Substance Misuse Service and System Improvement

National Core Standards for Substance Misuse Services in Wales

Consultation Document

16 December 2009 to 11 March 2010

Core Standards for Substance Misuse Services in Wales

Introduction

1.   This guidance contains the Core Standards for substance misuse services and is applicable to the Responsible Authorities[1] of the Community Safety Partnerships (CSPs) and all providers of substance misuse treatment services in Wales. It is also intended to help inform citizens about what can be expected of local services for substance misuse.

2.   These standards are part of a suite of guidance which includes:

- Planning Guidance for CSPs, Substance Misuse Area Planning Boards (SMAPBs) and partner agencies; and

- Guidance for Integrated Care and Integrated Care Pathways.

3.   Since 2003, the statutory responsibility for planning and performance managing the delivery of substance misuse services in Wales has rested with CSPs. Their commitment has been pivotal in the progress that has been made in Wales in tackling this agenda over recent years. The Welsh Assembly Government intends to continue to build on and enhance these strong partnership arrangements to move the challenging agenda forward that is set out in the new 10 year strategy for substance misuse "Working Together to Reduce Harm" published in 2008 and secure further improvements in the quality of substance misuse services delivered across Wales.

4.   The Substance Misuse Core Standards contained in this guidance aim to support partners in delivering the commitment in the strategy to improving quality and consistency of substance misuse services in Wales and responding to the findings of the first comprehensive review of substance misuse services in Wales undertaken by Healthcare Inspectorate Wales[2] (HIW). The report of that review outlined several areas that needed strengthening to ensure that a full range of good quality services are delivered consistently throughout Wales to meet the needs of the population.

Development of the Core Standards

5.   The Core Standards have been developed from the original Healthcare Standards used by HIW to undertake the first review of substance misuse services. They have also been cross referenced against the revised draft Healthcare Standards for Wales (HCS) to ensure synergy of approach and where applicable, these have been mapped against the Substance Misuse Core Standards. The revised HCS have recently been published for consultation and we will be working closely with colleagues in the Welsh Assembly's Health and Social Services Directorate to ensure the final version of the Core Standards are aligned to them. We will also seek to align where appropriate, the Core Standards with the proposed

---

[1] Local Health Boards, Local Authorities, Police Forces, Police Authorities and Fire Service.
[2] HealthCare Inspectorate Wales – Substance Misuse Services: All Wales Review Of Substitute Prescribing Services 2009.

changes to the National Minimum Standards which apply to private and voluntary healthcare providers registered under the Care Standards Act 2000.

The Core Standards

6.   There are 26 proposed core standards for substance misuse. These have been grouped under the following areas to reflect an end to end process; i.e. service planning, delivery, performance and risk management and quality assurance.

- **Timely Service Planning and Delivery**
- **Effectiveness and Safety of Interventions**
- **Communication**
- **Nutrition**
- **Management of Medicines, Medical devices, equipment & waste**
- **Purpose of the Core Standards**
- **Health Protection and Improvement**
- **Governance**
- **Safeguarding**
- **Equality and Diversity**
- **Citizen Involvement**
- **Management and use of Information**
- **Records Management**
- **Workforce Planning and Development**
- **Dealing with Incidents**
- **Dealing with Concerns**

7.   The aim of these standards is to:

- strengthen the governance and accountability of substance misuse service planning and delivery;
- ensure that a citizen focussed approach is integrated into all key activities related to service planning, review and delivery; and ultimately;
- ensure that the full range of high quality services are delivered safely and consistently across Wales.

Implementation

8.   All of the Core Standards and the related requirements in this document will apply to each CSP and SMAPB in Wales. As part of the structural changes that have taken place as a result of the reconfiguration of the NHS Wales in Wales, the new Local Health Boards (LHBs), have become a responsible authority within CSPs and share the statutory responsibilities for tackling substance misuse in their area.

9.   These standards do not replace or preclude other standards such as professional standards, clinical guidelines and standards for health and social care. The HCS are the overarching standards for driving improvement within the NHS Wales. These standards will continue to be the primary mechanisms for monitoring NHS performance within the context of the NHS Performance Improvement Framework and the Annual Operating Framework.

10.   The Core Standards apply to LHBs in the context of discharging their statutory responsibilities as a Responsible Authority within a CSP. Evidence to demonstrate compliance and improvement with the HCS can contribute to the body of evidence required at CSP and/or SMAPB level to demonstrate compliance with the Core Standards for Substance Misuse. For ease of reference the proposed revised HCS have been mapped against the Core Standards for Substance Misuse. The key legislation, policy and best practice that underpin the Core Standards are referenced at Annex 1.

11.   The applicability of a Core Standard and a minimum requirement within a standard will depend upon the type of services being provided and not all may apply in every case to all treatment providers. The exclusion of any standard or requirement must be supported by a written agreement between the service provider and the CSPs or SMAPBs.

12.   *CSPs, SMAPBs, other partner agencies and service providers are responsible for embedding these Core Standards into loc al policies, practice and governance arrangements.* This work should build upon the improvement planning already taking place within CSPs and service providers to respond to HIW's first comprehensive review which is being supported by the Welsh Assembly's Substance Misuse Advisory Regional Teams.

Assessment against the Standards

13.   HIW will use the Substance Misuse Core Standards to review the safety and quality of substance misuse services in Wales (see paragraph 9 regarding NHS organisations). HIW are adapting the self assessment tool used in the first comprehensive review of substance misuse services to reflect the new Core Standards; this will be available from April 2010. In May 2010, HIW will begin a process of reviewing implementation of the Core Standards from the perspective of the service user journey. This will be a sampling exercise designed to provide partners with further information to help embed the standards. Full details of the HIW review can be accessed at their website http://www.hiw.org.uk.

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
Service planning and delivery			
1.	**Planning and delivery of treatment ensures timely and equitable access to services.**	i. Achievement against the National Substance Misuse Key Performance Indicators 1-6 & their related targets are monitored and reported at SMAPB and CSP level on a quarterly basis. ii. All services have published Waiting List Management Policies including prioritisation criteria and management of waiting lists in line with Welsh Assembly Guidance (2007). iii. Full compliance with the reporting requirements of the Welsh National Database for Substance Misuse (WNDSM). iv. Reporting & monitoring mechanisms in place at provider, SMAPB and CSP levels to assess and manage compliance. v. A service user access policy developed and agreed with service users is published. vi. There is a published up to date service directory available at a SMAPB level.	**HCS 7: Care Planning and Provision.**
2.	**Commissioning strategy and annual delivery and expenditure plans are in place, agreed and published.**	Strategy and related delivery and expenditure plans reflect an assessment of need and intended measurable outcomes carried out in line with national guidance.	**HCS 7: Care Planning and Provision.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		i. Treatment System design includes all tiers of treatment, demonstrates Integrated Care Pathways (ICP) and access points.	
		ii. The Commissioning Strategy must include an annual review cycle.	
		iii. Strategies and plans must include a demonstration of service user involvement at the development and review stages.	
		iv. The needs of diverse groups are taken into account appropriately and demonstrate compliance with relevant legislation.	
		v. The needs of vulnerable groups are taken into account appropriately and demonstrate compliance with relevant legislation.	
		vi. The Strategy and delivery plans must be under-pinned by a local workforce development plan, in line with the Substance Misuse Workforce Development Action Plan and other relevant workforce plans.	
		vii. All interventions commissioned must be based upon evidence of effectiveness or demonstrate an evaluation process that is coupled with a risk managed exit strategy.	
		viii. Decisions on investment and/or disinvestment must be evidence based and taken within an agreed framework for prioritisation and subject to appropriate consultation.	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		ix. The Commissioning Strategy, related plans, service specifications, contracts and/or Service Level Agreements (SLAs) must demonstrate compliance with national Core Standards for Substance Misuse and standards of commissioning and best practice in social care.	
		x. All funded services must be supported by service specifications, and have agreed and signed contracts or SLAs in place.	
		xi. All services within the treatment system are subjected to formal, quarterly reviews and findings reported to the appropriate SMAPB, CSP and Service User Group.	
3.	Service provider premises are environmentally safe, secure and properly accessible and as a minimum take account of: • public and staff safety & well being; • different service users needs, for example wheelchair access; • Privacy and Confidentiality; and • protect people, property and assets.	All sites from which substance misuse services are delivered must have the following in place: i. building condition surveys; ii. fire safety audits; iii. Hospital Patient Environment assessments; iv. monitoring of hazard/defect logs for frequency and time from report to repair; v. reports of practices and drills; vi. compliance with maintenance plans;	HCS 11: Environment.

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		vii. evidence of consultation with service users and the local public;	
		viii. reviews of incidents, complaints and claims which cite building design, condition, environmental performance or security as a contributory/root cause;	
		ix. disability impact assessment;	
		x. environmental management system that is subject to systematic review and improvement which complies with legislation and best practice in assessing and managing risk). To include: • a Risk Register; • trained individuals; • system for logging and reviewing complaints; • reporting mechanism, and accountability level for monitoring reports and remedial action; and	
		xi. policies and procedures in place governing the control of visitors such as contractors.	
Effectiveness and Safety of Interventions			
4.	**Service users are provided with evidence based interventions and care that conforms to all relevant, extant guidance.**	i. Mechanisms are in place for routine and regular case audit, clinical audit and review including systems to implement changes. ii. All services operate to specifications, SLAs and contracts that stipulate specific relevant guidance.	**HCS 13: Safe and Clinically Effective Care.** **HCS 14: Effective Team Working.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		iii. Systems are in place for ensuring that best practice is routinely identified and implemented.	
		iv. Services provide education and training programmes for staff that reflect best practice and guidelines.	
		v. Policies are in place for the continuing professional development of staff.	
5.	**Service users are provided with responsive and appropriate seamless interventions and care that reflects their physical, social, psychological needs and preferences.**	i. All individuals entering structured treatment modalities receive a comprehensive assessment of need using the WIISMAT assessment tool as a minimum standard.	**HCS 7: Care Planning and Provision.**
		ii. The assessment must consider and record the most appropriate or preferred treatment and care, irrespective of whether a treatment place is readily available.	**HCS 9: Patient and User Feedback.**
		iii. Following Comprehensive Assessment, a Care Plan is agreed and signed off between the treatment provider and the service user.	**HCS 14: Effective Team Working.**
		iv. Mechanisms must be in place for the systematic review of care plans (minimum 3 monthly) with the service user. Review findings and outcomes should be agreed and signed off between the treatment provider and the service user.	**HCS 19: Effective Communication.**
		v. There must be a published Directory of Services, including the Care Pathways and points of access.	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		vi. Mechanisms must be in place to conduct and learn from service user satisfaction surveys.	
		vii. Mechanisms must be in place to monitor drop out rates, readmission rates, planned and unplanned discharge data.	
		viii. Referral & information sharing protocols must be in place for responding to an individuals' non-substance misuse specific needs. As a minimum this must include: • Pregnancy; • Co-occurring mental health needs; • Child Protection; • Protection of Vulnerable Adults; • Housing; • General health, including oral health; and • Education.	
6.	**The principles of quality and safety underpin the delivery of services.**	i. A clinical effectiveness strategy is in place that incorporates clinical governance and clinical audit for ensuring that up to date, evidence based practice is maintained. ii. Agree an organisation wide reporting system which contains mechanisms and accountability levels for the effective gathering and use of information for quality and safety monitoring and decision making purposes.	**HCS 1: Governance and Accountability Framework.** **HCS 20: Information Management.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		The system should clearly indicate what information is required at what level and the purpose for which it is being provided.	
		iii. As a minimum, the system should include a review and report of:	
		- case and/or clinical audit findings and outcomes; - numbers of multi-disciplinary/agency audits, level of participation, findings and outcomes; - adverse event reports and outcomes; - implementation of evidence-based practice; - performance against Welsh Assembly Government KPIs for substance misuse; - performance against Welsh Assembly Government Core Standards for substance misuse; - achievement of identified improvement targets; - implementation of new technologies; service user safety solutions; - progress against the Substance Misuse Workforce Development Action plan; - performance against SLAs/Contracts; and - rationale and costs of using agency, bank and locum staff.	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
Communication			

7.	**Service users are treated with dignity and respect that is sensitive to individual need, including language, cultural or physical needs.**	i. Communication skills training programme is in place for staff.
		
		ii. Diversity training programme is in place for staff.
		
		iii. Policies and procedures on dignity and respect, informed consent and the use of information and its confidentiality are developed, agreed, and their application in practice routinely audited.
		
		iv. An organisation wide Contract of Care signed by each service user and key worker that includes standards of conduct and behaviour for service users and staff and mechanisms for dealing with inappropriate behaviour is in place, and reviewed as part of organisational staff management systems and processes.
		
		v. Policies and procedures must be in place that include as a minimum:
		
		  • Welsh Language requirements;
		  • other languages common to the area;
		  • communication with nominated relatives, carers or friends;
		  • communication with blind and/or deaf service users;
		  • Service User Reading Panels of locally produced written information;
			HCS 7: Care Planning and Provision.
			
			HCS 8: Patient Information and Consent.

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• ensuring privacy and confidentiality; and • the routine analysis of complaints related to poor communication. vi. Processes in place to monitor and review compliance with equality and diversity legislation.	
8.	**Service user information is treated confidentially, except where authorised by legislation to the contrary.**	i. Published policies and procedures must be in place that as a minimum cover the following: • service users are fully informed about their rights to confidentiality on routinely collected client information such as the Treatment Outcome Profile (TOP), information disclosed during comprehensive assessment, and medical records; • the use of personal and confidential information; • legislative requirements such as those contained within the Freedom of Information Act (2000), Data Protection Act(1998), the Protection of Children Act (1999), Access to Health Records Act (1990) and Public Interest Disclosure Act (1998); and • information sharing protocols between agencies. ii. Staff education programmes include dealing with confidentiality.	**HCS 8: Patient Information and Consent.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		iii. Staff guidance in place for the management and access of information to service users, families, carers and the general public. iv. Systems are in place for staff and/or service user reporting of breaches in confidentiality. v. Systems are in place for investigating, reporting and learning lessons from breaches in confidentiality.	
Nutrition			
9.	**Where food and drink is provided, the nutritional and fluid needs of service users are assessed, recorded and addressed in accordance with legislation and guidance.**	i. Service users are provided with: • a choice of food which is prepared safely in accordance with legislation and guidance and provides a balanced diet that caters for nutritional, personal, cultural and clinical dietary requirements; • any necessary support with eating or drinking is identified and provided; and • have access to food and drink 24 hours a day.	**HCS 15: Nutrition.**
Management of Medicines, Medical devices, equipment & waste			
10.	**The management of medicines including use and storage will comply with controlled drugs legislation, other legislation, licensing and guidance.**	i. Policies and monitoring, reporting and review procedures are in place covering: • risk assessment; • procurement systems and procedures;	**HCS 16: Medicines Management.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• dispensing, prescribing and administration of medicines; • storage, security and access; • incident and hazards; • adverse events ii. Staff are qualified and trained in prescribing and/or administering medicines within their scope of practice. iii. Staff education programmes are in place covering legislative requirements, national guidance including health and safety regulations commensurate with their role. iv. Appropriate information available to service users, family and carers on the use and safe storage of medicines.	
11.	**The procurement, use and disposal of medical equipment and devices are managed properly within current guidelines and legislative requirements.**	i. Policies and monitoring, reporting and review procedures are in place covering: • maintenance, sterilisation, cleansing & calibration; • fault reporting, response & contingency; • decontamination for reusable items; • planned replacement programmes for equipment; • appropriate protective equipment; • risk assessment; • procurement systems and procedures;	**HCS 12: Infection Control.** **HCS 17: Medical Devices, Equipment and Diagnostic.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• use of equipment; • storage, security and access; • issue and disposal of sharps; • incident and hazards; and • adverse events and near misses. ii. Staff education programmes are in place covering legislative requirements, national guidance including health and safety regulations commensurate with their role. iii. Appropriate advice and information is routinely available to service users, family and carers on the use and safe storage of equipment.	
Health Protection and Improvement			
12.	**CSP/SMAPB wide plans are in place to:** **i) identify health improvement requirements related to substance misuse;** **ii) respond appropriately; and** **iii) measure improvements and the reduction in inequalities.**	i. A CSP/SMAPB wide system in place which contains accountability levels and decision making protocols for the collation, analysis and application of information for assessing and responding to substance misuse related health issues. As a minimum the system should enable the regular and routine review of the following: • the Commissioning Strategy and related plan; • delivery and impact assessment of the annual substance misuse service improvement and expenditure plan;	**HCS 3: Health Improvement and Promotion.** **HCS 4: Health Protection.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• contribution to the delivery of related strategies; e.g.Health & Wellbeing Strategies, Strategic Assessment & Plan for Action of Crime, Disorder & Substance Misuse, Housing Strategy; • progress towards achieving the Welsh Assembly Government Key Performance Indicators for substance misuse; • analysis of data from the Treatment Outcome Profile (TOP); • results of public and/or service user consultations; • results of service user satisfaction surveys; and • substance misuse related public health data including: o prevalence and incidence of blood borne viruses; o uptake of diagnosis and treatment for blood borne viruses; o coverage of Hepatitis B vaccination in the vulnerable population; o prevalence of problematic and injecting drug use; o prevalence of alcohol related morbidity and mortality; • drug related deaths and near fatal incidents; • adverse events and near misses;	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• results of case & clinical audits; and • workforce development plans. ii. CSPs/SMAPBs must have in place agreed plans with treatment providers for responding to emergency safety alerts on contaminated batches of illicit drugs and identified blood borne virus threats. iii. CSP/SMPB wide plans for the reduction of drug related litter that complies with current legislation and guidance covering as a minimum: • recording and mapping of incidences and hot-spots for drug related litter; • maximising appropriate safe community disposal; • education and training; • provision of hotlines for reporting; • consideration of public space design; and • communicating with the public.	
13.	**Harm reduction approaches that are compliant with legislation and guidance are embedded throughout the treatment system.**	i. All commissioning strategies and plans must ensure availability of the full range of substance misuse harm reduction services based upon an objective assessment of need. ii. Service Level Agreements (SLAs) and contracts must reflect current guidance, clinical best practice, and legislative requirements.	**HCS 7: Care Planning and Provision.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		iii. Service users and their carers are provided with advice and information on self-care which as a minimum should include: • overdose prevention; • relapse prevention; • safer injecting; • safe sex; • sexual health; • needle stick injury; • safe disposal of used equipment; • wound care; • oral hygiene; and • healthy eating. iv. Service users must be provided with information and where appropriate, training on the use of medical equipment, decontamination, medicines and disposal of waste.	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
	Governance		
14.	**Governance arrangements representing best practice are in place at CSP and SMAPB levels which apply the principles of sound corporate and financial governance.**	i. Organisational/Board Code of Conduct based on Nolan principles and a system for communicating the Code. ii. Partnership framework agreement which must include a shared financial risk protocol, decision making structures and the roles and responsibilities of key officers and partners. iii. All partner organisations of CSPs and SMAPBs must agree a minimum level of representation at which formal decision making will be quorate. iv. All partner organisations must be represented at an appropriately senior level at 75% of CSP and SMAPB meetings. v. Across the CSP and SMAPB there should be: • induction processes for new directors and senior staff; • induction processes for all staff; • register of interests; • internal audit arrangements to include non financial audit and management audit; • statement of internal control which identifies the sources of assurance;	**HCS 1: Governance and Accountability Framework.** **HCS 5: Emergency Planning.** **HCS 23: Managing Risk and Health and Safety.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• system of risk assessment and risk management of risks affecting planning or delivery of substance misuse services; • emergency planning systems and contingency management plans in place to respond appropriately to an emergency; • Risk Register; • Governance and Risk Committee(s) for all services; • staff consultation and communication system; • Performance Management system; • stakeholder consultation system; and • arrangements for external audit.	
Safeguarding			
15.	**Organisations comply with national child protection guidance within their own activities and in dealing with other organisations.**	i. Policies and procedures in place that reflect legislative requirements and comply with national guidance. This must include: • designated lead roles and responsibilities; • allocation of resources, e.g. budget and staff; • maintenance and review of relevant documentation for child protection; • interagency working & information sharing protocols; • consent and informed consent; • availability of service user information;	**HCS 10: Safeguarding.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		- interagency training and education programmes for staff aligned to relevant National Occupational Standards; - arrangements to ensure that appropriately qualified staff deliver care in line with the Substance Misuse Workforce Development Action Plan, and other workforce plans; - appropriate supervision of staff; - referral processes and mechanisms; - advocacy arrangements; - working with carers and relatives; - mechanisms for review and investigation of cases; - child friendly environments; - security arrangements for children; - safe recruitment and selection processes of staff; - raising concerns/making complaints; and - mechanisms for investigation and reporting of concerns/complaints. ii. A CSP and SMAPB wide reporting system to monitor and review the arrangements for safeguarding children and compliance with legal and best practice requirements. This should contain details of linkages to Safeguarding Children's' Partnerships and specify roles, responsibilities and accountability levels for the effective gathering and use of information for	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		monitoring and decision making purposes. As a minimum this must include the report and review of: • number of child admissions to adult wards; • adverse and/or critical incidents; • progress toward achieving staff training plan aligned to the Substance Misuse Workforce Development Action Plan; • analysis of the outcome of referrals to treatment; • compliance with legislative requirements and national guidance; and • implementation of recommendations arising from reviews and/or investigations.	
16.	**Organisations comply with safeguarding requirements for the protection of vulnerable adults within their own activities and in dealing with other organisations.**	i. Policies and procedures are in place that reflect legislative requirements and comply with national guidance. This must include: • designated lead roles and responsibilities; • allocation of resources, e.g. budget and staff; • maintenance and review of relevant documentation for safeguarding vulnerable adults; • interagency working & information sharing protocols; • consent and informed consent; • availability of service user information; • joint training and education programmes for staff;	**HCS 10: Safeguarding.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• arrangements to ensure appropriately qualified staff deliver care Appropriate supervision of staff; • referral processes and mechanisms; • advocacy arrangements; • working with carers and relatives; • mechanisms for review and investigation of cases; • security arrangements; • safe recruitment and selection processes of staff; • raising concerns/making complaints; and • mechanisms for investigation and reporting of concerns/complaints. ii. A CSP and SMAPB wide reporting system to monitor and review the arrangements for protecting vulnerable adults and compliance with legal and best practice requirements. This should specify roles, responsibilities and accountability levels for the effective gathering and use of information for monitoring and decision making purposes. As a minimum this must include the report and review of: • adverse and/or critical incidents; • progress toward achieving staff training plan; • analysis of the outcome of referrals to treatment including drop out rate and TOP data; • compliance with legislative requirements and national guidance; and	

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• implementation of recommendations arising from reviews and/or investigations.	
Equality and Diversity			
17.	**People accessing treatment are not unfairly discriminated against on the grounds of age, gender, disability, ethnicity, race, religion, or sexual orientation.**	i. Policies and procedures in place that must include: • a recognised lead officer with designated accountability and responsibility; • an assessment of need based upon an equality impact assessment that includes a community profile of age, gender and ethnic groups; • service user surveys; • systems for assessing the suitability of premises for disabled people; • mechanisms to identify and respond to local needs of specific groups, such as Age Concern and local Ethnic Minority Community Leaders; and • mechanisms to raise, investigate and report concerns and complaints.	**HCS 2: Equality and Diversity.**
Citizen Involvement			
18.	**The views of service users, carers, relatives and the public are taken into account in the design, planning, delivery and review of all substance misuse services,**	i. Commissioning plans, service specifications and their associated SLAs/Contracts must include policies and procedures for engagement with the community, service users, carers and relatives. As a minimum this must include:	**HCS 6: Citizen Engagement and Involvement.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
	including general advice and information.	- consultation mechanisms with the public, service users, carers and interest groups such as Age Concern, Schools, Barnardos, Minority Ethnic Communities, local resident groups and Community Health Councils; - nominated "Champions" at CSP and SMAPB levels; - mechanisms to systematically review feed-back from service user satisfaction surveys, feedback forms and suggestion schemes; - education/training programme for key staff involved in consultation work aligned to the relevant National Occupational Standards; and - report on how feedback has been used.	
Management and use of Information			
19.	**Effective information systems and integrated information technology is used to inform and support the planning and delivery of treatment services.**	i. All organisations to comply with the reporting requirements of the Welsh National Database for Substance Misuse and the Treatment Outcome Profile Database. ii. The Welsh In-depth Integrated Substance Misuse Assessment Tool (WIISMAT) is incorporated into all comprehensive assessments for substance misuse treatment services.	**HCS 20: Information Management.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		iii. Information sharing protocols are in place at CSP and SMAPB level and subject to systematic testing and review.	
		iv. Information sharing protocols are in place between service providers within a treatment system (including providers of supporting services such as housing) which are subject to systematic testing and review.	
		v. SMAPBs and their constituent CSPs have developed, and implemented a comprehensive performance information management framework that enables the assessment of service performance against national and local quantitative and qualitative performance indicators.	
Records Management			
20.	**Case records are created, maintained, stored and disposed of in accordance with extant legislation and national guidance that safeguards service user confidentiality.**	i. Operational policies and procedures are in place covering the creation of records to their ultimate disposal. As a minimum policies and procedures must cover the following: • information security policy including Freedom of Information; • informed consent processes for use of information; • security arrangements for records including controlled access; • implementation of the Caldicott principles;	**HCS 21: Records Management.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		- environmentally safe storage for records; - protocols for the retrieval of records within set time scales; - mechanisms and processes for the transportation of records; - records archive and disposal policy; and - internal and external audit of records. ii. Induction and refresher training for all staff covering legislative and national guidance on record keeping. iii. Systems in place for the regular monitoring and review of records management systems.	
Workforce Planning and Development			
21.	**All interventions are delivered by appropriately trained and qualified staff that are supervised where appropriate.**	i. Policies in place for the appropriate supervision and management of staff in accordance with professional guidelines. ii. Policies in place for the regular performance review of staff including a review of training and development needs. iii. Mechanisms in place for the introduction of new guidance, guidelines and practices. iv. All service providers are able to evidence that SLA, Contract and Service Specification outcomes are achievable with the available skills mix and that robust	**HCS 14: Effective Team Working.** **HCS 27: Workforce Training and Organisational Development.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		supervision and management arrangements are embedded into the delivery of services.	
22.	**Staff responsible for developing and delivering services are appropriately recruited, trained and qualified for the work they undertake in line with extant national guidance.**	i. Recruitment procedures in place including defined processes and criteria for advertising, interview and selection. ii. Procedures in place to ensure that all necessary employment checks are undertaken and that all employed or contracted professionally qualified staff are registered with the relevant bodies. iii. The results of references and professional registration checks are recorded, reviewed where appropriate and maintained in a secure and consistent way. iv. All contracts of employment to include a duty to comply with any relevant codes of professional practice and conduct. v. Training programmes are in place for staff involved in recruitment. vi. A workforce development plan, compliant with the Drug and Alcohol National Occupational Standards (DANOS) is in place, including Induction, skills training and Continuing Professional Development programmes, in line with Substance Misuse Workforce Development Action Plan.	**HCS 25: Workforce Planning and Service Improvement.** **HCS 26: Workforce Recruitment, Employment and Service Standards.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		vii. All service specifications and their supporting SLAs and contracts to detail the organisational policies on workforce development.	
		viii. All service specifications to include an indicative range of appropriate roles and qualifications commensurate with the nature of the service being specified.	
		ix. All posts in all organisations have up to date job descriptions which identify the required professional qualifications, competencies and skills linked to the Substance Misuse Workforce Development Action Plan and other relevant workforce plans e.g. Children and Young Peoples workforce strategies.	
23.	**Organisations have human resource management systems in place that:** **i) support staff and value the individual contribution; and** **ii) treat staff with dignity and respect, value, understand and respect diversity.**	i. A formal, annual performance review system is in place for all staff which includes a review of personal and professional development needs. All staff should have a personal development plan in line with the Substance Misuse Workforce Development Action Plan. ii. All staff receive training in performance review appropriate to their level and role within the organisation. iii. Performance and developmental review is linked explicitly to the targets contained in the Substance Misuse Workforce Development Action Plan and other professional development requirements as appropriate and the organisations' workforce development plan.	**HCS 27: Workforce Training and Organisational Development.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		iv. Services have equality schemes and policies in place, that ensure that all aspects of service delivery conforms to equalities legislation and guidance. v. Human resource polices are subjected to periodic equality impact assessment.	
24.	**Staff are able to raise in confidence and without prejudice to their position, concerns over any aspect of service delivery, treatment or management.**	i. Mechanisms in place within service providers to enable staff to raise concerns about any aspect of service delivery to include as a minimum: • confidentiality policy protecting individual staff who raise concerns; • published procedures for investigating and reporting findings within treatment provider organisations and to related SMAPB and/or its constituent CSPs; and • decision making mechanisms to act on investigation findings.	**HCS 26: Workforce Recruitment, Employment and Service Standards.**
Dealing with Incidents			
25.	**Systems are in place to identify, report, investigate and learn from adverse events and near misses involving service users.**	i. Policy and procedures in place within service provider organisations to identify and report adverse events to CSP/SMAPB in a timely manner. As a minimum to include: • compliance with all responsible authorities' requirements for reporting and investigating adverse events;	**HCS 24: Dealing with Concerns and Managing Incidents.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		• involving service users and their family/carers where appropriate, in investigating, reporting and learning from an adverse event or near miss; • procedures in place to learn from adverse events and near misses and translate learning into remedial action; • a published incident reporting policy and procedures; and • staff education programmes on reporting, investigating and learning from adverse events.	
Dealing with Concerns			
26.	**Complaints about service provision and delivery are investigated promptly and thoroughly and the outcome reported back to the complainant.**	i. A published complaints procedure in place that is subject to regular review covering the following: • how to make a complaint; • nominated lead individuals within each CSP, each SMAPB and all service provider organisations; • investigation and reporting procedure and timescale; • service user group involvement; • support mechanisms for those individuals who may need help in making a complaint; • criteria to determine the severity and priority of complaints; • consent and confidentiality;	**HCS 24: Dealing with Concerns and Managing Incidents.**

No.	Core Standard	Minimum Requirements to Achieve Core Standard	Proposed Revised HCS
		- access to records; - Service User satisfaction surveys; - review system to learn from complaints and translate learning into service changes; - system for feeding back to the complainant; - staff education programme; and - mechanism at CSP/SMAPB level to review complaints concerning service provision and delivery.	

References

Legislative References

No.	Title
1	Carriage of dangerous goods & use of transportable pressure equipment Regulations 2007
2	Control of Substances Hazardous to Health Regulations 1988
3	Controlled Waste Regulations 1992
4	Controlled Waste (Registration of Carriers and Seizure of Vehicles) (Amendment) Regulations 1998
5	Environment Protection Act 1990
6	Environmental Protection (Duty of Care) Regulations 1991
7	European Working Time Directive
8	Freedom of Information Act 2000
9	Hazardous Waste (England and Wales) Regulations 2005
10	The Health and Safety at Work, etc. Act 1974
11	List of Wastes (Wales) Regulations 2005
12	Management of Health and Safety at Work Regulations 1999
13	Medicines Act 1968
14	Medicines (Labelling) Regulations 1976
15	Mental Capacity Act 2005
16	Misuse of Drugs Act 1971
17	Poisons Act 1972
18	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (Not 1999)
19	Waste Electrical and Electronics Equipment Regulations 2006

No.	Title
20	Waste Management Licensing Regulations 1994
21	Police and Criminal Evidence Act 1984
22	Human Rights Act 1998
23	Public Interest Disclosure Act 1998
24	Children's Act 1989
25	The Children Act 2004
26	Access to Health Records Act 1990
27	Access to Medical Records Act 1988
28	Adoption and Children Act 2002
29	Computer Misuse Act 1990
30	Protection of Children Act (1999)
31	Data Protection Act (1998)
32	Human Fertilisation and Embryology Act 1990/92
33	Mental Health Act 1983
34	Health and Social Care Act (2001)
35	Gender Recognition Act (2004)
36	Human Tissue Act (2004)

National Policy & Guidance References

No.	Title
37	Working Together to Reduce Harm: The Welsh National Substance Misuse Strategy 2008-2018
38	Guidance and definitions for the Welsh National Substance Misuse Treatment Database
39	NICE Guidelines

No.	Title
40	Designed for Life – creating world class health and social care for Wales in the 21st century, May 2005, NHS Wales
41	Welsh Assembly Government Substance Misuse Treatment Frameworks
42	Commissioning guidance for substance misuse services, Welsh Assembly Government (2005)
43	Putting Patients First NHS Wales 1998
44	Welsh Health Circulars (WHC) (See Appendix 1)
45	Medicines and Healthcare Products Regulatory Agency (MHRA) Guidance Notes, and Device Bulletins (DB) (See Appendix 2)
46	Health Technical Memoranda (HTM) (See Appendix 3)
47	HSC 1999/065 Clinical Governance: In the new NHS
48	Beyond Boundaries – Citizen-centred local services for Wales, Welsh Assembly Government, 2006
49	Making the Connections, Welsh Assembly Government, 2004
50	Hidden Harm – Responding to the needs of children of problem drug users 2003
51	Health Advisory Service Thematic Review of Children and Young People Substance Misuse Services 1996
52	National Assembly for Wales (2001) Informing Health in Wales; Clinical Governance - developing a strategic approach
53	National Assembly for Wales (2001) Informing Health in Wales; Clinical Governance – a toolkit for clinical teams
54	The Institute of Decontamination Sciences (IDSc) Standards and Practice
55	Healthcare Waste Strategy for Wales, 2006
56	Medical Device Alert MDA 2004/054 (Wales) *Reporting Adverse Incidents – Guidance on New Arrangements for NHS Wales Organisations*, Wales
57	Environmental strategy for the National Health Service 2006
58	Security Management Framework for NHS Trusts in Wales, 2005
59	Designed to Comply NHS Wales 2006

No.	Title
60	Wales Accord on the Sharing of Personal Information (2006)
61	BS ISO/IEC 27001:2005 (BS 7799-2:2005) Information technology - Security techniques – Information security management systems – Requirements
62	BS ISO/IEC 17799:2000 (BS 7799-1:2000) Information technology - Code of practice for information security management
63	Welsh Assembly Government (2006) *Safeguarding Children: Working Together under the Children Act 2004.*
64	Welsh Risk Pool: Risk Management Toolkit
65	HB228: 2001Guidelines for managing risk in healthcare
66	Risk Management in the NHS.
67	Drug Misuse and Dependence – UK Guidance on Clinical Management
68	Quality Care and Clinical Excellence NHS Wales 1998
69	NCASP (2002) Support for National Service Frameworks and Clinical Governance.
70	All Wales NHS Violence and Aggression Training Passport and Information Scheme
71	Modernising Medical Careers
72	National Assembly for Wales (2003) Informing Health in Wales: An Introduction to Clinical Audit
73	When a Patient dies – Advice on Developing Bereavement Services
74	A spoonful of sugar, medicines management in NHS Hospitals, Audit Commission, December 2001
75	Medicines and Healthcare Products Regulatory Agency (MHRA) Guidance
76	The Management of Medical Equipment in NHS Acute Trusts in England, *National Audit Office,* 1999
77	National Patient Safety Agency Guidance
78	The Safe and Secure Handling of Medicines: A Team Approach (*A revision of the Duthie Report (1988*)) **Royal Pharmaceutical Society,** 2005

No.	Title
79	Welsh Assembly Government (2002) *Reference Guide for Consent to Examination or Treatment,* Cardiff
80	Department for Constitutional Affairs – Public Sector Data Sharing, Guidance on the Law
81	Information Commissioner's Office – Use and Disclosure of Health Data (2001)
82	Department of Health (1997) *The Caldicott Committee, Report of the review of patient-identifiable information*, London
83	Confidentiality Code of Practice for Health and Social Care in Wales (2005)
84	Records Management – NHS Code of Practice (2005)
85	General Medical Council (2000) *Confidentiality, Protecting and Providing Information*, London
86	Nursing and Midwifery Council, *Guidelines for Records and Record Keeping,* London
87	All Wales Training and Development Managers, *Best Practice Guide to Personal Development Reviews and the Knowledge and Skills Framework*
88	General Medical Council (2003) *A Licence to Practice & Revalidation* Welsh Assembly Government (2006) *Designed to Work: A workforce strategy to deliver Designed for Life*
89	Modernising Medical Careers *www.cardiff.ac.uk/pgmde/hospital_practice* European Working Time Directive
90	The Shipman Enquiry – The Fifth Report (2004) – *Safeguarding Patients: Lessons from the Past – Proposals for the Future*
91	National Assembly for Wales/ Home Office (2000) *In Safe Hands – Implementing Adult Protection Procedures in Wales*
92	All Wales Area Child Protection Committees (2002 [Amended 2004]) *All Wales Child Protection Procedures* Funded by Welsh Assembly Government
93	All Wales Child Protection Procedures Review Group (2002) [Amended 2004 & 2005]
94	United Nations Convention on the Rights of the Child 1989.
95	Department of Health (1992) *Choosing with Care,* London

No.	Title
96	Department of Health (2000) *No Secrets, Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse,* London
97	The Children's Commissioners of Wales Report (2003) *Telling Concerns*
98	Welsh Assembly Government (2005) *National Service Framework for Older People in Wales,* Cardiff
99	Welsh Assembly Government (2005) *National Service Framework for Children, Young People and Maternity Services in Wales*
100	Welsh Assembly Government (2003) *Fundamentals of Care, Guidance for Health and Social Care Staff; Improving the quality of fundamental aspects of health and social care for adults,* Cardiff
101	Welsh Assembly Government (2000) *Working Together to Safeguard Children*
102	House of Commons (2004) *The Bichard Inquiry Report,* HMSO
103	Lord Laming (2003) The *Victoria Climbie Inquiry: Report of an Inquiry by Lord Laming*, HMSO, Norwich
104	Waterhouse (2000) *Report of the Tribunal of Inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974 Lost in Care*
105	Learning from Bristol: The Report of the Public Inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995. (2001)
106	Too Serious a Thing: The Carlile Review 2002 (The National Assembly for Wales)
107	Audit Commission *Setting the Record Straight,*
108	Information Commissioner (2003) *The Freedom of Information Act 2000: An Introduction*
109	Welsh Assembly Government (2003) *Fundamentals of Care, Guidance for Health and Social Care Staff; Improving the quality of fundamental aspects of health and social care for adults,* Cardiff