.</p> <p>A schedule of meetings will be devised and lead officers will be asked to identify nominated deputies to ensure meetings are held as scheduled.</p> <p>Responsibility:</p> <p>Clinical Director Senior Nurse, Clinical Manager</p> <p>Deadline for action :Immediate</p>
2	Only two meetings had taken place prior to submission and minutes and actions taken during these meetings were not available.	Minutes from all future meetings of the Panel should be produced and reported to the Trust Board as per the agreed Terms of Reference.	High	<p>Management Response:</p> <p>Agreed with audit recommendation in full.</p> <p>Minutes of all future meetings will be reported to the Trust Board as per agreed TOR.</p> <p>Responsibility:</p> <p>Clinical Director Senior Nurse, Clinical Manager</p> <p>Deadline for action: N/A, As meetings develop.</p>

3	With the exception of standard 16, there is no cross reference or link between the narrative sections in the standard and evidences provided.	All supporting evidence should be easily cross referenced or linked to the narrative sections of each standard. Standard 16 is an example of good practice which should be shared with all lead officers.	Medium	<p>Management Response:</p> <p>Agreed with audit recommendation in full.</p> <p>A directive will be sent to all HCS designated leads to confirm that.</p> <p>Responsibility:</p> <p>Clinical Director Senior Nurse, Clinical Manager All Lead Officers</p> <p>Deadline for action :Immediate</p>
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Table B.1 Assurance Level

The overall conclusions are made against the following **risk maturity definitions:**



Level of assurance	Description
High	<i>Our work found some low impact control weaknesses which, if addressed would improve overall control. However, these weaknesses do not affect key controls and are unlikely to impair the achievement of the objectives of the system. Therefore we can conclude that the key controls have been adequately designed and are operating effectively to deliver the objectives of the system, function or process.</i>
Significant	<i>There are some weaknesses in the design and/or operation of controls which could impair the achievement of the objectives of the system, function or process. However, either their impact would be minimal or they would be unlikely to occur.</i>
Limited	<i>There are weaknesses in the design and / or operation of controls which could have a significant impact on the achievement of the key system, function or process objectives but should not have a significant impact on the achievement of organisational objectives.</i>
No	<i>There are weaknesses in the design and/or operation of controls which [in aggregate] have a significant impact on the achievement of key system, function or process objectives and may put at risk the achievement of organisational objectives.</i>

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We shall endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

Table B.2 Risk Classification

Each of the issues identified have been categorised according to risk as follows:

Risk rating	Assessment rationale
Critical	<p>Control weakness that could have a significant impact upon, not only the system, function or process objectives but also the achievement of the organisation's objectives in relation to:</p> <ul style="list-style-type: none">the efficient and effective use of resourcesthe safeguarding of assetsthe preparation of reliable financial and operational informationcompliance with laws and regulations.
High	<p>Control weakness that has or is likely to have a significant impact upon the achievement of key system, function or process objectives.</p> <p>This weakness, whilst high impact for the system, function or process does not have a significant impact on the achievement of the overall organisation objectives.</p>
Medium	<p>Control weakness that:</p> <ul style="list-style-type: none">• has a low impact on the achievement of the key system, function or process objectives;• has exposed the system, function or process to a key risk, however the likelihood of this risk occurring is low.
Low	<p>Control weakness that does not impact upon the achievement of key system, function or process objectives; however implementation of the recommendation would improve overall control.</p>

Healthcare Standards for Wales

Patient Experience

Standard 1

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

Standard 2

The planning and delivery of healthcare:

- a. *reflects the experiences, views and preferences of patients and service users;*
- b. *reflects the health needs of the population served;*
- c. *is based on nationally agreed evidence and best practice; and*
- d. *ensures equity of access to services.*

Standard 3

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

Standard 4

Healthcare premises are well-designed and appropriate in order to:

- a. *promote patient and staff well-being;*
- b. *respect different patients' needs, privacy and confidentiality;*
- c. *have regard for the safety of patients, users and staff; and*
- d. *provide a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.*

Standard 5

Healthcare services are provided in environments, which

- a. *are well maintained and kept at acceptable national levels of cleanliness;*
- b. *minimise the risk of healthcare associated infections to patients, staff and visitors, achieving year on year reductions in incidence; and*
- c. *emphasise high standards of hygiene and reflect best practice initiatives.*

Standard 6

Healthcare organisations, in recognising different language, communication, physical and cultural needs:

- a. make information available and accessible to patients, service users, their carers and relatives and the public on their services;*
- b. provide patients and service users with timely information on their condition; the care and treatment they will receive as well as after-care and support arrangements; and*
- c. provide patients and service users with opportunities to discuss and agree options relating to their care.*

Standard 7

Patients and service users, including those with long-term conditions, are encouraged to contribute to their care plan and are provided with opportunities and resources to develop competence in self-care.

Standard 8

Healthcare organisations ensure that:

- a. staff treat patients, service users, their relatives and carers with dignity and respect;*
- b. staff themselves are treated with dignity and respect for their differences;*
- c. informed consent is obtained appropriately for all contacts with patients and service users and for the use of confidential patient information; and*
- d. patient information is treated confidentially, except where authorised by legislation to the contrary.*

Standard 9

Where food is provided there are systems in place to ensure that:

- a. patients and service users are provided with a choice of food which is prepared safely and provides a balanced diet; and*
- b. patients and service users' individual nutritional, personal, cultural and clinical dietary requirements are met, including any necessary help with feeding and having access to food 24 hours a day.*

Standard 10

Healthcare organisations ensure that people accessing healthcare are not unfairly discriminated against on the grounds of age, gender, disability, ethnicity, race, religion, or sexual orientation.

Clinical Outcomes**Standard 11**

Healthcare organisations ensure that:

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

Standard 12

Healthcare organisations ensure that patients and service users are provided with effective treatment and care that:

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

Standard 13

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

Healthcare Governance

Standard 14

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

Standard 15

Healthcare organisations, recognising different language and communication needs, ensure that patients, service users, relatives and carers:

- a. *can provide feedback on their experiences and the quality of services;*
- b. *have their complaints looked at promptly and thoroughly in accordance with complaints procedures;*
- c. *are given information about complaints advocacy support provided by Community Health Councils in Wales; and*

- d. *receive assurance that organisations act on any concerns and make appropriate changes to ensure improvements in service delivery.*

Standard 16

Healthcare organisations have systems in place:

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

Standard 17

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

Standard 18

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

Standard 19

Healthcare organisations ensure that:

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

Standard 20

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

Standard 21

Healthcare organisations:

- a. *undertake all necessary employment checks and ensure that all employed or contracted professionally qualified staff are registered with the relevant bodies;*
- b. *require that all employed professionals abide by their published codes of professional practice and conduct; and*
- c. *address where appropriate under-representation of minority groups.*

Standard 22

Healthcare organisations ensure that staff:

- a. *are appropriately recruited, trained and qualified for the work they undertake;*
- b. *participate in induction and mandatory training programmes; and*
- c. *participate in continuing professional and occupational development.*

Standard 23

Healthcare organisations ensure that staff are supported by:

- a. *processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management; and*
- b. *organisational and personal development programmes which recognise the contribution and value of staff.*

Standard 24

Healthcare organisations work together with social care and other partners to meet the health needs of their population by:

- a. *having an appropriately constituted workforce with appropriate skill mix across the community; and*
- b. *ensuring the continuous improvement of services through better ways of working.*

Standard 25

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

Standard 26

Healthcare organisations have effective records management processes in place to ensure that:

- a. *from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required; and*
- b. *patient confidentiality is maintained.*

Standard 27

Governance arrangements representing best practice are in place which:

- a. *apply the principles of sound clinical and corporate governance;*
- b. *ensure sound financial management and accountability in the use of resources;*
- c. *actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;*
- d. *include systematic risk assessment and risk management; and*
- e. *are integrated across all health communities and clinical networks.*

Standard 28

Healthcare organisations:

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

Public Health

Standard 29

Healthcare organisations promote, protect and demonstrably improve the health of the community served and reduce health inequalities by:

- a. *collaborating and working in partnership with local authorities and other agencies in the development, implementation and evaluation of health, social care and well being strategies; and*
- b. *ensuring that needs assessment and sound public health advice informs their policies and practices.*

Standard 30

Healthcare organisations:

- a. *have systematic and managed disease prevention and health promotion programmes, which include staff, which meet the requirements of the National Service Frameworks, national plans and health promotion and prevention priorities; and*
- b. *take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services, and the commissioning and provision of services.*

Standard 31

Healthcare organisations:

- a. *have plans in place to mobilise resources to protect the public in the event of significant infectious disease outbreaks and other health emergencies;*

- b. identify and act upon significant public health problems and health inequality issues, with Local Health Boards taking the leading role;*
- c. implement effective programmes to improve health and reduce health inequalities; and protect their populations from identified current and new hazards to health; and*
- d. encourage and support individuals to recognise their own responsibilities in maintaining their health and well being.*

Standard 32

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

Annex 3

Maturity Level Definitions

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

Areas for Improvement:

- 1. Arrangements for patients to be transported to the dialysis unit at West Wales General Hospital needs to be reviewed to ensure the difficulties in patients accessing services are resolved.**
- 2. Arrangements for vehicle and equipment cleaning need to be improved by the Trust.**
- 3. The Trust should ensure that voluntary drivers understand the importance of providing help and assistance to service users within their care.**
- 4. The systems in place to support effective communication between the hospital reception liaison service and ambulance planning control, as well communication with PCS drivers, needs to be fully implemented to demonstrate improved communication.**
- 5. The Trust should ensure that:**
 - training related to obtaining consent is extended to technicians;**
 - training related to capacity is provided for all staff.**
- 6. Consideration to be given to how appropriate training is provided to all staff.**
- 7. The Trust needs to further communicate the work of the Partners in Healthcare team.**
- 8. The Trust needs to review the way its complaints and compliments process is publicised to service users and to ensure that appropriate information is made available.**
- 9. The Trust must ensure that the appropriate level of training is provided to all staff in these areas.**
- 10. As a matter of urgency the Trust must ensure that the appropriate CRB checks are made for all staff.**