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Health and Care Standards

April 2015









Foreword by the Minister for Health and Social Services



On the 9 July 2013 we gave a commitment to review and update the Standards for Health Services in Wales and the Fundamentals of Care Standards.

During November 2014 to January 2015 we consulted on a revised framework of standards to support the delivery of high quality services in the NHS in Wales. The consultation involved a broad range of stakeholders and gathered their views on the changes needed in developing our new Health and Care Standards. In order to maximise levels of engagement in the consultation amongst stakeholders and the public, Welsh Government arranged three consultation events.

The NHS Outcomes and Delivery Framework is one of three frameworks being published to help drive the continual improvement in the health and wellbeing of the people of Wales, the others relating to social services and public health. It identifies key population outcomes and indicators grouped under seven themes. The themes were developed through engagement with patients, clinicians and stakeholders and identify the priority areas which they wanted the NHS to be measured against. Although each of the three frameworks has its own separate function, they all recognise their interconnections and shared measures will be used to support partnership working and to deliver improvements in both health and wellbeing.

These Health and Care Standards have been designed to fit with the seven themes and the opportunity has also been taken in developing them to identify outcomes relating to social services and public health.

The Health and Care Standards have also been designed so that they can be implemented in all health care services, settings and locations. They establish a basis for improving the quality and safety of healthcare services by providing a framework which can be used in identifying strengths and highlighting areas for improvement. The public and patients themselves must take responsibility for helping the NHS help them through working with it and through taking prudent action to protect and promote their own health.

I am very pleased to commend the Health and Care Standards to you. They further demonstrate our continuous commitment to improving the health and wellbeing of the population of Wales and the quality of the healthcare provided.

Mark Drakeford AM

Minister for Health and Social Services

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Introduction

In 2013, Welsh Government agreed the need for a review of the Doing Well, Doing Better: Standards for Health Services in Wales (2010) and the Fundamentals of Care Standards (2003), which provided an opportunity to align standards underpinning the planning and provision of healthcare services. These new Health and Care Standards are designed to be implemented in all health care organisations, settings and locations, and by all teams and services.

Every person in Wales who uses health services or supports others to do so, whether in hospital, primary care, their community or in their own home has the right to receive excellent care as well as advice and support to maintain their health. All health services in Wales need to demonstrate that they are doing the right thing, in the right way, in the right place, at the right time and with the right staff. The Health and Care Standards provide the framework to help teams and services demonstrate this.

The public consultation on the revision of the Doing Well, Doing Better: Standards for Health Services in Wales and the Fundamentals of Care provided an updated and integrated framework of standards aimed at helping people in Wales to understand what to expect when they access health services and what part they themselves can play in promoting their own health and wellbeing. They set out the expectations for services and organisations, whether they provide or commission services for their local citizens, and need to be owned by them.

A summary of the main points made in response to the consultation is available on the Welsh Government website **(http://gov.wales/consultations/?lang=en)**. All responses to the consultation, including feedback received at the three consultation events, have informed the production of these Health and Care Standards.

The standards come into force from 1 April 2015 and bring together and update the expectations previously set out in "Doing Well Doing Better Standards for Health Services in Wales", and the "Fundamentals of Care" in conformity with the Health and Social Care (Community Health and Standards) Act 2003.

Legislative Framework

Welsh Ministers are permitted (Section 47 of the Health and Social Care (Community Health and Standards) Act 2003), to prepare and publish statements of standards in relation to the provision of health care by and for Welsh NHS bodies. The Welsh Government is required to keep the standards under review and may publish amended statements whenever it considers it appropriate.

Vision and Principles

Wales has strong systems in place to ensure quality and safety in the NHS. Safe Care, Compassionate Care: A National Governance Framework **(www.wales.nhs.uk/governance-emanual/opendoc/219549)** sets out the expectations that all services should be patient centred and driven by their needs. This committed Wales to ensure high quality, safe care whenever and wherever it is provided by:

- doing the right things well;

- knowing how well we are doing;
- being open and honest in all that we do;
- showing care, compassion and commitment;
- leading by example.

The Welsh Government Quality Delivery Plan for the NHS in Wales (2012 – 2016) (http://gov.wales/docs/dhss/publications/120517planen.pdf) sets out the clear vision for a quality-driven NHS Wales to achieve the triple aim of:

- providing the highest possible quality care and excellent experience;
- improving health outcomes and helping reduce inequalities;
- getting high value from all our services.

The Health and Care Standards will form the cornerstone of the overall quality assurance system within the NHS in Wales. Alongside the Framework for Assuring Service User Experience (2013) **(www.wales.nhs.uk/governance-emanual/document/214368)** it will help to ensure that people have positive first and lasting impressions, that they receive care in safe, supportive and healing environments, and that they understand and are involved in their care.

Co-production is central to the Social Services and Well Being Act and how health and social services are being developed. Everyone, adult or child, has a right and can be given a voice and the opportunity to be heard as an individual, as a citizen, in helping shape the decisions that affect them, and to exercise greater control over their day to day lives. This parallels the approach to prudent healthcare which the NHS in Wales is embracing, with its focus on: achieving health and well being with the public, patients and professionals as equal partners through co-production; caring for those with the greatest health need first, making the most effective use of all skills and resources; doing only what is needed and doing no harm, no more, no less; and reducing inappropriate variation using evidence-based practices consistently and transparently.

All of the principles outlined above are supported by the Welsh Government's commitment described in the strategy 'More than just Words' to ensure that access to services through the medium of Welsh becomes a reality for Welsh speaking patients and service users.

Purpose

The Health and Care Standards:

- embrace the principles of co-production and prudent health care;
- offer a common language to describe what high quality, safe and reliable healthcare services look like;
- can be used by people of all ages to understand what high quality safe healthcare should be and what they should expect from a well-run service;
- enable a person-centred approach by focusing on outcomes for service users and driving care which places people at the centre of all that the service does;

- create a basis for improving the quality and safety of healthcare services by identifying strengths and highlighting areas for improvement;
- can be used in day-to-day practice to encourage a consistent level of quality and safety across the country and across all services;
- promote practice that is up to date, effective, and consistent;
- promote accountability of health services to service users, the public and funding agencies for the quality and safety of services by setting out how providers should organise, deliver and improve services;
- enable people to contribute fully to their own health and wellbeing;
- recognise the quality standards for other care and support providers issued under the Social Services Regulation and Inspection Bill currently being considered by the National Assembly for Wales.

Terminology

People

Throughout the Health and Care Standards and supporting guidance the term 'people' is used. This is intended to include:

- those who use healthcare services;
- their parents, guardians, carers and family;
- their nominated advocates;
- potential users of healthcare services.

The term 'people' is used in general throughout this document but occasionally the term 'patient' is used where it is more appropriate.

Health Services

This term is intended to include Welsh NHS bodies, independent contractors, and other organisations and individuals including the independent and voluntary sectors, which provide or commission health services for individual patients, service users and the public of Wales.

How the Health and Care Standards are structured

As figure 1 illustrates below, the seven themes are intended to work together. Collectively, they describe how a service provides high quality, safe and reliable care centred on the person.

Each theme includes a number of standards. These are not listed in priority order and there is some overlap across themes and standards. There are some standards that do not just stand alone but have a much wider influence they are, communicating effectively, quality improvement research and innovation, information governance and communications technology, record keeping, and people's rights.

Figure 1



Person centred care (illustrated in the centre of figure 1) refers to a process that is people focused, promotes independence and autonomy, provides choice and control and is based on a collaborative team philosophy. It takes into account people's needs and views and builds relationships with family members. It recognises that care should be holistic and so include a spiritual, pastoral and religious dimension. The delivery of person centred care requires both safe and effective care and should result in a good experience for people. This responds to the need expressed by NHS Wales to be able to describe the key determinants of a "good" experience to help both users and providers in assessing how people feel when they receive care and services.

Co-production can support the delivery of person-centred care, which prioritises putting patients, their families and carers at the heart of all decisions and plans about health care. It sees patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. Co-production is an approach to public services which involves citizens, communities, and the professionals who support them, pooling their expertise to deliver more effective and sustainable outcomes and an improved experience for all involved.

The provision of high quality, safe and reliable care is dependent on good governance and leadership, and this is illustrated by placing them around the quality themes labelled as **Governance, Leadership and Accountability.**

The standard is detailed below:

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Health services demonstrate effective leadership by setting direction, igniting passion, pace and drive, and developing people.
- Strategy is set with a focus on outcomes, and choices based on evidence and people insight. The approach is through collaboration building on common purpose.
- Health services innovate and improve delivery, plan resource and prioritise, develop clear roles, responsibilities and delivery models, and manage performance and value for money.
- Health services foster a culture of learning and self-awareness, and personal and professional integrity.

The Health and Care Standards are set out in full in the pages that follow.

Each Health and Care Standard describes the high-level outcome required to contribute to quality and safety which is person centred and underpinned by governance, leadership and accountability.

There are three sections within each theme: a description of the key principle of the theme, what it means for a person when the standards within the themes are met, and the criteria for each standard. A criteria is defined as a principle or standard by which something may be judged or decided.

A range of supporting guidance to help services meet each standard is available on the NHS Wales Governance e-Manual (www.wales.nhs.uk/governance-emanual)

The principle of staying healthy is to ensure that people in Wales are well informed to manage their own health and wellbeing.

Organisations and people in Wales will work together to protect and improve health and wellbeing and reduce health inequalities. People will be empowered to make decisions about their own health, behaviour and wellbeing that impact positively throughout their lives.

What this means for me as a person when the standard within this theme is met:

- I will have a healthy and active long life.
- My children will have a good healthy start in life.
- I can access the support and information I need, when I need it, in the way that I want it.

Standard 1.1 Health Promotion, Protection and Improvement

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People know and understand what care, support and opportunities are available, locally, regionally and nationally, including community support and support for people from protected groups.
- People are supported to engage, participate and feel valued in society.
- People are supported to be healthy, safe, and happy, and to lead an active life.
- Children have a good, healthy, safe and nurturing start in life.
- Carers of individuals who are unable to manage their own health and wellbeing are supported.
- People are supported to make decisions about their health behaviour and wellbeing which impact on their health and the health and wellbeing of their children.
- Breast feeding is promoted and supported.
- Smoking cessation and smoke free environments are promoted and supported.

- People are supported to avoid harm to their health and wellbeing by making healthy choices and accepting opportunities to prevent ill health.
- There is active promotion of healthy and safe workplaces and communities.
- There is active promotion of the health and well being of staff.
- Systems, resources and plans are in place to identify and act upon significant public health issues so as to prevent and control communicable diseases and provide immunisation programmes; with effective programmes to screen and detect disease.
- Needs assessment and public health advice informs service planning, policies and practices.
- Health services have systems and processes in place that play their part in reducing inequalities and protect and improve the health and wellbeing of their local population.
- Relationships and allocations of responsibilities between the various organisations with public health responsibilities are clear and acted upon.

The principle of safe care is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm

The health, safety and welfare of people are a priority. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers. Although the provision of care has some associated element of risk of harm to service users, safe care identifies, prevents or minimises unnecessary or potential harm. Therefore people will be kept safe and protected from avoidable harm through appropriate care, treatment and support.

What this means for me as a person when the standard within this theme is met:

- I am supported to protect my own and my families health.
- I am kept safe and protected from avoidable harm through appropriate care treatment and support.
- I receive a high quality safe service whilst in the care of the NHS.

Standard 2.1 Managing Risk and Promoting Health and Safety

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced or prevented.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Best practice is applied in assessing, managing and mitigating risk which draws on people's experiences of the service.
- Risk management and health and safety are embedded within all healthcare settings and are monitored to ensure continuous improvement.
- Access to up to date and relevant information is readily available to identify, prioritise and manage real risks that may cause serious harm.
- Safety notices, alerts and any such communication are acted upon.
- Measures are in place to prevent serious harm or death where the required controls are well known.
- Issues relating to the environment such as security, safe and sustainable design, clear signage, planning, privacy, fire safety, age related general health and safety, and disability accessibility are considered.

- There is compliance with legislation and guidance to provide safe environments that are:
  - accessible;
  - well maintained;
  - fit for purpose;
  - safe and secure;
  - protect privacy;
  - sustainable.
- There is compliance with the requirements of the Civil Contingencies Act 2004 and supporting guidance. This will include undertaking risk assessments, having current and tested emergency plans and business continuity arrangements developed through collaboration with partner agencies. This will ensure delivery of a robust response and ensure continuity of essential health services in the event of a major incident or emergency situation.

Standard 2.2 Preventing Pressure and Tissue Damage

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People are assessed for risk of pressure and tissue damage and if considered at risk, they receive further assessment and a plan of care is developed and implemented.
- People are made aware of the risks of pressure and tissue damage and shown ways of preventing them. They and those caring for them are encouraged and advised on appropriate care procedures, including nutritional advice.
- Appropriate beds, chairs and other equipment are made available to reduce the risks of pressure and tissue damage and specialist preventative equipment such as special mattresses and cushions are also available if necessary. All equipment is clean and properly maintained.
- Correct moving techniques are encouraged, including regular turning and appropriate self-care, helping people to avoid pressure and tissue damage, increasing their well-being, independence and dignity.
- Risk assessments are in place to identify if a person is at risk, their skin is checked at least once daily, and preferably when their personal hygiene is attended to.

Standard 2.3 Falls Prevention

People are assessed for risks of falling and every effort is made to prevent falls and reduce avoidable harm and disability.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Falls prevention strategies are implemented based on national standards and evidence based guidelines.
- People are assessed for risks to their own safety and the safety of others. A plan for managing risk is agreed between the person being cared for and those caring for them.
- Staff receive appropriate information, training and supervision to ensure that people and their carers are safe.
- People are encouraged to develop or maintain the level of independence they wish, striking a responsible balance between risk and safety.
- People are able to summon help easily at all times, using a telephone, bell or other convenient means. If unable to do so their needs will be checked regularly.

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- There are appropriate organisational structures and management systems for infection prevention, control and decontamination in place.
- Physical environments are maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection.

- Suitable and accurate information on infections is available.
- Suitable, timely and accurate information on infections is provided to any person concerned with providing further support or nursing/medical care when a person is moved from one organisation to another or within the same organisation.
- Staff employed to provide care in all settings are fully engaged in the process of infection prevention and control.
- Adequate isolation facilities are provided to support effective infection prevention and control.
- Policies on infection prevention and control are in place and made readily accessible to all staff.
- So far as is reasonably practicable staff are free of and are protected from exposure to infections that can be acquired or transmitted at work.
- Staff are suitably trained and educated in infection prevention and control associated with the provision of healthcare.
- Suitable and sustainable systems, policies and procedures are in place for medical device decontamination by competent staff in an appropriate environment.
- Patients and visitors are supported to achieve and maintain high standards of hygiene.
- Proper arrangements exist for the segregation, handling, transporting and disposal of waste including human tissue and subsequent disposal appropriately and sensitively.

Standard 2.5 Nutrition and Hydration

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People's nutritional needs and physical ability to eat and drink are assessed, recorded and addressed. They are reviewed at appropriate intervals and are referred to dietetic services as required for specialist advice and support.

- People are offered a choice of food and drink which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and is accessible 24 hours a day.
- People are encouraged to eat nutritious, varied, balanced meals, hygienically prepared and served at regular times.
- Food and drink are served in an acceptable setting, with minimal interruption and are at the right temperature and attractively presented. People have a positive eating experience.
- Carers and family members who wish to support people at meal times are encouraged and enabled to do so.
- If a meal is missed, alternative food is offered and/or snacks and drinks can be accessed at any time.
- Fresh drinking water is available at all times, and water and appropriate fluids are encouraged throughout the day for people to meet their hydration requirements, except when restrictions are required as part of treatment.
- People are provided with therapeutic diets in accordance with their medical needs.
- If eating and/or drinking cause people difficulties, they receive prompt assistance to eat or drink encouragement and appropriate aids or support.
- People with swallowing difficulties are assessed by a speech and language therapist and where necessary training in assisting people to swallow food or drink safely is given.
- People are supported who require artificial nutritional support via enteral or parenteral routes.
- Where food and drink are provided: a choice of food and drink are offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and is accessible 24 hours a day.

Standard 2.6 Medicines Management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- There is compliance with legislation, regulatory and professional guidance and with local guidance for all aspects of medicines management.
- Health professionals are qualified, registered with their respective regulatory bodies and fit for practice to prescribe, dispense and administer medicines within their professional competence and appropriate to the needs of the patient.
- There is timely, accessible and appropriate medicines advice and information for patients, carers and staff. Patients are provided with sufficient information to meet their needs regarding the purpose and correct use of their medication and alternate treatment options. All patients have an opportunity to discuss and agree their treatment plan.
- Adverse drug reactions and medicine related adverse incidents are reported and investigated where appropriate.

Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- There is compliance with legislation and guidance to include:
  - All Wales Child Protection, and Vulnerable Adult procedures.
  - Mental Health Act 1983 in relation to persons liable to be detained, and the Mental Capacity Act 2005 regarding Deprivation of Liberty Safeguards.

- Assurance of safeguarding services and processes is evident across all levels of the organisation.
- Effective multi-professional and multi-agency working and co-operation are in place complying with the Social Services and Well-being (Wales) Act.
- Staff are trained to recognise and act on issues and concerns, including sharing of information and sharing good practice and learning.
- People are informed how to make their concerns known.
- Priority is given to providing services that enable children and vulnerable adults to express themselves and to be cared for through the medium of the Welsh language because their care and treatment can suffer when they are not treated in their own language. (They are recognised as a priority group in More than just Words).
- Suitable arrangements are in place for people who put their safety or that of others at risk to prevent abuse and neglect.
- Risk is managed in ways which empower people to feel in control of their life.
- Arrangements are in place to respond effectively to changing circumstances and regularly review achievement of personal outcomes.

Standard 2.8 Blood Management

People have timely access to a safe and sufficient supply of blood, blood products and blood components when needed.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Health services have robust governance systems in place to maintain a safe sufficient supply of blood, blood components and blood products to support timely appropriate and effective use for all.
- There is compliance with legislation and national guidance on the supply and appropriate use of blood, blood components and products.

- Effective schemes and systems are in place to actively manage stock, minimise wastage, and plan effectively for shortages.
- A continuous innovative programme of education, training and competence assessment covers all staff involved in the transfusion process in line with national strategy.
- Processes are in place that enhance the safety of blood transfusion and support the recognition and reporting of, and shared learning from all incidents, adverse blood events and reactions.
- There is a collaborative approach to optimal blood management.

Standard 2.9 Medical Devices, Equipment and Diagnostic Systems

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- There is compliance with health, safety and environmental legislation, regulation and guidance.
- Processes ensure that equipment, and devices are maintained, cleaned and calibrated in accordance with manufacturer's guidelines, ensuring they are appropriate for their intended use and for the environment in which they are used.
- An ongoing programme of training and competence assessment covers staff and users.
- Timely reporting and management arrangements exist to address any device, equipment or system faults in use or in stock, including any alert or warning notices issued by appropriate agencies such as MHRA.
- Suitable and sustainable systems, policies and procedures are in place for medical device decontamination by competent staff in an appropriate environment.

The principle of effective care is that people receive the right care and support as locally as possible and are enabled to contribute to making that care successful.

If people receive the right care and support they will be empowered to improve or manage their own health and wellbeing. Interventions to improve people's health must be based on best practice, derived from good quality research. Data relating to care delivery should be maintained in structured, accurate and accessible records. The ability to manage data and information and to communicate effectively will contribute to the delivery of safe and effective care.

What this means for me as a person when the standard within this theme is met:

- Health care and support are delivered at or as close to my home as possible.
- I receive the right care and support to either improve or manage my own health and wellbeing.
- Interventions to improve my health are based on good quality and timely research and best practice.

Standard 3.1 Safe and Clinically Effective Care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People are safe and protected from avoidable harm through appropriate care, treatment, information, support and early detection of risks.
- People are supported to protect their own and their families' health.
- Welsh speakers are able to use the Welsh language to express themselves and information is communicated effectively.
- Practice evolves to reflect new evidence and provides an efficient and effective response to promote safe and clinically effective care.
- Systems and processes comply with safety and clinical directives in a timely way, including alerts.
- Systems ensure that non-compliance or variance from best practice is properly recorded and audited and any risks identified are managed appropriately.

- People receive a high quality, safe and effective service whilst in the care of the NHS which is based on agreed best practice guidelines including those defined by condition specific Delivery Plans, National Institute for Health and Clinical Excellence (NICE), NHS Wales Patient Safety Solutions, and professional bodies.

- Practice keeps up to date with best practice, national and professional guidance, new technologies and innovative ways of working.

Standard 3.2 Communicating Effectively

In communicating with people health services proactively meet individual language and communication needs.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Welsh speakers are offered language services that meet their needs as a natural part of their care.

- Open and honest communication is emphasised in the spirit of co-production.

- Special care is taken in communicating with those whose mental capacity may be temporarily or permanently impaired.

- Language and communication needs are addressed for people with specific care needs including: learning disabilities, dementia, stroke, sensory loss, neurological developmental problems and brain injury.

- Effective, accessible, appropriate and timely communication is tailored to the needs of each individual person and reasonable adjustments are made as defined in the Equality Act 2010.

- Methods of on and off line communication in various languages and accessible formats are used.

- Communication is age appropriate and considers people's ability to engage in health related conversations.

- Support is given for carers and advocates who in turn are supporting the needs of people with communication needs.

- There is compliance with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing. The purpose, effectiveness, methods, security and appropriateness of communication is considered internally and externally with patients, service users, carers and staff, and about patient, service users and carers using a range of media and formats.

Standard 3.3 Quality Improvement, Research and Innovation

Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Local capacity and capability is developed to support and enable teams to identify and address local improvement priorities, including participation in audit and recognised quality improvement methodologies, activities and programmes.

- Progress is measured, recorded and learning is shared.

- There is consistent application of the principles and requirements of the Framework for Health and Social Care Research and Development.

- Research and innovation has a direct impact on improving the efficiency and effectiveness of services, delivering better health and well being outcomes for people, and improving the experience of care.

- There is a structured approach to promoting and supporting research and Innovation and it is applied in every day practice.

- There is clear visible leadership and a strong collaborative approach with university and industry partners.

- Quality of clinical records is improved through implementing standards which enable re-use of the data for research.

Standard 3.4 Information Governance and Communications Technology

Health services ensure all information is accurate, valid, reliable, timely, relevant, comprehensible and complete in delivering, managing, planning and monitoring high quality, safe services.

Health services have systems in place, including information and communications technology, to ensure the effective collection, sharing and reporting of high quality data and information within a sound information governance framework.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Safe and secure information systems are developed in accordance with legislation and within a robust governance framework.
- Processes exist to operate and manage information and data effectively, to maintain business continuity and support and facilitate patient care and delivery.
- Data and information are accurate, valid, reliable, timely, relevant, comprehensible and complete.
- Information is used to review, assess and improve services.
- Information is shared with relevant partners using protocols when necessary to provide good care for people.

Standard 3.5 Record Keeping

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Paper and electronic clinical record quality is improved through adoption of the Academy of Medical Royal Colleges standards for the clinical structure and content of patient records.
- Clear accountability for record keeping supports effective clinical judgements and decisions.
- There is effective communication and sharing of information between members of the multi-professional healthcare team and the patient.
- Record keeping supports clinical audit, research, allocation of resources and performance planning.
- Evidence shows how decisions relating to patient care were made.
- Identification of risks enables early detection of complications.
- Record keeping supports the delivery of services, patient care and communications.
- Records are designed, prepared, reviewed and accessible to meet the required needs.
- Records are stored securely, maintained, are retrievable in a timely manner and disposed of appropriately.
- Records are accurate, up-to-date, complete, understandable and contemporaneous in accordance with professional standards and guidance; and shared when appropriate.
- People's personal records are regularly updated and available to them. To ensure confidentiality, they are kept secure and comply with the Data Protection Act 1998.
- Care, treatment and decision making is supported by structured, accurate and accessible patient records documenting the conversations between people and health professionals and the resulting decisions and actions taken and reflects best practice founded on the evidence base.

The principle of dignified care is that the people in Wales are treated with dignity and respect and treat others the same. Fundamental human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

What this means for me as a person when the standard within this theme is met:

- I receive a quality service in all care settings.
- My voice is heard and listened to.
- I experience a care system where all participants are treated with compassion, dignity and respect.

Standard 4.1 Dignified Care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People are treated with respect, courtesy and politeness.
- People are able to access free and independent advice so they can make choices about their care and lifestyle.
- Individuals are addressed by their preferred name.
- Welsh Language needs are responded to sensitively.
- Confidentiality, modesty, personal space and privacy are respected especially in hospital wards, public spaces and reception areas.
- People's feelings, needs and problems are actively listened to, acknowledged and respected.
- All care is recognised as holistic and includes a spiritual, pastoral and religious dimension.
- Information and care are always provided with compassion and sensitivity. Ensuring that people and their carers have the freedom to act and decide based on opportunities to participate and on clear and comprehensive information.

- Consideration is given to people's environments and comfort so they may rest and sleep.
- People are helped to be as comfortable and pain free as their condition and circumstances allow.
- People are supported to be as independent as possible in taking care of their personal hygiene, appearance and feet and nails.
- People are supported to maintain a clean, healthy, comfortable mouth and pain-free teeth and gums, enabling them to function as normal (including eating and speaking) and prevent related problems.
- Continence care is appropriate and discreet and prompt assistance is provided as necessary taking into account peoples' specific needs and privacy.
- People are supported to feel confident to talk through all aspects of their care including sensitive areas such as life expectancy. Advanced care planning, end of life care and addressing the needs of the dying and as good a death as practical for the individual and their family is a key part of dignified care.

Standard 4.2 Patient Information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People's rights and individual circumstances are respected so they have a voice and control, empowering them to make decisions that affect their lives.
- Welsh speakers are empowered to express their needs and they are able to fully participate in their care as equal partners. Where needed people are provided with access to a translator or a member of staff with appropriate language skills.
- Health, personal and social care needs are assessed and set out in regularly reviewed plans of care.

- Assistance or specialist aids are provided to those with speaking, sight or hearing difficulties, special needs such as memory problems or learning disabilities, enabling them to receive and respond to information.

- People are consulted about any treatment and care they are to receive and opportunities provided to discuss and agree options.

- People's personal records are kept safe regularly updated and available to them.

- Time is taken to listen and actively respond to any questions and concerns that the individual or their relatives may have, treating their information confidentially.

- Valid consent is obtained in line with best practice guidance; and assessing and caring for people in line with the Mental Capacity Act 2005, and when appropriate the Deprivation of Liberty Safeguards 2009.

- Timely and accessible information is provided on people's conditions and care, medication, treatment and support arrangements.

Timely Care

The principle of timely care is that people have timely access to services based on clinical need and are actively involved in decisions about their care. Not receiving timely care can have a huge impact on individuals' experience of health services and their ability to achieve the best health outcomes. To ensure the best possible outcome people's conditions should be diagnosed promptly and treated according to clinical need.

What this means for me as a person when the standard within this theme is met:

- I have easy and timely access to primary care services.
- To ensure the best possible outcome, my condition is diagnosed early and treated in accordance with clinical need.

Standard 5.1 Timely Access

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People's health outcomes are monitored in order to ensure they receive care in a timely way.
- All aspects of care are provided, including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with national timescales, pathways and best practice.
- Conditions are diagnosed early and treated in accordance with clinical need.
- Accessible information and support is given to ensure people are actively involved in decisions about their care.
- There is compliance with the NHS Outcomes and Delivery framework relating to timely care outcomes.

The principle of individual care is that people are treated as individuals, reflecting their own needs and responsibilities. All those who provide care have a responsibility to ensure that whatever care they are providing includes attention to basic human rights. Where people are unable to ensure these rights for themselves, when they are unable to express their needs and wishes as a result of a sensory impairment, a mental health problem, learning disability, communication difficulty or any other reason, access to independent advocacy services must be provided. Every person has unique needs and wishes. Individual needs and wishes vary with factors such as age, gender culture, religion and personal circumstances, and individual needs change over time, respecting people as individuals is an integral part of all care.

What this means for me as a person when the standard within this theme is met:

- Inequalities that may prevent me from leading a healthy life are reduced.
- My individual circumstances are considered.
- I get care and support through the Welsh language if I need it.

Standard 6.1 Planning Care to Promote Independence

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- People are supported to engage and participate in their care and feel valued in society.
- People are treated with the understanding that they have the right to be who they are, to be understood, considered and recognised as an individual.
- Sufficient time is available to support and encourage people to care for themselves, and supporting carers where individuals are unable to care for themselves.
- Support is given to ensure that people have the right to make decisions about their life.
- The care that people receive will respect their choices in making the most of their ability and desire to care for themselves.
- Ongoing assessment and individual care planning involving all those relevant to the person's care, forms the basis of the plan of activities and care. This takes account of the person's requirements, strengths, abilities and potential.

- Patients receiving secondary mental health services subject to the Mental Health (Wales) Measure 2010 must have a statutory outcome focussed care and treatment plan that must be regularly reviewed.
- Where possible, people are shown different ways of doing things to help them to be independent.
- If appropriate, people are offered equipment to help them walk, move, eat, hear and see. This equipment is well maintained, and if provided for a specific person is kept for their own use.
- People's ability to care for themselves is fostered and their NHS/care environment is as accessible, comfortable and safe as possible.
- People are encouraged to be active taking appropriate exercise and/or recreation as far as their condition allows.
- Healthcare workers are sensitive to people's linguistic needs and people will receive services through the medium of Welsh as a natural part of their care. People are shown respect for their cultural identity and are able to access Welsh language services without any obstacles, although not everyone responsible for their care will speak Welsh.
- Public information will be easily accessible to ensure people take responsibility to access care appropriately.
- There is effective transition from children to adult services.
- Health, personal and social care needs are assessed and set out in regularly reviewed plans of care agreed by the individual and the people caring for them. The plan is only shared with others with the service user's consent.
- People are supported to get help, when they need it in the way they want it.
- Support is provided to develop competence in self-care and promote rehabilitation and re-enablement; and achieve effective partnership working with other services and organisations, including social services and the third sector.
- Health services will work with community groups for example those who can help support people with protected characteristics.

Standard 6.2 Peoples Rights

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Needs of individuals are recognised and addressed whatever their identity and background, and their human rights are upheld.
- Discrimination is challenged, equality and human rights are promoted and efforts are made to reduce health inequities through strategies, equality impact assessment, policies, practices, procurement and engagement.
- Strategic equality plans are published setting out equality priorities in accordance with legislation.
- Care is consistent whatever the age of the person being cared for, so that for example for younger people with serious illnesses should expect an efficient transition from child services to adult services with good communication between those agencies.
- The rights of children are recognised in accordance with the United Nations Convention on the Rights of the Child (UNCRC).
- The rights for older people in Wales are recognised in accordance with the Declaration of Rights for Older People in Wales and the UN principles for Older Persons.
- The spiritual and pastoral care needs of people and their carers are recognised and addressed.
- People are encouraged to maintain their involvement with their family and friends and develop relationships with others, according to their wishes.

Standard 6.3 Listening and Learning from Feedback

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.

The health service will need to consider the following criteria for meeting the standard:

Criteria

- Health services and boards demonstrate how they are responding to user experience to improve services.
- Partners are engaged in supporting and enabling people to be involved in the design planning and delivery of services.
- The patient's and carer's voice is heeded by health services and boards, including through the use of patient stories.
- Feedback is captured, published and acted upon in a way that provides an ongoing and continuous view of performance and demonstrates learning and improvement.
- Service delivery improvement for all people is captured and demonstrated which includes as a consequence meeting statutory responsibilities for children and young people, equality and diversity, and the Welsh language.
- It is clear how data reported in national surveys and audits are used and applied.
- There are processes in place that assure a good experience for people which include:
  - assessing and evaluating service user experience, especially for those who are vulnerable;
  - provision for people who are less able to speak for themselves;
  - delivering and measuring improvement;
  - using patient feedback to influence/drive changes to service provision and delivery;
  - recognising the spiritual, pastoral and religious dimension of care.

- There is compliance with legislation and guidance to deal with concerns, incidents, near misses, and claims as set out in the "Putting Things Right" arrangements.
- Concerns are reported, acted upon and responded to in an appropriate and timely manner and are handled and investigated openly, effectively and by those appropriately skilled to do so.
- Patients, service users and their carers are offered support including advocacy and where appropriate redress.
- Health services are open and honest with people when something goes wrong with their care and treatment.
- Appropriate support is provided to health staff and learning and services improve through sharing lessons from local and national reviews.

The principle is that people in Wales can find information about how their NHS is resourced and make careful use of them. Health services in Wales have a clear responsibility to secure the efficient and economic use of resources, and people in Wales need to understand how the resources are used and how they can be improved. The governance, leadership and accountability standard set out at the start of this document sets out how this should be demonstrated.

A significant resource is the NHS workforce in Wales which consists of all the people who work in, for, or with the service and they are all integral to the delivery of a high quality, person-centred and safe service. Health services must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service. The health service must determine the workforce requirements to deliver high quality safe care and support. The individual members of a workforce must be skilled and competent and the workforce as a whole must be planned configured and managed.

What this means for me as a person when the standard within this theme is met:

- Financial resources are used efficiently and effectively to improve my health outcomes.
- I work with the NHS to improve the use of resources.
- Quality trained staff who are fully engaged in delivering excellent care and support to me and my family.

Standard 7.1 Workforce

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.

The health service will need to consider the following criteria for meeting the standard:

Criteria

Staff are enabled to learn and develop to their full potential. The leaders of any NHS organisation have a duty to set the appropriate tone and promote the right culture, and ensure that individual members of staff can fulfil their responsibility to deliver high quality and safe services.

Health services work with partners to develop an appropriately skilled safe and sustainable workforce by:

- having effective workforce plans which are integrated with service and financial plans;
- meeting the needs of the population served through an appropriate skill mix with staff having language awareness and the capability to provide services through the Welsh language;

- promoting the continuous improvement of services through better ways of working;
- enabling the supply of trainees, students, newly qualified staff and new recruits and their development;
- ensuring plans reflect cross organisational/regional/all Wales workforce requirements where appropriate.

The workforce:

- have all necessary recruitment and periodic employment checks and are registered with the relevant bodies;
- are appropriately recruited, trained, qualified and competent for the work they undertake;
- act, and are treated, in accordance with identified standards and codes of conduct;
- The workforce: are able to raise, in confidence without prejudice, concerns over any aspect of service delivery, treatment or management;
- are mentored, supervised and supported in the delivery of their role;
- are dealt with fairly and equitably when their performance causes concern;
- are provided with appropriate skills, equipment and support to enable them to meet their responsibilities to consistently high standards.

The workforce:

- maintain and develop competencies in order to be developed to their full potential;
- attend induction and mandatory training programmes;
- have an annual appraisal and a personal development plan;
- develop their role;
- demonstrate continuing professional development;
- access opportunities to develop collaborative practice and team working;
- work closely together, preventing duplication of effort and enabling more efficient use of resources.

Using the Health and Care Standards

The Health and Care Standards are not intended to layer additional requirements on health services, but rather to provide the framework for how services are organised, managed and delivered on a day-to-day basis. Health services will be expected to understand where they currently are in relation to meeting these standards. There are many ways that this can be achieved, including:

- through honest self assessment, well tested through use of mechanisms such as internal audit and clinical audit;
- participation in peer review processes;
- encouraging and responding to external review from bodies such as Healthcare Inspectorate Wales;
- acting on feedback from bodies such as Community Health Councils and the people they serve.

The criteria described under each standard are designed to help with this though healthcare organisations may demonstrate that they meet the requirements of the Health and Care Standards through other valid ways, and then put in place progressive improvement plans to address any gaps. On contracting services from independent providers health services must be explicit in agreements regarding expectations to meet these standards and have systems in place to monitor compliance and identify any necessary improvements.

To drive improvements in the quality and safety of healthcare it is important that decisions, including clinical decisions, are based on the best available evidence and information.

Implementing clinical guidelines and audit is an internationally recognised way of getting evidence into practice. The Health and Care Standards are an important driver for the implementation of national clinical and professional guidelines and participation in audit at all levels of healthcare.

The Health and Care Standards will be underpinned by supporting guidance produced for health services. This will be posted on the NHS Wales Governance e-Manual website and will include:

- identification of the theme;
- a description of the principle of each theme;
- what the themes mean for people;
- a description of the standard relevant to each theme;
- criteria for each standard;
- signposting to relevant legislation, requirements, tools and supporting information.

Guidance will be updated as necessary to reflect new areas for improvement and national priorities. The NHS Wales Governance e-Manual can be accessed by clicking on this link: **www.wales.nhs.uk/governance-emanual/**

Glossary

Access

The extent to which people are able to receive the information, services or the care they need.

Benchmarks

Benchmarks are used as comparators to compare performance between similar organisations or systems.

Carer

A person who provides the physical or emotional support to enable another individual to participate in daily life. Families or friends are the biggest group providing care and are sometimes called 'informal carers' or 'family carers'.

Citizens

Anyone who receives or is affected by public services. In the NHS, patients are the obvious citizens; but there are others whom the NHS has to consider – patients' relatives, for example. Organisations may define this in different ways – patient, service user, service recipients, etc.

Clinical Audit

A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against specific criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in health care delivery.

Clinical governance

A system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish.

Clinicians

Professionally qualified staff who provide clinical care to patients.

Co-production

Co-production is an approach to public services which involves citizens, communities, and the professionals who support them, pooling their expertise to deliver more effective and sustainable outcomes and an improved experience for all involved.

Contemporaneous

Existing, beginning, or occurring in the same period of time.

Dementia

Dementia is not a disease in itself. Dementia is a word used to describe a group of symptoms that occur when brain cells stop working properly.

Equality impact assessment

An equality impact assessment (EIA) is a tool that helps organisations make sure their policies, and the ways they carry out their functions, do what they are intended to do and for everybody.

Governance

A system of accountability to citizens, service users, stakeholders and the wider community, within which healthcare organisations work, take decisions and lead their people to achieve their objectives.

Health service

Welsh NHS bodies, independent contractors and other organisations and individuals, including the independent and voluntary sectors, which provide or commission health care for individual patients, service users and the public.

Healthcare professional

A person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.

Healthcare

Services provided for, or in connection with, the prevention, diagnosis or treatment of illness, and the promotion and protection of public health.

Healthcare associated infections

All infections acquired as a direct or indirect result of health care.

Health Inequities

Differences in people's health between geographical areas and between different groups of people.

Health Promotion

Includes the provision and information on healthier lifestyles and how to make the best use of health services, with the intention of enabling people to make rational health choices and ensuring awareness of the factors determining the health of the community.

Independent Contractor

A person or body who provides care under arrangements with an NHS body, such as, general dental services contractor, general medical services contractor, optometry and pharmacist contractors.

Infection prevention and control

Policies and procedures used to minimize the risk of spreading infections, especially in hospitals, and in the community.

Legislation

The act or process of making or enacting laws.

Learning Disabilities

Significantly reduced ability to understand new or complex information, to learn new skills. A reduced ability to cope independently which starts before adulthood with lasting effects on development.

MHRA

The Medicines and Healthcare Products Regulatory Agency.

Medical Devices

All products except medicines, used in health care for diagnosis, prevention, monitoring or treatment. The range of products is very wide it includes contact lenses and condoms; heart valves and hospital beds; resuscitators and radiotherapy machines; surgical instruments and syringes; wheelchairs and walking frames.

Neurological

The branch of medicine or biology that deals with the anatomy, functions, and organic disorders of nerves and the nervous system.

NICE

The role of The National Institute for Health and Clinical Excellence is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current "best practice". The guidance covers both individual health technologies (including medicines, medical devices, diagnostic techniques, and procedures) and the clinical management of specific conditions.

NICE guidance

Includes:

- Clinical guidelines cover the appropriate treatment and care of patients with specific diseases and conditions within the NHS in England and Wales.
- Technology appraisals cover the use of new and existing medicines and treatments within the NHS in England and Wales.
- Interventional procedures which cover whether the procedures used for diagnosis or treatments are safe enough and work well enough for routine use.

Person Centred care

Aims to be people focused, to promote independence and autonomy, provide choice and control and are based on a collaborative team philosophy.

Primary Care

First-contact health services directly accessible to the public.

Protected Groups

Personal characteristics that are protected by the law (Equality Act 2010). The 9 characteristics are: Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Public Health

Public health is concerned with improving the health of the population, rather than treating the diseases of individual patients. Public health functions include:

- Health surveillance, monitoring and analysis.
- Investigation of disease outbreaks, epidemics and risk to health.
- Establishing, designing and managing health promotion and disease prevention programmes.
- Enabling and empowering communities to promote health and reduce inequities.
- Creating and sustaining partnerships across government, health and social care to improve health and reduce inequities.
- Ensuring compliance with regulations and laws to protect and promote health.
- Developing and maintaining a well educated and trained, multi-disciplinary public health workforce.
- Ensuring the effective performance of NHS services to meet goals in improving health, preventing disease and reducing inequities.
- Quality assuring the public health functions.

Quality assurance

A systematic process of verifying that a product, or service being developed, is meeting specific requirements.

Quality Requirements

Quality requirements will be established through the Health and Care Standards they describe the care which clinicians and others will use to guide their practice.

Research governance frameworks

Defines the broad principles of good research governance and is important in ensuring that health and social care research is conducted to high scientific and ethical standards and applies to all research undertaken within the remit of the Minister for Health and Social Services.

Risk management

Covers all the processes involved in identifying, assessing and judging risks, assigning ownership, taking actions to mitigate or anticipate them, and monitoring and reviewing progress.

Service user

An individual who uses NHS services and who may also be deemed a patient.

Sensory loss

Sensory loss takes place when a person's sight or hearing becomes impaired.

Standards

Standards are a means of describing the level of quality health care organisations are expected to meet or to aspire to. The performance of organisations can be assessed against this level of quality.

Stroke

The sudden death of brain cells in a localized area due to inadequate blood flow.

Welsh NHS body

NHS Trusts and Local Health Boards in Wales.

Wellbeing

Well-being is a broad concept that relates to all areas of a person's life.

Workforce

The total number of persons employed or contracted to deliver NHS services or contractors or those with practising privileges.