Doing Well, Doing Better

Standards for Health Services in Wales

Supporting Guidance

October 2010
The Importance of Standards

The standards:

- are at the heart of the 5-year strategic framework for the NHS
- are key to underpinning the vision, values, governance and accountability framework for the new NHS Wales;
- drive continuous improvement in the quality and experience of services and care that citizens of Wales have a reasonable right to expect;
- provide a key tool, alongside the learning from the 1000 Lives Campaign and other initiatives to drive continuous improvement;
- support us in making changes and improvements at the front line of care to improve our performance and in our drive to reduce harm, waste and variation within and across our services.

The standards framework facilitates the integration of all of these important and essential requirements and should be taken into account by all organisations and services when considering how they are meeting each and every individual standard.

Using the Standards in all that you do

Organisations must use the standards in an open, transparent and honest way. How do you use the standards –

- throughout the organisation and services? How are they embedded in all aspects of its work, including primary care, Third sector and partnership working?
- when planning, designing, developing and providing services?
- to assure the quality of the services you provide?
- to identify areas where you can reduce waste, variation and harm?
- to promote sharing, learning and spread of good practice?

What does this mean for?

- Patients, service users, carers and citizens
- Services, teams and staff
- Boards

Patients, Service Users, Carers and Citizens

- How do services use the standards to let patients, service users, carers and citizens know what they can expect?
- How are the standards used to:
  - inform, involve and engage;
  - capture – and respond to – experiences and outcomes?

Services, Teams and Staff

- How do they use the standards alongside their professional standards to:
  - identify what they do well and should share;
  - identify what they do less well and need to put right; and
  - deal with any concerns that they identify?
- How are they supported to do this and make any improvements?

Board

- How does the Board demonstrate leadership in using and embedding the standards?
- How does the Board support services and teams in their use and driving improvement?
- How does the Board use the standards to seek and provide assurance about the quality of services provided?

For each standard you need to ensure that organisation and each service and team are doing the:

- Right thing;
- At the right time;
- In the right way;
- To the right patient;
- In the right place;
- Using the right staff, in the right way;
• Demonstrating continuous improvement to keep doing things better, and, ensure that they know what they are doing well and what they need to do better.

EDITORIAL NOTE
The list of Legislation and Guidance shown under each standard is not exhaustive. It is not intended as anything other than a useful aide memoir for providers and more up to date information may have superseded this.
Standard 1: Governance and accountability framework

Organisations and services operate within a clear and robust framework for decision making and accountability designed to achieve successful delivery of their purpose, aims, and objectives, in a manner that:

a) upholds organisational values and standards of behaviour;
b) complies with all relevant regulatory, accreditation, licensing requirements, standards, directions and instructions;
c) secures the efficient, effective and economic use of resources;
d) safeguards and protects all assets, including its people; and
e) ensures good governance when working in partnership with others.

What is the Standard about?

This standard sets out the expectation regarding conduct, the management structure and system of accountability which underpins everything an organisation and service should do.

Ensuring that you have effective systems and processes in place to assure the organisation, service, patients, service users, regulators and other stakeholders, that you are providing high quality, evidence based treatment and care through services that are patient and citizen focussed.

Who is it for?

All services in all healthcare settings.

What you need to do?

a) upholds organisational values and standards of behaviour;

- Have you identified and set objectives for your organisation/service?
• Have you identified risks and barriers to achieving these objectives?
• What corporate policies exist within your organisation/service to guide your staff and others on how you do business?
• How do you know that your staff are aware of the values and standards of behaviour expected of them?

b) complies with all relevant regulatory, accreditation, licensing requirements, standards, directions and instructions;

• How do you ensure that the Board are appraised of the Annual Operating Framework requirements with regular updates throughout the year?
• Do you know about all accreditation schemes that apply to your organisation?

c) secures the efficient, effective and economic use of resources;

• Have you established effective committee structures for all services?
• Do you have clear effective leadership and direction within your organisation/service?
• Are all new services/business cases underpinned by the Standards for Health Services in Wales?
• What levels of delegation have been agreed? Do they provide a robust framework for accountability?
• Do you have sound systems of financial control?
• Do you have clear arrangements for monitoring governance activities?

d) safeguards and protects all assets, including its people;

• Do you have a risk and assurance framework?
• How do you gain assurance about your organisation/service?
• Where do you get the assurance from?
• How do you use internal and clinical audit mechanisms to provide assurance?
• How do you identify, assess and manage your risks?
• How do you identify and mitigate against risk in respect of this
e) ensures good governance when working in partnership with others.

- Do you know about all partner organisations/ networks?
- What accountability arrangements exist for partnerships and networks?
- What corporate policies exist within your organisation/ service to guide your staff and others on how you do business?

Legislation and Guidance

- **NHS Wales Governance e-Manual: Knowing Who Does What and Why**
- **NHS Wales Governance e-Manual: Living Public Service Values**
- **NHS Wales Governance e-Manual: LHBs Performance Management**
- **NHS Wales Governance e-Manual: Trusts Performance Management**
Standard 2: Equality, diversity and human rights

Organisations and services have equality priorities in accordance with legislation which ensure that they recognise and address the:

a) needs of individuals whatever their identity and background, and uphold their human rights;
b) rights of children in accordance with the United Nations Convention on the Rights of the Child (UNCRC); and
c) need to challenge discrimination, promote equality and human rights and seek to reduce health inequities through their strategies, policies, practices and procurement processes.

What is the Standard about?

The standard is about embedding equality priorities in the functions and delivery of services recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

Who is it for?

All healthcare services in all healthcare settings

What do we need to do?

a) needs of individuals whatever their identity and background, and uphold their human rights;

- How have you taken account of the needs of individuals, whether they are patients, service users, carers or staff?
- How do you uphold their human rights?

b) rights of children in accordance with the United Nations Convention on the Rights of the Child (UNCRC); and
• What arrangements do you have in place?

c) need to challenge discrimination, promote equality and human rights and seek to reduce health inequities through their strategies, policies, practices and procurement processes.

• How are equality, diversity and human rights incorporated into your governance arrangements?
• How do you challenge discrimination?
• How do you promote equality and human rights?
• How do you seek to reduce health inequities and sustain progress?
• How are you using the equality impact assessments?

Legislation and Guidance

Legislation and other requirements

• Human Rights Act 1998
• Equality Act 2010
• Anti–discrimination legislation and European Directives relating to employment and service delivery for race, gender, sexual orientation, religion/belief, age and disability
• UN Conventions and Covenants ratified by the UK Government (including: Convention on the Rights of the Child (CRC), International Convention on the Elimination of All Forms of Racial Discrimination (CERD), Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), UN Convention Against Torture (CAT) and UN Convention on the Rights of Persons with Disabilities)

Guidance

• NHS Centre for Equality and Human Rights Equality Impact Assessment Toolkit (includes a list of useful websites and additional signposting information) (NHS CEHR, 2009)
• EHRC Guide to the Public Sector Equality Duties (EHRC, 2009)
• **EHRC EqIA Guidance** (EHRC, 2009)
• **EHRC The Public Sector Equality Duties and Financial Decisions** (EHRC, 2009)
• EHRC Non–Statutory Codes of Practice
• **EHRC Codes of Practice**
• **WAG Equalities Evidence Guide on Access to Secondary and Elective Health Services: a guide to finding and using equalities evidence** (WAG, 2009)

**Good Practice**

• **Good Practice Wales website:**

• **NHS Centre for Equality and Human Rights website**

• **Age Cymru website**

• **British Institute of Human Rights**

• **Children in Wales (UN Convention):**

• **Children’s Commissioner for Wales**

• **Department for Health website**

• **Equality & Human Rights Commission website**

• **Health & Social Care in Northern Ireland website**

• **NHS Scotland (Diversity and Inclusion) website**

• **Older People’s Commissioner for Wales website**

• **Stonewall Cymru website**
Standard 3: Health promotion, protection and improvement

Organisations and services work in partnership with others to protect and improve the health and wellbeing of citizens and reduce health inequities by:

a) having systems in place to identify and act upon significant public health issues;
b) supporting citizens to maintain and improve their health, wellbeing, and independence, while recognising the need for interdependence within communities;
c) promoting healthy lifestyles and enabling healthy choices;
d) promoting healthy and safe workplaces;
e) ensuring that needs assessment and public health advice informs service planning, policies and practices;
f) having systems and plans to prevent and control communicable diseases and provide immunisation programmes; and
g) having effective programmes to screen to prevent and to detect disease.

What is the Standard about?
The systems and programmes that organisations need to have in place to play their part in protecting and improving the health and wellbeing of their local population. It is also about ensuring clear relationships and allocations of responsibilities between the various organisations with public health responsibilities. Plus the responsibilities people have for their own and their family, health and wellbeing.

Who is it for?
- Health Boards, working in partnership with other bodies and supported by Public Health Wales
- Public health Wales, working in support of and in partnership with many stakeholders, including third sector
- Providers of primary care services
• Individuals – staff and citizens

What you need to do?

a) having systems in place to identify and act upon significant public health issues;

• How do you identify and act upon public health issues?
• How do you access public health advice to provide:
  o specialist public health advice and health intelligence to support the identification of public health issues and service planning;
  o deliver specific health improvement and health protection programmes to the local population;
  o support the development of healthy and safe workplaces; and
  o in relation to the control of communicable diseases and environmental hazards?
• How do you identify and mitigate against risk in respect of this standard?
• How do you ensure that the workforce can access training on health promotion, protection and improvement?
• Do you have clear arrangements for monitoring health promotion, protection and improvement activities?

b) supporting citizens to maintain and improve their health, wellbeing, and independence, while recognising the need for interdependence within communities;

• How do you support citizens to maintain and improve their health, wellbeing and independence?
• How do you work with all partners to reduce health inequities and improve population health?

c) promoting healthy lifestyles and enabling healthy choices;
• How do you promote healthy lifestyles and enable healthy choices?
• How do staff promote and protect the health and wellbeing of their service users?

d) promoting healthy and safe workplaces;
• How do you promote healthy and safe workplaces and supportive environments?
• How does the organisation promote and protect the health and wellbeing of all staff?

e) ensuring that needs assessment and public health advice informs service planning, policies and practices;
• How do you ensure that needs assessment and public health advice informs service planning, policies and practices?
• How do public health needs assessments inform service provision?

f) having systems and plans to prevent and control communicable diseases and provide immunisation programmes; and
• How do you prevent and control communicable diseases?
• How do you provide effective immunisation programmes and support the delivery and improvement of immunisation services?

g) having effective programmes to screen to prevent and to detect disease.
• Do you have effective programmes to screen to prevent and to detect disease?
• Do your screening programmes meet defined standards?

Legislation and Guidance
• Legislation and other requirements
Statutory guidance on the development of HSCWB and CYP Plans; Strategy and Policy including Our Healthy Future; Ministerial letters; NICE guidelines; Frameworks for responding to infectious disease outbreaks; Heads of Agreement and Memoranda of Understanding with Public Health Wales; Creating an Active Wales; Food and Fitness Action Plan, National Service Frameworks; Chronic Conditions Commissioning Directives;

- Guidance

Technical guidance ‘Our Healthy Future’ NPHS/Public Health Wales evidence reviews; Sexual Health Standards Wales; Route to Health Improvement. Screening Standards in each programme’s Quality Manuals – Cervical Screening Wales Quality Manual and Standards; Bowel Screening Wales Quality Assurance Manual; Newborn Hearing Screening Wales

- Good Practice

Public health networks – Mental Health Promotion, Food And Physical Activity, Sexual Health, Tobacco Control


Public Health Wales
Standard 4: Civil contingency and emergency planning arrangements

Organisations and services are able to deliver a robust response and ensure business and service continuity in the event of any incident or emergency situation.

What is the Standard about?

The standard requires NHS organisations and services to be prepared to meet the health needs and impact on services arising from any major incident or emergency. This may involve working in co-operation with other organisations locally.

Have in place documented response plans that are resilient against the risks identified and are co-ordinated with those of response partners, including arrangements to warn and inform the public

- Have in place business continuity management arrangements that are aligned with BS25999
- Ensure staff are appropriately trained and equipped for their role within emergency response and business continuity arrangements and that a programme is in place to exercise and test response plans

Who is it for?

All health services in all healthcare settings

What you need to do?

- Do you have a named Lead(s) for Emergency Planning and Business Continuity?
- Does your organisation have a designated emergency planning lead officer and the support needed to discharge duties in respect of emergency planning and business continuity?
- How do you gain assurance that your business continuity management arrangements are aligned with BS 25999?
• Have you tested your emergency plans to ensure they are ‘fit for purpose’?
• Have you identified and mitigated against risks to business continuity?
• How do you ensure the workforce is trained to respond to emergency situations?
• Do all staff understand their role and responsibility in the event of an emergency?
• Do you have functioning equipment readily available for emergency situations?
• Have you appropriately involved partner organisations in your planning arrangements?
• How do the plans include arrangements to warn and inform citizens?

• For LHBs and Trusts:
  o Develop plans that will deliver the requirements set out in the Annual Operating Framework 2010–2011 relating to 'Civil contingencies’.
  o How do you regularly review the plans and adapt them to ensure delivery and compliance by April 2011?
• How do you gain assurance that your services are complying with relevant legislation?
• How do you monitor activities in respect of emergency planning and business continuity?
• How do you identify and mitigate against risk in respect of this standard?

Legislation and Guidance

Civil Contingencies Act 2004

• Guidance

NHS Wales Emergency Planning Guidance and underpinning documents

NHS Wales Resilience and Business Continuity Management Guidance

Wales Framework for Dealing with Major Infectious Disease Emergencies
CC Act 2004 Emergency Preparedness

CC Act 2004 Emergency Response & Recovery

Health Emergency Planning Website


Standard 5: Citizen engagement and feedback

Organisations and services use a range of methods and approaches to:

a) engage with partners in supporting and enabling citizens to be involved in the design, planning and delivery of services;
b) seek feedback from patients, service users and carers about their experiences; and
c) demonstrate that they act on views and feedback in making changes to improve services.

What is the Standard about?

Services provided by the NHS should be genuinely shaped by and meet the needs of the people it serves. Patients, service users and carers need to be fully involved in decisions about their health, both at strategic level and on an individual basis. Health services need to be developed that are centred on patients, service users and carers needs, and which deliver a good experience to service users.

Who is it for?

- Patients, service users and carers
- NHS bodies and services in all healthcare settings

What you need to do?

a) engage with partners in supporting and enabling citizens to be involved in the design, planning and delivery of services;

- Do you have effective advocacy arrangements to ensure patients, service users and carers have equitable access to participate in consultation processes?
- Do you engage citizens in undertaking service and thematic reviews?
- How do you effectively engage with “seldom heard groups” and those with various communication needs?
• How do you engage with citizens in addressing local challenges to service delivery?
• Do all staff understand their role in citizen engagement and feedback?
• Do your staff access training relating to citizen engagement and feedback?
• How do you identify and mitigate against risk in respect of this standard?
• How do you monitor citizen engagement and feedback activities?

b) seek feedback from patients, service users and carers about their experiences; and

• How do you obtain citizen engagement and feedback, and act appropriately on it?
• Do you undertake surveys of user experience and how do you act appropriately on them?
• Do you use a range of methods to capture user experience?

c) demonstrate that they act on views and feedback in making changes to improve services.

• How do you share resulting information with relevant people across the organisation and with partners?
• How do you know that feedback is acted on appropriately?

Legislation and Guidance

NHS Wales Governance e–Manual: Public and Patient Involvement

NHS Wales Governance e–Manual: Patient Involvement

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

Disability Discrimination Act
Engaging with people who are deaf and hard of hearing – how to book communication support

Rural Health Plan – Improving Integrated Service Delivery Across Wales (Welsh Assembly Government 2009)

Health in Rural Wales – A research report to support the Rural Health Plan for Wales (Institute for Rural Health 2009)

Report on Citizen Engagement to inform the development of the Rural Health Strategy for Wales (Opinion Research Services 2009)

How to ensure patients who are deaf and hard of hearing are able to receive information in their desired format. Useful information:

Communication tips
Booking communication support
Standard 6: Participating in quality improvement activities

Organisations and services reduce waste, variation and harm by:

a) identifying and participating in quality improvement activities and programmes;
b) supporting and enabling teams to identify and address local improvement priorities;
c) using recognised quality improvement methodologies;
d) measuring and recording progress; and
e) spreading the learning.

What is the Standard about?

This requires organisations, services and teams to use recognised quality improvement activities and reliable recording and measuring systems.

It is about identifying drivers that reduce waste, variation and harm using recognised improvement methodologies. It must be promoted by strong leadership and team working throughout the organisation.

As a result improvement activities lead to change that make a difference to the quality of care for patients, service users and carers, and where appropriate staff.

Who is it for?

All health services in all health settings

What you need to do?

a) identifying and participating in quality improvement activities and programmes;
   • How do you identify and prioritise your improvement activities?
• Are you participating in the patient safety programme – 1000 Lives Plus?
• Are you participating in the implementation of the intelligent targets as set out in the AOF 2010/11?
• How do you participate in and learn from:
  o Confidential Enquiries, such as CMACE, NCEPOD and NCISH
  o National Registries (where appropriate, e.g. National Joint Registry)
  o National Clinical Audit programmes

  c) supporting and enabling teams to identify and address local improvement priorities;

• How do you link your risks to your quality improvement activities?
• What are your drivers for improvement, e.g. feedback from patients, service users and carers, complaints, incidents and concerns, etc?
• How do Executives and Senior Directors/Managers lead quality improvement activities?
• How do team and service leaders support and enable teams to identify and address improvements?

  d) using recognised quality improvement methodologies;

• How do you use accepted methods for improvement, e.g. 1000 Lives Plus methodologies for improvement and multidisciplinary clinical audit?
• What other quality improvement methodologies do you use?
• Do you have a programme of mortality and case note review?
• How do you use the Fundamentals of Care audit tool and demonstrate improvements?

  e) measuring and recording progress; and

• How do you know your quality improvement programmes are effective?
• How do you measure and record improvement?
• How do patients, staff and service users benefit from improvement activities?
• What differences do the improvement activities make?
• Are improvements made promptly or within a set timescale, e.g. following a patient safety incident?

f) spreading the learning.

• How are you spreading the learning from improvement activities, particularly 1000 Lives+?
• How is the rest of the organisation sharing its learning with you?
• Do your communication systems facilitate effective sharing of learning?

Legislation and Guidance

1000 Lives Campaign – this will also give you access to the ‘How to Guides’ and ‘tools for improvement’

NHS Wales Governance e–Manual: Clinical Effectiveness

Centre for Maternal and Child Enquiries

National Confidential Enquiry into Patient Outcome and Death

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

National Joint Registry

Healthcare Quality Improvement Partnership – examples of Clinical Audit guidance (National and Local) available on their website includes;
Best practice guidelines
Simple guidance for Boards & Partners
Guide on how to present clinical audits for the public (1) >>
Guide for patients in understanding clinical audit reports >>

NHS Wales Governance e–Manual: LHBs Performance Management

NHS Wales Governance e–Manual: Trusts Performance Management
Standard 7: Safe and clinically effective care

Organisations and services will ensure that patients and service users are provided with safe, effective treatment and care:

a) based on agreed best practice and guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;
b) that complies with safety and clinical directives in a timely way;
c) and which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.

What is the Standard about?

Clinical care, treatment and decision making, should reflect evidence based and best practice to ensure that the risk of inappropriate or unnecessary treatment and care is reduced to the lowest possible level.

There is an extensive range of best practice guidance, some national, some professional and it is also a developing field with new technologies and ways of working. The pace of change can be very rapid.

This standard is about:

- keeping up with evolving practice and providing an efficient and effective response to promote safe and clinically effective care;
- having systems and processes to comply with safety and clinical directives in a timely way, including alerts, and
- making sure that non-compliance or variance from best practice is properly recorded and audited.

Who is it for?

All healthcare services in all healthcare settings
What you need to do?

a) based on agreed best practice and guidelines including those defined by National Service Frameworks, National Institute for Health and Clinical Excellence (NICE), National Patient Safety Agency (NPSA) and professional bodies;

- How do you hear about and receive best practice guidance, e.g. NICE, NPSA, professional body, NSF, etc?
- How do you assess its relevance to you?
- How do you disseminate and communicate with relevant parties?
- How do you act on the guidance?
- How do you know that action is taken?

b) that complies with safety and clinical directives in a timely way;

- How do you hear about these?
- How do you assess their relevance to you?
- How do you disseminate and communicate with relevant parties?
- How do you act on them?
- How do you know that action is taken within set timescales and that you have an effective system for compliance?
- What have you learnt from monitoring of these and what changes have you made as a result?

c) and which is demonstrated by procedures for recording and auditing compliance with and variance from any of the above.

- How do you record non-compliance with and variance from evidence-base and best practice?
- How do you audit non-compliance with and variance from evidence-base and best practice?
Legislation and Guidance

National Institute for Health and Clinical Excellence

National Patient Safety Agency


Royal Colleges
Standard 8: Care planning and provision

Organisations and services recognise and address the needs of patients, service users and their carers by:

a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;

b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and

c) working in partnership with other services and organisations, including social services and the third sector.

What is the Standard about?

Organisations and services should ensure that all patients within their care receive individualised care plans that recognise their differing needs. The organisation may have to work with a range of partners to meet these needs.

This standard is about providing all aspects of care in a timely way and promoting self-care.

Ultimately this standard is about ensuring that all patients and service users are treated in the right way, at the right time, in the right place and with the right staff.

Who is it for?

All individuals and health services in all settings
What you need to do?

a) providing all aspects of care including referral, assessment, diagnosis, treatment, transfer of care and discharge including care at the end of life, in a timely way consistent with any national timescales, pathways and best practice;

- How do you ensure that the following aspects of care are provided in a timely way, consistent with any national timescales?

  1. referrals
  2. assessment and diagnosis
  3. treatment
  4. transfer of care and/or discharge
  5. care at the end of life

- How do you audit compliance with national timescales and best practice and make any necessary improvements?

- How are the individual needs of patients, service users and carers taken into account in providing these aspects of care (including clinical need)?

- How do you know what pathways are in use within your organisation?

- How do you know how they are being acted upon?

- How do you audit pathways?

- What have you learnt from using pathways?

- What steps do you take to ensure continuity of care?

b) providing support to develop competence in self-care and promote rehabilitation and re-enablement; and

- How do you support patients, service users and carers to understand what is proposed for their:
  o treatment and care,
• rehabilitation, and
  • re-enablement?

- How do you involve patients, service users and carers in decisions about resuscitation?

- How do you involve patients, service users and carers in discharge planning?

- How do you promote and support self-care?

- How do you ensure effective care planning and provision for patients with Chronic Conditions?

c) working in partnership with other services and organisations, including social services and the third sector.

- How do you indentify potential partners to support individual patients, service users and carers?

- Do you have effective working relationships with your partners? If not, what steps do you take to improve them?

- How do you know that you partner organisations have done what they said they would do?

Legislation and Guidance

- **End of Life Care Pathway (Liverpool)**

- **Skills for Health**

- **Nursing & Midwifery Council Code of professional Conduct** (2008)

- **Welsh Assembly Government good practice in consent implementation guide: to consent to examination or treatment** (2002)


- Designed to Improve Health and the Management of Chronic Conditions in Wales: Service Improvement Plan 2008–2011

- Setting the Direction – The Primary and Community Services Strategic Programme (2010)


- Designed to Add Value – a third dimension for "One Wales". A Strategic Direction for the Third Sector in Supporting Health and Social Care (Welsh Assembly Government 2008)


- Code of Practice for Funding the Third Sector (Welsh Assembly Government 2009)

- Palliative Care in Wales

- Rural Health Plan – improving integrated service delivery across Wales (Welsh Assembly Government 2009);

- Health in Rural Wales – A research report to support the Rural Health Plan for Wales (Institute for Rural Health 2009);

- Report on Citizen Engagement to inform the development of the Rural Health Strategy for Wales (Opinion Research Services 2009)
Standard 9: Patient information and consent

Organisations and services recognise and address the needs of patients, service users and their carers by:

a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements;
b) providing opportunities to discuss and agree options;
c) treating their information confidentially;
d) obtaining informed consent, in line with best practice guidance; and
e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.

What is the Standard about?

This standard reflects the right of patients to determine what happens to their own bodies, and is a fundamental part of good practice to obtain informed consent.

Where a patient aged 18 or over lacks the capacity to consent, all decisions must be made in accordance with the Mental Capacity Act 2005.

When treating children, health professionals should take particular care to ensure that they are familiar with the relevant law and should consider carefully whether the child is competent to give his or her consent to the treatment.

All staff must understand their responsibilities in respect of confidentiality and the serious consequences of any breaches.

Patients, service users and carers are provided with information to inform decisions including any changes to lifestyle that would improve, or prevent further deterioration of their condition.
Health professionals must also remember their duty to keep themselves informed of legal developments which may have a bearing on their practice. Legal advice should always be sought if there is any doubt about the legal validity of a proposed intervention.

Who is it for?

All healthcare services in all settings

What you need to do?

a) providing timely and accessible information on their condition, care, medication, treatment and support arrangements;

- How do you ensure that patients, service users and carers are provided with timely information on:
  - Condition
  - Care and treatment
  - Medication
  - Support arrangements?

- How do you ensure that the information is given in a format that the patient, service user and carer can understand?

b) providing opportunities to discuss and agree options;

- How are patients given the opportunity to discuss and agree their options?

- How can patients, service users and carers access information to inform their decisions? This may include outcome data, waiting lists, morbidity and mortality rates, HCAI rates, etc.

- How do you know that the information is useful for patients?

c) treating their information confidentially;

- How do you know that all staff understand their duty of confidentiality?
d) obtaining informed consent, in line with best practice guidance; and

- How do you ensure staff are fully aware of and comply with patient consent legislation and best practice?
- How is compliance with patient consent legislation and best practice monitored?
- How do you develop and implement methods and practises for providing patients with information about giving consent?
- What have you learned from monitoring compliance with patient consent guidance and what changes have been made?

e) assessing and caring for them in line with the Mental Capacity Act 2005 when appropriate.

- How do you know that all staff understands the implications of the Mental Capacity Act and their responsibilities?
- Do you identify complaints under the Mental Capacity Act?

Legislation and Guidance

- Legislation and other requirements:
  - The Human Rights Act
  - The Human Tissue Act 2004
  - The Mental Capacity Act 2005
  - The Mental Health Act 2007

- Guidance
  - NHS Wales Governance e-Manual: Patient Consent
  - Patient Consent Website
Deprivation of Liberty Safeguards

Health professionals must also remember their duty to keep themselves informed of legal developments which may have a bearing on their practice. Legal advice should always be sought if there is any doubt about the legal validity of a proposed intervention.
Standard 10: Dignity and respect

Organisations and services recognise and address the physical, psychological, social, cultural, linguistic, spiritual needs and preferences of individuals and that their right to dignity and respect will be protected and provided for.

What is the Standard about?

Staff will treat patients, service users, their relatives and carers with dignity and respect and staff themselves must be treated with dignity and respect for their differences.

It is about ensuring that patients and service users are communicated with and treated in a manner that takes into consideration their dignity and respect.

The key facets of dignified care are:

- **Respect**, shown to you as a human being and as an individual, by others, and demonstrated by courtesy, good communication and taking time

- **Privacy**, in terms of personal space; modesty and privacy in personal care; and confidentiality of treatment and personal information

- **Self-esteem, self-worth, identity and a sense of oneself**, promoted by all the elements of dignity, but also by 'all the little things’ – a clean and respectable appearance, pleasant environments – and by choice, and being listened to

- **Autonomy**, including freedom to act and freedom to decide, based on opportunities to participate, and clear, comprehensive information.

Individual’s human rights to dignity, privacy and informed choice will be protected at all times, and the care provided will take account of the individual’s needs, abilities and wishes.
Who is it for?

All health services in all settings.

What you need to do?

- How do your services compare with the 10 challenges from the SCIE Guide on Dignity in Care? High quality care services that respect people's dignity should:
  - have a zero tolerance of all forms of abuse.
  - support people with the same respect you would want for yourself or a member of your family.
  - treat each person as an individual by offering a personalised service.
  - enable people to maintain the maximum possible level of independence, choice and control.
  - listen and support people to express their needs and wants.
  - respect people’s right to privacy.
  - ensure people feel able to complain without fear of retribution.
  - engage with family members and carers as care partners.
  - assist people to maintain confidence and a positive self-esteem.
  - act to alleviate people’s loneliness and isolation.

- How are you monitoring arrangements for respecting the privacy and dignity of people who use the services, e.g. environments that do not compromise privacy or dignity such as availability of single sex bedroom accommodation, single sex toilet and bathing facilities?

- How do you deal with staff when their dignity and respect is compromised?

Legislation and Guidance

- Legislation

  Human Rights Act 1988
Race Relations Act 1976

Doubly disabled. NHS executive 1999

National Service Framework for Older People

• Guidance

E.g. Ministerial Letters, Welsh Health Circulars, toolkits, professional regulators’ guidance, e.g. NMC Guidance on the Nursing Care of Older People

• Resources:

  ▪ RCN publications, e.g. Dignity Campaign Pack; Dignity Pocket Guide; Dignity information posters; Dignity: Small changes make a big difference guidance; Defending Dignity: challenges and opportunities for nursing guidance

  ▪ Dignity at Work policies

  ▪ Dept of Health (England) dignity in care network resource material

  ▪ Sensory loss customer training

  ▪ SCIE Guide 15: Dignity in care
Standard 11: Safeguarding children and vulnerable adults

Organisations and services promote and protect the welfare and safety of children and vulnerable adults by:

a) Conforming to legislation and guidance;
b) Ensuring effective multi-agency working and co-operation;
c) Training and supporting staff to recognise and act on issues and concerns, including sharing of information; and
d) sharing good practice and learning.

What is the Standard about?

Children
The standard is about keeping children safe by actively keeping them in mind. Services should be designed, developed and adapted to ensure that wherever a child or young person comes into contact with health services, – directly or indirectly – they receive safe and effective care; their health and welfare is enhanced and promoted and they are protected from abuse, neglect and exploitation. This same consideration must be extended to the children of adult service users. The duty to safeguard and promote the welfare of children must be applied in all healthcare settings, the community and the home.

Adults
This is about making sure that adults who use the services are as safe as they can be and that risks are managed and that their health and welfare is enhanced and promoted and they are protected from abuse, neglect and exploitation.

Organisations and services need to put in place systems and procedures that mirror best practice guidance for the protection of vulnerable adults, including compliance with the Mental Health Act 1983 in relation to persons liable to be detained and the Mental Capacity Act 2005 regarding Deprivation of Liberty Safeguards.
Support, empowerment and anti discriminatory practices will also be essential components of the care provided and in dealing with any safeguarding matters.

Who is it for?

All staff in all settings

What you need to do?

a) Conforming to legislation and guidance;

• How are you aware of the legislation and guidance that applies to your organisation or service?

• How are you complying with the legislation?

• Do you implement the guidance?

• Have your staff had training in:
  – Child protection
  – Protection of Vulnerable Adults?

• Do all relevant staff have up–to–date CRB checks?

• Who are your named leads for:
  – Child protection
  – Protection of Vulnerable Adults?

• Have you appropriate accountability arrangements?

• What are your arrangements to manage allegations of abuse against professionals or staff members?

• How do you manage complaints from children, young people and vulnerable adults?

• How do you manage concerns relating to children, young people and vulnerable adults?
• How do you identify and act on safeguarding issues in any concerns? (see also Standard 23)

• What security arrangements are in place for infants, children and young people and vulnerable adults who are in-patients?

• What protection arrangements are in place for children and vulnerable adults visiting healthcare establishments?

• How do you review practice and performance in these areas?

**b) Ensuring effective multi-agency working and co-operation;**

• How do you know that your organisation and services are responding appropriately to all requests from other agencies?

• How do you identify the need for multi-agency working, where necessary? How do you initiate it?

• How do you know that you are working well together?

• Are your referral and communication processes effective?

**c) Training and supporting staff to recognise and act on issues and concerns, including sharing of information; and**

• Does the training cover recognition and action on issues and concerns?

• Do your staff know:
  – when to report concerns,
  – who to report to,
  – where to report,
  – when to share information, and
  – who to share it with?

• What supervision, advice and support is available for staff dealing with child protection and vulnerable adult cases?
d) Sharing good practice and learning.

- How do you learn from what has happened internally or externally?
- How do you share what you have learnt?

Legislation and Guidance

Children Act 1989, 2004
Sexual Offences Act 2003
Protection of Children Act 1999
Protecting Vulnerable Groups Act 2006
Adoption and Children Act 2002
Data Protection Act 1998
Human Rights Act 1998
Mental Capacity Act 2009
Safety Alerts
Ministerial Letters

Legislative and Good Practice Guidance

When to suspect child maltreatment, NICE clinical guideline 89, 2009
Safeguarding Children: Working Together under the Children Act 2004,
Welsh Assembly Government 2006
Rights in Action: Implementing Children and Young People’s Rights in
UK and Welsh best practice guidance.

In Safe Hands: Implementing Adult Protection Procedures in Wales 2000
Independent Safeguarding Authority (Vetting and Barring Scheme)

Deprivation of Liberty Safeguards

Mental Capacity Act 2005: Deprivation of liberty safeguards – Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice

NHS Wales Governance e-Manual: Safeguarding


Standard 12: Environment

Organisations and services comply with legislation and guidance to provide environments that are:

a) accessible;
b) well maintained;
c) fit for purpose;
d) safe and secure;
e) protect privacy; and
f) sustainable.

What is the Standard about?

This standard is about the design and condition of all healthcare premises and the fixtures, fittings and services.

Organisations and services need to consider issues relating to security, safe and sustainable design, clear signage, planning, privacy, fire safety, general health and safety and disability discrimination.

The design and appropriateness of healthcare premises should promote the health, safety and wellbeing of all who work in or use the facilities, and steps should be taken to “design out” risks and safety hazards.

Who is it for?

All health services in all settings

What you need to do?

a) accessible;

• Are your premises accessible to all patients, service users, carers and staff?
• Are you premises accessible by public transport? Do you have adequate parking and drop-off facilities?

• How do you know your sign posting meets basic accessibility criteria?

• What provision have you made for assistance in accessing premises, e.g. physical adaptations or people to give advice?

• What provisions have you made for safe access to outdoor space?

• Are your premises safely accessible for people with a disability or sensory loss?

• How do you respond to fire risk assessments and audit findings and evidence of changes in practice?

    b) well maintained;

• Does your planned maintenance address statutory compliance?

• How effective is your policy detailing arrangements for managing urgent, routine and planned preventive maintenance for all service areas?

• Do you have defect/hazard reporting and repair systems and processes in place? Are repairs made in a timely manner?

• Are the premises adequately heated, ventilated and lit?

• Are premises always suitable, clean and comfortable for the treatment being provided and work undertaken?

    c) fit for purpose;

• Assess the risks posed by the design of a building, including concerns for sustainable development, as they affect the processes carried on within it, the materials used in its construction and methods used to clean and maintain it.
• Building condition surveys, design modification, and environmental performance monitoring

• How are you responding to the results of building condition surveys?

• Have you considered facilities for relatives and carers in the design of healthcare premises (including overnight stay facilities – sleeping arrangements, coffee-making facilities)?

• For staff on call and who remain on the premises, adequate facilities to ensure comfort, privacy and the ability to rest properly. Staff should have access at all times to a telephone which is connected to the premises' network

• What changes have you made as a result of monitoring clinical areas in primary care to ensure they meet health and safety and infection control requirements?

  d) safe and secure;

• How are you ensuring that ligature points in your healthcare settings have been looked at and changes made where necessary, e.g. collapsible shower and cubicle curtains?

• Are your communication systems for assisting service users, including those who have a disability and for alerting persons to an emergency situation effective?

• Arrangements to prevent unauthorised access to the premises

• How do you ensure that there is always an alternative to intercoms and audio based information/access systems for people with hearing loss?

• How have you addressed violence & aggression management?

  e) protect privacy; and

• How do your premises and facilities protect privacy for patients, service users, carers and staff?
f) Sustainable.

- What changes/improvements have been made to the environment in response to suggestions, comments and complaints received?
- How do you use the Standards for Health Services when planning to adapt or develop new premises?
- How does your organisation work to reduce utility costs, promote recycling and reduce waste?

Legislation and Guidance

Welsh Health Estates


NPSA Safer Practice Notice – Colour coding hospital cleaning materials & testing – 10 Jan 2007

NPSA Safer Practice Notice – Using Bedrails safely and effectively – 26 Feb 2007

Slips, trips and falls in hospital – Jan 2007 Report from Public Health Observatory, NPSA

Are your services accessible for patients who are deaf and hard of hearing – guidance for NHS staff

Equipment to help communication with deaf and hard of hearing people

Surgery communication advice poster

Communication systems for people with hearing loss
Standard 13: Infection prevention and control (IPC) and decontamination

Organisations and services comply with legislation and guidance on IPC and decontamination, in order to:

a) eliminate or minimise the risk of healthcare associated and community acquired infections;

b) emphasise high standards of hygiene and reflect best practice;

c) support, encourage and enable patients, service users, carers, visitors and staff to achieve and maintain high standards of hygiene;

d) segregate, handle, transport and dispose of waste so as to minimise risks to patients, service users, carers, staff, the public and environment; and

e) handle human tissue and subsequently dispose of it appropriately and sensitively.

What is the Standard about?

Services should be designed, developed and adapted to ensure all aspects of Infection Prevention and Control (IPC) can be effectively and efficiently managed.

Different healthcare environments will need to comply with guidelines and memoranda specific to their own areas and needs. The health, safety and wellbeing of people who use the services must not be adversely affected by inadequate IPC facilities and arrangements. Where care is provided in service users own homes, the principles of IPC will apply.

Who is it for?

Applies to all individuals and health services in all settings
What you need to do?

a) eliminate or minimise the risk of healthcare associated and community acquired infections;

• How do you communicate the Standard Infection Control Precautions?

• How are you using the 1000 Lives Plus methodologies to reduce HCAIs?

• How do you assess the risks posed by individual patients?

• How do you assess the risks posed to individual patients?

• How do you manage outbreaks?

• What arrangements do you have in place for identifying and managing staff with infectious and transmissible diseases?

• What arrangements are in place to prevent and deal with needle stick injuries?

b) emphasise high standards of hygiene and reflect best practice;

• How do you implement best practice guidance and professional standards?

• How do you know that your decontamination and sterilisation procedures are effective?

• How do you know that your sterilisation facilities and decontamination equipment are fit for purpose?

• How do you monitor your compliance with:
  a) infection surveillance programmes, and
  b) reporting of reportable diseases and infections?
• How do you deal with non-compliance with surveillance and reporting?

• What improvements have you made following clinical audits of IPC and decontamination?

c) support, encourage and enable patients, service users, carers, visitors and staff to achieve and maintain high standards of hygiene;

• How do you ensure that your premises support IPC?

• How do you ensure your premises are free from clutter?

• How do you know that your cleaning schedules are effective?

• How do you know that your schemes for colour coding hospital cleaning materials are effective?

• How do you provide patients, service users and carers with information and facilities to maintain high standards of hygiene in health service premises?

• What arrangements are in place to train staff in the prevention and control of infections?

d) segregate, handle, transport and dispose of waste so as to minimise risks to patients, service users, carers, staff, the public and environment; and

• What arrangements are in place to support the safe, handling, transport and disposal of waste?

• What changes have been made as a result of monitoring the handling and disposal of waste in all healthcare settings?

e) handle human tissue and subsequently dispose of it appropriately and sensitively.
• What arrangements are in place for the safe disposal of tissue and samples?

• What arrangements are in place for the safe and sensitive handling and disposal of foetal tissue?

• How do you provide for cultural requirements when handling human tissue and its subsequent disposal?

Legislation and Guidance

National E-learning resource developed for Healthcare Associated Infection Champions is based on SICPs

World Health Organisation 'Five Moments for Hand Hygiene'


NPSA Cleanyourhands Campaign

WHO Clean Care is Safe Care

Infection Control Model Policies for Wales _ CMO/CNO/CDO letter 6 Oct 2009

NPSA Safer Practice Notice – Colour coding hospital cleaning materials & testing (Jan 2007)

Healthcare associated infection surveillance programmes


Four evidence based infection control model policies are available on the National Public Health Service for Wales (NPHS) website www.wales.nhs.uk/WHAIP. The model policies cover:
• Control of the Environment/Environmental Cleanliness Policy and Procedure
• Hand Hygiene Policy and Procedure
• Personal Protective Equipment Policy and Procedure
• Occupational Exposure Management, including needlestick (or “sharps”) injuries, Policy and Procedure

**National Standards for Cleaning in NHS Wales (Revised October 2009)**

• **Good Practice**

E.g. [Good Practice Wales website](#)

**1000 Lives Campaign**
One of the aims of the campaign is to reduce HCAIs. The key outcome measure in the campaign is the overall HCAI rate. The interventions have 3 main approaches:

- Preventing transmission through standard hygiene precautions, decontamination and isolation
- Preventing infection through better stewardship of antibiotics and rigorously applying effective techniques to prevent surgical site infection, ventilator associated pneumonia, central line infections and urinary catheter infection
- Responding rapidly to early signs of infection.

[**NHS Wales Governance e-Manual: LHBs Performance Management**](#)

[**NHS Wales Governance e-Manual: Trusts Performance Management**](#)

British Dental Association A12
Standard 14: Nutrition

Organisations and services will comply with legislation and guidance to ensure that:

a) patients’ and service users’ individual nutritional and fluid needs are assessed, recorded and addressed;
b) any necessary support with eating, drinking or feeding and swallowing is identified and provided;
c) breastfeeding is promoted and supported.

Where food and drink are provided:
d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and
e) is accessible 24 hours a day.

What is the Standard about?

The standard is about ensuring that patients, service users, staff and visitors have access to safely prepared and stored food and fluids. Patients and service user’s individual nutritional and personal requirements must be based on appropriate nutritional screening.

Who is it for?

All health services in all health settings

What you need to do?

a) patients’ and service users’ individual nutritional and fluid needs are assessed, recorded and addressed;

- How have you implemented the All Wales Nutritional Care Pathway?
- What changes have you made as a result of its implementation?
- How are you meeting the Hospital Nutrition and Catering Framework?
b) any necessary support with eating, drinking or feeding and swallowing is identified and provided;

- What arrangements do you have for the nutritional screening of patients and service users?
- What steps are you taking to promote independence in eating and drinking?
- What support are you offering to those that cannot eat or drink independently?

c) breastfeeding is promoted and supported.

- What are your arrangements for promoting and supporting breastfeeding?

Where food and drink are provided:

d) a choice of food is offered, which is prepared safely and meets the nutritional, therapeutic, religious and cultural needs of all; and

- How do you ensure that the procurement of food and fluids meets nutritional standards?
- How do you know that your food provision meets the diverse needs of patients, service users, carers and staff?
- What arrangements do you have for monitoring the safe preparation and provision of food and fluids?
- How are you monitoring and improving your nutritional programme?

e) is accessible 24 hours a day.

- What arrangements do you have in place for 24 hour access to food and fluids?

Legislation and Guidance

- Legislation and other requirements

The Health Promoting Hospital Vending Directions
Hospital Nutrition and Catering Framework

Annual Operating Framework 2010–11 Children and Young People Chapter

NHS Wales Governance e–Manual: LHBs Performance Management
NHS Wales Governance e–Manual: Trusts Performance Management

• Guidance
Letter re: Free to Lead Free to Care – All Wales Food Record Chart & Nutritional Care Pathway

NICE CG37 Postnatal Care Guidance
Welsh Assembly Government Infant Feeding Guidelines for health professionals

• Good Practice

Food in Hospitals Practice Database  Food in Hospitals Practice Database
UNICEF UK Baby Friendly Initiative

Corporate Health Standard

Small Workplace Health Award

Reducing the harm caused by misplaced naso and orogastric feeding tubes in babies under the care of neonatal units

Reducing harm caused by the misplacement of nasogastric feeding tubes
Promoting safer measurement and administration of liquid medicines via oral and other enteral routes

Water: the forgotten nutrient

Hospital hydration best practice toolkit
Standard 15: Medicines management

Organisations and services will ensure that:

a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs;

b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and

c) there is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.

What is the Standard about?

The standard is about medicines being effectively, efficiently and safely managed for patients, service users and carers.

Who is it for?

All health services in all settings

What you need to do?

a) they comply with legislation, licensing and good practice guidance for all aspects of medicines management including controlled drugs;

- What arrangements do you have to comply with legislation, licensing and good practice guidance?
- How do you monitor these arrangements?
- How are you implementing and monitoring the governance arrangements for controlled drugs?
- How do you ensure an effective IT infrastructure to support medicines management?
- What processes do you have in place to ensure the safe, efficient and cost effective prescribing of medicines?
• How do you ensure robust risk management arrangements are in place for medicines?
• What arrangements do you have in place for ensuring that medicines are stored safely and securely, in appropriate conditions?
• What arrangements do you have in place for ensuring that medicines are prepared in an appropriate environment?
• How do you ensure accurate record keeping and monitoring of medicines?
• How do you ensure the safe disposal of medicines?

b) clinicians are qualified and trained in prescribing, dispensing and administering medicines within their individual scope of practice; and

• How does your service recruit the right staff with the right skills?
• Can you identify your prescribing clinicians?
• How do you know that all prescribing clinicians comply with the necessary requirements to maintain their registration?
• Can you identify who can procure, manufacture and dispense medicines?
• What are the arrangements you have in place for the procurement, manufacture and dispensing of medicines?
• Can you identify who can administer medicines?
• What are the arrangements you have in place for the administration of medicines?
• What are your arrangements for business continuity and emergency situations?

c) there is timely, accessible and appropriate medicines advice and information for patients, service users, their carers and staff including the reporting of drug related adverse incidents.

• How do you provide timely, accessible and appropriate medicines advice and information?
• What arrangements exist for inter and intra professional advice and information on medicines?
• What arrangements do you have in place for reporting and investigating drug related adverse incidents?
• How do you share the learning from adverse incident reporting?

Legislation and Guidance

NHS Wales Governance e-Manual


• Legislation and other requirements

e.g. European, UK and Welsh Legislation, Professional regulations and standards, other relevant regulations, Ministerial Letters, Welsh Health Circulars, NICE, NPSA

• Guidance

e.g. Ministerial Letters, Welsh Health Circulars, professional guidance, specialist guidance e.g. MHRA Orange Book

• Good Practice

e.g. Royal Pharmaceutical Society
Professional Bodies for all professionals involved with MM
Standard 16: Medical devices, equipment and diagnostic systems

Organisations and services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems that:

a) conform to health, safety and environmental legislation and guidance;
b) are maintained, cleaned and calibrated in accordance with manufacturer’s guidelines;
c) are appropriate for their intended use and for the environment in which they are used;
d) decontaminates reusable medical devices properly;
e) is supported by an ongoing programme of training and competence assessment for staff and users; and
f) there is timely reporting and management of any device, equipment or system faults.

What is the Standard about?

The standard is about the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

Who is it for?

All health services in all settings

What you need to do?

a) conform to health, safety and environmental legislation and guidance;

• How do you ensure you conform to health, safety and environmental legislation and guidance?
b) are maintained, cleaned and calibrated in accordance with manufacturer’s guidelines;

- How are you doing this?
- How are you monitoring this activity?
- How do you ensure you have the right environment and conditions for secure and safe storage?
- What records do you keep about maintenance, cleaning and calibration?

c) are appropriate for their intended use and for the environment in which they are used;

- What arrangements do you have for safe and effective procurement?
- Do you have a planned replacement programme for equipment?
- How do you ensure that the right device is used by the right staff in the right place for the right patient?
- What arrangements are in place for equipment that is no longer fit for purpose?

d) decontaminates reusable medical devices properly;

- How do you ensure safe disinfection and decontamination?
- How do you ensure safe reprocessing of medical devices and equipment?

e) is supported by an ongoing programme of training and competence assessment for staff and users; and

- How do you identify training needs?
- What arrangements do you have in place for providing training?
- How do you assess competency?

f) there is timely reporting and management of any device, equipment or system faults.

- What arrangements do you have for the timely reporting, management and communication of faults?
Legislation and Guidance

NHS Wales Governance e-Manual: Medical Devices

MHRA best practice for sterilization and decontamination of medical devices

MHRA Device Bulletin
“Managing Medical Devices – Guidance for healthcare and social services organisations” – DB2006(05) November 2006

MHRA

The Ionising Radiation (Medical Exposure) Regulations IR(MER)

The following legislation and guidance is available:

The Ionising Radiation (Medical Exposure) Regulations 2000 – (together with Notes on Good Practice)

Statutory Instrument 2006 No. 2523 – The Ionising Radiation (Medical Exposure) (Amendment) Regulations 2006

The Medical Devices Directive

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Health and Safety (Safety Signs and Signals) Regulations 1996
Standard 17: Blood management

Organisations and services ensure that patients have access to a safe and sufficient supply of blood, blood products and blood components, through

a) compliance with legislation and national guidance on the supply and use of blood, blood products and blood components;
b) the use of schemes and systems to reduce wastage of blood, blood products and blood components;
c) effective planning for blood shortages;
d) an ongoing programme of education, training and competence assessment for all staff involved in the transfusion process; and
e) the reporting of all adverse blood reactions and incidents.

What is the Standard about?

Ensuring that patients have timely access to a safe and sufficient supply of blood, blood products and blood components.

Who is it for?

For all services where blood, blood products and blood components are produced or used

What you need to do?

a) compliance with legislation and national guidance on the supply and use of blood, blood products and blood components;

• How do you audit compliance with legislation and national guidance?
• How do you act on any failure to comply?
• How are you assured that you have an adequate supply?
• How do you monitor the safe use of blood, blood products and blood components?

b) the use of schemes and systems to reduce wastage of blood, blood products and blood components;
• How do you minimise waste?
• What are your ‘cold chain’ arrangements?

c) effective planning for blood shortages;
• What arrangements are in place for effective stock rotation and management of blood supplies?
• How do you plan for blood shortages and communicate this internally and externally?

d) an ongoing programme of education, training and competence assessment for all staff involved in the transfusion process; and
• How do you assess competency?
• How do you provide education and training?
• How do you ensure staff are up-to-date with policies and procedures?

e) the reporting of all adverse blood reactions and incidents.
• What arrangements do you have for documenting all adverse incidents, near misses, complaints, serious adverse reactions and serious adverse events to the MHRA (via SABRE)?
• What arrangements do you have for reporting to external bodies, e.g. Report to the Serious Hazards of Transfusion (SHOT), Welsh Assembly Government?
• How do you ensure robust investigation, implement corrective and preventative actions and share the learning?

Legislation and Guidance

NHS Wales Governance e-Manual: Blood

Regulation and directives

British Committee for Standards in Haematology
Standard 18: Communicating effectively

Organisations and services comply with legislation and guidance to ensure effective, accessible, appropriate and timely communication and information sharing:

a) internally and externally;

b) with patients, service users, carers and staff using a range of media and formats;

c) about patients, service users and their carers;

b) on the full range and locations of services they provide; and

e) addressing all language and communication needs.

What is the Standard about?

The standard is about how organisations/services communicate with patients, service users and carers, the workforce and in partnership with others, taking account of their individual language and communication needs.

Who is it for?

All health services in all healthcare settings

In considering this standard, you will need to think about:

a) internally and externally;

• Do you have effective systems to facilitate timely 2-way communication with the workforce?
• How do you monitor the effectiveness of your communications systems?
• Do you have effective systems to manage communications with the media?
• Do you have effective systems to respond to external enquiries?
• Do your organisation/service have a communications plan?
• How do you train your workforce to communicate effectively with their colleagues and patients, service users and carers?
• How do you identify and mitigate against risk in respect of this standard?

b) with patients, service users, carers and staff using a range of media and formats;

• Are all written communications suitable for the reader’s ability to read and understand what is written?
• Do you use a variety of communication systems to support effective communication?

c) about patients, service users and their carers;

• Do you have a policy on sharing information about patients/service users and carers?

d) on the full range and locations of services they provide; and

• How do you inform patient, service users and carers about the full range and locations of services you provide?

e) addressing all language and communication needs.

• How do your organisation/service make allowances for different communication needs?
• How do your organisation/service make allowances for different language needs?

Legislation and Guidance

NHS Wales Governance e-Manual

Legislation and other requirements

Disability Discrimination Act (2005)
Guidance

Local communications protocol

Good practice

Plain English Campaign

Are your services accessible – for NHS staff

Tips for communication with patients who are deaf and hard of hearing

Communication tips for hearing people

Equipment to help communication

Surgery communication advice poster

GP guidance leaflet (also useful for other health professionals)

Loop systems

Booking communication support

How to ensure patients who are deaf and hard of hearing are able to receive information in their desired format. Useful information:

Communication tips

Booking communication support

Surgery communication advice poster
Are your services accessible for patients who are deaf and hard of hearing – guidance for NHS staff
Standard 19: Information management and communications technology

Organisations and services support and facilitate patient care and service delivery by:

a) developing and using safe and secure information systems in accordance with legislation and within a robust governance framework;

b) having processes to operate and manage information and data effectively and to maintain business continuity;

c) ensuring data quality is robust and timely;

d) using information to review, assess and improve services; and

e) sharing information with relevant partners using protocols when necessary.

What is the Standard about?

Developing and using information management and communications technology systems to support efficient and safe patient care and service delivery.

Who is it for?

All health services in all settings

What you need to do?

a) developing and using safe and secure information systems in accordance with legislation and within a robust governance framework;

• How do you know you are developing and using your information systems safely and securely?
• How do you ensure you conform with legislation?
• What governance arrangements are in place?
• How do you mitigate against risk?
b) having processes to operate and manage information and data effectively and to maintain business continuity;

- What processes have you put in place to operate and manage information and data effectively?
- What are your arrangements for business continuity?

c) ensuring data quality is robust and timely;

- How do you ensure your data is robust, accurate and timely and meets national standards?

d) using information to review, assess and improve services; and

- How do you use information to review, assess and improve services?
- How do you ensure that patients, service users, carers and staff can use information appropriately?

e) sharing information with relevant partners using protocols when necessary.

- How do you share information appropriately?

Legislation and Guidance

Risk to patient safety of not using the NHS Number as the national identifier for all patients

Data Protection Act 1998

Caldicott

Wales Caldicott Manual and website

Freedom of Information – Intranet Site

I.T. Security Policy

ISO27000
Encryption

Welsh Health I.T. Service Management Board and ITIL Standards

Information Governance Process and Welsh Information Governance & Standards Board

Patient Safety

DATA QUALITY Standards

WHC (2008) 007 – Admitted Patient Care Data Validity Standards

EH/ML/005/009 – Admitted Patient Care Data Consistency Standards

Outpatient Activity Data Validity Standards

Outpatient Referrals Data Validity Standards

Emergency Department Data Set Data Validity Standards

WASPI

PRINCE / MSP

- Guidance

Corporate Health Information Programme (CHIP) Data Quality Site Visits Review Recommendations – EH/ML/007/08

- Good Practice

National Patient Safety Agency

ITIL
Standard 20: Records management

Organisations and services manage all records in accordance with legislation and guidance to ensure that they are:

a) designed, prepared, reviewed and accessible to meet the required needs;
b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately;
c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and
d) shared as appropriate.

What is the Standard about?

This standard covers all records within an organisation, department, practice etc, both non clinical and clinical. Records management is concerned with having a systematic and planned approach to the management of all records. The organisation or service must ensure that from the moment any record is created until its final disposal, that there is control over the quality and quantity of information it generates; that information is maintained in a manner that effectively services its needs and those of its stakeholders; and it can dispose of the information appropriately when it is no longer required.

Who is it for?

All health services in all healthcare settings

What you need to do?

a) designed, prepared, reviewed and accessible to meet the required needs;

- How do you ensure that all records are ‘fit for purpose’ in their design, preparation, are reviewed and are accessible?
- Do you audit your records management systems and implement improvements?
• Do you have clear arrangements for managing all records?
• Do you have a policy for creating, maintaining and destroying records?
• Do you have clear arrangements for monitoring records and record keeping activities?

b) stored safely, maintained securely, are retrievable in a timely manner and disposed of appropriately;

• How do you identify and mitigate against risk in respect of this standard?
• How do you ensure that all records are stored safely?
• How do you ensure that all records are maintained securely?
• How do you ensure that all records are retrievable in a timely manner?
• How do you ensure that all records are disposed of appropriately?
• Who provides authorisation for the destruction or permanent preservation of records?

c) accurate, complete, understandable and contemporaneous in accordance with professional standards and guidance; and

• How do you ensure all records are accurate?
• How do you ensure all records are complete?
• How do you ensure all records are understandable?
• How do you ensure all records are contemporaneous in accordance with professional standards and guidance?
• Do you audit the quality of records and implement improvements?
• Do all staff understand the need for safe record keeping?
• How do you meet the Caldicott principles?
• Do all staff understand their role and responsibility for records and record keeping?
• How do you gain assurance that staff are receiving training on records and record keeping commensurate to their role?

d) shared as appropriately.

• Do you have a policy on record sharing?
• Do you have a policy on dealing with requests for records under the Data Protection Act 1998 or the Freedom of Information Act 2000?
Legislation and Guidance:

- Legislation:

  Medical Reports Act 1988;
  The Computer Misuse Act 1990;
  Access to Health Records Act 1990;
  Data Protection Act 1998;
  Human Rights Act;
  Freedom of Information (non statutory code S.46 Code of Practice on Records and Information Management)
  Public Interest Disclosure Act 1998
  The Common Law Duty of Confidentiality

- Standards and Guidance:

  The Confidentiality Code of Practice for Health & Social Care in Wales
  Caldicott: Principles into Practice;

  All the following standards and guidance can be accessed through the single link below:

  BIP 0008–1:2004 – Code of Practice for Legal Admissibility and Evidential Weight of Information Stored Electronically
  Department of Health – Information Security Management: NHS Code of Practice
  Department of Health – Records Management: NHS Code of Practice
  Information Commissioner’s Office – Subject Access & Health Records
Information Commissioner’s Office – Use and Disclosure of Health Data

ISO 15489-1.2001(E) – Information and Documentation: Records Management


NHS Wales – IT Security Policy

NHS Wales – Designed for Life: Creating World Class Health and Social Care for Wales

The National Archives – Records Management Standards

Welsh Assembly Government – Making the Connections: Delivering Better Services for Wales

WHC (2000) 71: For The Record – Managing Records in NHS Trusts and Health Authorities

• Professional Guidance:

British Medical Association – Priorities for Health: Protecting and Safeguarding Patient Information

General Medical Council – A–Z of Ethical Guidance/Record Keeping

Nursing & Midwifery Council – Guidance on Record Keeping

Royal College of Physicians – Standards for Record Keeping

Royal College of General Practitioners – Records & Confidentiality

British Dental Association – Good Record Keeping Practice

• Good Practice:
Patient Records & Information Management Accreditation Programme (PRIMAP)

Audit Commission Report: Setting the Record Straight

The National Archives – Best Practice Guidance


Standard 21: Research, development and innovation

Organisations and services will:

a) ensure that the principles and requirements of the Research Governance Framework for Health and Social Care are consistently applied;

b) have an outcome focussed research and development strategy that benefits patients and improves service delivery; and

c) promote research, development and innovation.

What is the Standard about?

Promoting research, development and innovation that benefits patients and improves service delivery within the Research Governance Framework for Health and Social Care.

Who is it for?

All health services and settings who participate in research, development and innovation.

What you need to do?

a) ensure that the principles and requirements of the Research Governance Framework for Health and Social Care are consistently applied;

• How do you ensure that the principles and requirements of the Research Governance Framework are being applied?
• How do you involve patients, service users and carers, as appropriate, in the design, conduct and reporting of research?
• What are your monitoring arrangements in clinical trials? E.g. indemnity arrangements, robust pharmacovigilance systems
• How do you ensure you inform the necessary regulatory bodies? E.g. research involving medicines notified to the Medicines and Healthcare Products Regulatory Agency

b) have an outcome focussed research and development strategy that benefits patients and improves service delivery; and

• Do you have a strategy?
• How do your research and development strategy/ plans promote benefits to patients and improve service delivery?
• How do you ensure it reflects the diversity of the population?
• How do you assess risks associated with research and development?
• How are staff trained and supervised to gain the relevant skills and experience in research?
• What systems do you have for ensuring informed consent is obtained?
• How do you safeguard children or vulnerable adults involved in research? (see Standard 11)
• How do you deal with ‘concerns’? (see Standard 23)

c) promote research, development and innovation.

• How do you promote it in all settings?
• How do you share results and learning?
• How do you make it available in a format that is understandable to patients and the wider public?

Legislation and Guidance

NHS Wales Governance e-Manual: Research

• Research Governance Framework for Health and Social Care for Wales
• WHC (2007) 71 Transfer of Site Specific Assessments from Research Ethics Committees to NHS Research & Development Offices
• WHC (2007) 72 Implementation of the Research Passport System in Wales
• WHC (2000) 71 For the Record: Managing Records in NHS Trusts and Health Authorities
• WHC (1999) 92 Protecting Patient Identifiable Information: Caldicott Guardians in the NHS
• Data Protection Act 1998
• EU Clinical Trials Directive (2001/20/EC)
• Medicines for Human Use (Clinical Trials) Regulations 2004 and subsequent amendments Regulations (2006)
• Human Tissue Act 2004
• Mental Capacity Act 2005
• Good Clinical Practice Directive (2005/28/EC)
• ReSeT Guidance (2010)

Annual Operating Framework:
NHS Wales Governance e–Manual: LHBs Performance Management

NHS Wales Governance e–Manual: Trusts Performance Management

Good Practice
• Good Practice Wales website
**Standard 22: Managing risk and health and safety**

Organisations and services will have systems and processes in place which comply with legislation and guidance that:

a) applies best practice in assessing, managing and mitigating risk;

b) implements policies and arrangements for reviewing and continuously improving all aspects of their activities and environment to protect and improve the health, safety and wellbeing of their patients, service users, carers, staff and the public; and

c) acts upon safety notices, alerts and other such communications.

**What is the standard about?**

Ensuring that risk management and health and safety is embedded within all healthcare settings and it is monitored to ensure continuous improvement.

**Who is it for?**

All individuals and health services in all settings

**What you need to do**

a) apply best practice in assessing, managing and mitigating risk;

- How does your Risk Management Policy and Strategy comply with legislation and support best practice?
- Have you developed a risk and assurance framework?
- How do you keep it up-to-date and use it?
- How do you train and support staff to be competent in their roles and responsibilities?
- How do you contribute to and learn from key reports, e.g. HSE reports and NPSA reports?
b) implements policies and arrangements for reviewing and continuously improving all aspects of their activities and environment to protect and improve the health, safety and wellbeing of their patients, service users, carers, staff and the public; and

- How do you protect the health, safety and wellbeing of patients, service users, carers, staff and the public?
- How do you review and improve these arrangements?
- How are you learn and share lessons from risk, health and safety issues?

c) acts upon safety notices, alerts and other such communications.

- How do you disseminate these to the right people in a timely way?
- How do you make sure they are acted on?
- How do you monitor action taken?

Legislation and Guidance

Successful Health and Safety management HSG65 – 1997

Healthcare risk assessment made easy NPSA 2007

MAPSAF NPSA

Annual Operating Framework:

NHS Wales Governance e–Manual: LHBs Performance Management

NHS Wales Governance e–Manual: Trusts Performance Management
Standard 23: Dealing with concerns and managing incidents

Organisations and services comply with legislation and guidance to deal with complaints, incidents, near misses, and claims – known collectively as ‘concerns’ which ensure that they:

a) are reported, acted upon and responded to in an appropriate and timely manner;
b) are handled and investigated openly, effectively and by those appropriately skilled to do so;
c) offer patients, service users and their carers support including advocacy and where appropriate redress;
d) provide appropriate support to staff; and

e) learn and share lessons from local and national reviews to improve services.

What is the Standard about?

This standard is about responding effectively and dealing fairly, openly and proactively with ‘concerns’ and demonstrating that they have learned lessons. This includes providing the right support to patients, service users, carers and staff throughout the process.

Who is it for?

All health services in all settings

What you need to do?

a) are reported, acted upon and responded to in an appropriate and timely manner;

• What are your arrangements for implementing the interim guidance for the handling of concerns?
• How do you know that your incident reporting, handling and investigating of concerns are effective?
• How do you comply with the timely reporting requirements of external bodies, e.g. Coroners, HSE, NPSA, etc?

b) are handled and investigated openly, effectively and by those appropriately skilled to do so;

• What are your arrangements for handling and investigating openly?
• What are your arrangements for identifying safeguarding issues in any concerns? (Safeguarding issues may be obvious or ‘hidden’) (see also Standard 11)
• How have you trained and supported staff to deal with concerns, including reporting and processing?
• How do you ensure that the right staff have the right skills?

c) offer patients, service users and their carers support including advocacy and where appropriate redress;

• How do you promote the rights and choices of patients, services users and carers?
• How do you know that patients, service users and carers are fairly treated and their concerns handled openly and sensitively?
• How is your process for dealing with concerns publicised?
• How does it meet the range of communication needs of patients, service users and carers?
• How is independent advocacy made available to patients, service users and carers?
• How do you monitor appropriate apology and explanation of what went wrong?
• What are your arrangements for dealing with the consequences?

d) provide appropriate support to staff; and

• How do you work with and support staff involved in a ‘concern’?
• How do you maintain communication with staff throughout the management of the concern?

e) learn and share lessons from local and national reviews to improve services.
• How do you learn lessons from reviews?
• How do you ensure that lessons learnt are implemented in a timely manner?
• How do you monitor the effectiveness of improvements from concerns?

Legislation and Guidance

• Legislation and other requirements

Directions to NHS Trusts and Local Health Boards on Hospital Complaints Procedures (2003); Directions to Local Health Boards on dealing with complaints about family health services practitioners, etc (2003); Miscellaneous Directions to Local Health Boards for dealing with complaints (2003);

• Guidance

Interim Guidance on the Handling of Concerns in the New NHS Wales Structure (October 2009);
Standard 24: Workforce planning

Organisations and services work with partners to develop an appropriately constituted and sustainable workforce by:

a) having effective workforce plans which are integrated with service and financial plans;
b) meeting the needs of the population served through an appropriate skill mix;
c) reflecting the demographic profile of its population;
d) promoting the continuous improvement of services through better ways of working; and
e) enabling the supply of trainees, students, newly qualified staff and new recruits and their development.

What is the Standard about?

This is about how organisations and services work together with partners to ensure the appropriateness of the workforce and to promote new and better ways of working.

Who is it for?

Healthcare services in all healthcare settings

What you need to do?

a) having effective workforce plans which are integrated with service and financial plans;

• How do you take account of central relevant Welsh Assembly Government guidance when workforce planning?
• How do your service delivery plans take into account the workforce required to deliver them?
• How do you identify and mitigate against risk in respect of this standard?
• How do you monitor workforce planning activities?
b) meeting the needs of the population served through an appropriate skill mix;

- Do you have an appropriate skill mix to deliver your service?

c) reflecting the demographic profile of its population;

- Does your workforce reflect the demographic and communication needs of your local population?

d) promoting the continuous improvement of services through better ways of working; and

- How do you plan to improve your services through more effective use of your workforce?
- Are your plans supporting the delivery of the requirements set out in the Annual Operating Framework 2010–2011 while taking countenance of workforce planning requirements?
- Do you regularly review the plans and adapt them to ensure delivery and compliance by April 2011?

e) enabling the supply of trainees, students, newly qualified staff and new recruits and their development.

- How do you support and develop trainees, students, newly qualified staff and new recruits?
- How do you plan for changes in your workforce?

Legislation and Guidance

Integrated Workforce Planning System for NHS Wales

One Wales A Progressive Agenda for the Government of Wales

One Wales Delivery Plan 2007–2011

Setting the Direction
Five-Year Service, Workforce and Financial Strategic Framework for NHS Wales

National Leadership & Innovation Agency for Healthcare – Workforce Development

Designed for Life – Creating World Class Health & Social Care in Wales in the 21st century (2005)

HOWIS – Performance Management Pages


NHS Wales E-Governance – Equality/Diversity/ Human Rights

NHS Wales E Governance – Providing Services in Welsh
Standard 25: Workforce recruitment and employment practices

Organisations and services ensure that their workforce:

a) have all necessary recruitment and periodic employment checks and are registered with the relevant bodies;
b) are appropriately recruited, trained, qualified and competent for the work they undertake;
c) act, and are treated, in accordance with identified standards and codes of conduct;
d) have access to processes which permit them to raise, in confidence and without prejudice, concerns over any aspect of service delivery, treatment or management;
e) are supervised and supported in the delivery of their role; and
f) are dealt with fairly and equitably when their performance causes concern.

What is the Standard about?

Organisations and services ensure that the right people are attracted to the service and are appropriately recruited, prepared and supported for the contribution that they can make throughout their working life.

Who is it for?

All healthcare services in all healthcare settings

What you need to do?

a) have all necessary recruitment and periodic employment checks and are registered with the relevant bodies;

- How do you ensure that all staff have the necessary recruitment and periodic employment checks and are registered with the relevant bodies?
• How do you ensure that individuals are subject to a check that they are registered with the Criminal records Bureau/Independent Safeguarding Authority?
• How do you identify and mitigate against risk in respect of this standard?
• How do you monitor workforce recruitment and employment practices?

b) are appropriately recruited, trained, qualified and competent for the work they undertake;

• How do you ensure that the workforce is appropriately recruited, trained, qualified and competent for her work they undertake?
• How do you engage with the trade unions, professional organisations and other partners in recruitment and employment practices?

c) act, and are treated, in accordance with identified standards and codes of conduct;

• How do you ensure that your workforce act in accordance with identified standards and codes of conduct?
• How do you ensure that your workforce is dealt with in accordance with identified standards and codes of conduct?

d) have access to processes which permit them to raise, in confidence and without prejudice, concerns over any aspect of service delivery, treatment or management;

• How do you ensure that your workforce can raise concerns over any aspect of service deliver, treatment or management, in confidence and without prejudice? (Whistle-blowing policy)

e) are supervised and supported in the delivery of their role; and

• How do you ensure that the workforce is appropriately supervised and supported in the delivery of their role?
• Is this supervision effective?

f) are dealt with fairly and equitably when their performance causes concern.
• How do you ensure that individuals are dealt with fairly and equitably?

Legislation and Guidance

The Employment Equality (Age) Regulations 2006

The Disability Discrimination Act 1995 (DDA)

• The Disability Discrimination (Meaning of Disability) Regulations 1996 (SI 1996/1455)
• Disability Rights Commission Act 1999
• The Disability Discrimination (Blind and Partially Sighted Persons) Regulations 2003 (SI 2003/712)
• The Disability Discrimination Act 1995 (Amendment) Regulations 2003 (SI 2003/1673)
• The Disability Discrimination Act 2005
• The Disability Discrimination (Guidance on the Definition of Disability) Appointed Day Order 2006 (SI 2006/1005)
• The Disability Discrimination Code of Practice (Services, Public Functions, Private Clubs and Premises) (Appointed Day) Order 2006 (SI 2006/1967)
• The Disability Discrimination (Public Authorities) (Statutory Duties) (Amendment) Regulations 2008 (SI 2008/641).

Race Relations Act 1976 (RRA)


Employment Equality (Religion or Belief) Regulations 2003 (SI 2003/1660)
Sex Discrimination Act 1975 (SDA)

Equal Pay Act 1970

Gender Recognition Act 2004

Rehabilitation of Offenders Act 1974

The Police Act 1997

Conduct of Employment Agencies and Employment Business Regulations 2003

Safeguarding Vulnerable Groups Act 2006

The Protection of Children Act 1999 (PoCA)

The Criminal Justice and Court Services Act 2000

Care Standards Act 2000 (England and Wales only)

Data Protection Act 1998 (DPA)

Human Rights Act 1998

Public Interest Disclosure Act 1998


- Guidance

Welsh Assembly Government & Welsh Partnership Forum – Dignity at Work publication

HOWIS European Working Time Directive guidance

NHS Wales ESR Wales

Electronic Staff Record

WHC (2005) 029 Mandatory Criminal Record Bureau Checks for All Eligible New NHS Staff


WHC (99)156 – Public Disclosure Act 1998


WHC (00)64 – Clinical Governance – Funding for Continuous Professional Development

WHC (01)89 – The Sex Discrimination Act

WHC (02)62 – Disability Discrimination Act Survey

WHC (01)58 – Disability Discrimination Act Guidance

DGM (96)174 – Disability Discrimination Act, Implication for the NHS Trusts and Has

WHC (02)26 – The Race Relations (amendment) Act 2000

DOH (1997) .Code of Practice in the Appointment and Employment of HCHS locums
DOH (2002) .Code of Practice for the Supply of Temporary Staff

DOH (2010) Modernising Scientific Careers


**WHC(00)64 – Clinical Governance – Funding for Continuous Professional Development**

Useful contacts:
National Centre for Equality & Human Rights

**Public Concern At Work**

**Acas**
Helpline: + 44 (0) 845 747 4747

**Business Link**

**Employers Forum on Age**

**Equality and Human Rights Commission**

**Department for Business, Innovation and Skills**

**Department for Work and Pensions**

**Directgov**

**Employers' Forum on Disability**
http://www.equalityhumanrights.com/

**National Register of Access Consultants**

**RADAR – Royal Association for Disability and Rehabilitation**

**Remploy**

**Shaw Trust**

**Business Link – recruitment**

**Recruitment and Employment Confederation**

**UK Border Agency – preventing illegal working**
Business Link: prevent discrimination and value diversity

Government Equalities Office

Stonewall

Apex Trust

Corporate Alliance

Criminal Records Bureau

Disclosure Scotland

Access Northern Ireland

Offenders Learning and Skills

National Association for the Care and Resettlement of Offenders (NACRO)

Independent Safeguarding Authority (ISA)

Youth Justice Board: The Criminal Justice and Immigration Act

Disclosure Scotland

Independent Safeguarding Authority (ISA)

Vetting and Barring Scheme

Ministry of Justice: data sharing and protection

Information Commissioner's Office
Tel: 08456 306060 or 01625 545745 (information line)

Business Link – working time and time off

Department of Business, Innovation and Skills – Working Time Regulations

Department of Business, Innovation and Skills – work and families
Chartered Institute for Personal Development

Department for Children Skills & Families

Department of Health

Equal Opportunities Commission

General Chiropractic Council

General Dental Council

General Medical Council

General Optical Council

General Osteopathic Council

Care Council for Wales

Care Quality Commission

Health Professions Council

Home Office

Nursing and Midwifery Council

Royal Pharmaceutical Council

Violence and Aggression

Legislation and other requirements: Health & Safety at Work Act 1974; Safety Representatives and Safety Committees regulations 1977; Health and Safety (Consultation with Employees) Regulations 1996; Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR); Management of Health & Safety at Work Regulations 1999; the Sexual offences Act 2003; Offences Against the Person Act 1861; and the Corporate Manslaughter and Corporate Homicide Act 2007. Other relevant legislation pertaining to harassment/aggression includes: Public Order Act 1986; Criminal Justice & Public Order Act 1994
• **Guidance**


• **Good Practice**

*A Safer Place to Work (2003 – National Audit Office; Case studies on addressing violence against lone workers*

*National occupational standards on the management of work–related violence*
Standard 26: Workforce training and organisational development

Organisations and services ensure that their workforce is provided with appropriate support to enable them to:

a) maintain and develop competencies in order to be developed to their full potential;
b) participate in induction and mandatory training programmes;
c) have an annual personal appraisal and a personal development plan enabling them to develop their role;
d) demonstrate continuing professional and occupational development; and
e) access opportunities to develop collaborative practice and team working.

What is the Standard about?

The purpose of this Standard is to ensure that staff are given the opportunity to develop the necessary knowledge, skills and behaviours required to undertake their roles and to meet the current and future needs of their organisation/ services.

Who is it for?

All healthcare services in all healthcare settings

What you need to do?

a) maintain and develop competencies in order to be developed to their full potential;

• How do you ensure the workforce maintain and develop competencies in order to do their job?
• How do you develop your staff to their full potential?
• Does training reflect the needs of your services/ organisation?
• How do you identify and mitigate against risk in respect of this standard?
• How do you monitor workforce training and organisational development?

b) participate in induction and mandatory training programmes;

• How do you ensure that all of the workforce participate in induction and mandatory training programmes?

c) have an annual personal appraisal and a personal development plan enabling them to develop their role;

• Do all staff have an annual personal appraisal and a personal development plan which supports delivery of the service/organisation objectives?
• How do personal appraisals link to the Knowledge and Skills Framework?
• How do you ensure the workforce has access to a range of learning resources?

d) demonstrate continuing professional and occupational development; and

• How do you support continuing professional and occupational development?
• Do you have robust systems to monitor continuing professional development?
• How do you ensure that the workforce keep up-to-date with changes in practice?
• How do you ensure that all professional registrants comply with the necessary requirements to maintain their registration?
• Do you have an equitable and effective policy on study leave?

e) access opportunities to develop collaborative practice and team working.

• How do you facilitate collaborative practice and team working?
Legislation and Guidance

**Welsh Assembly Government – Designed to Work Strategy**

**NHS Employers Agenda for Change Knowledge & Skills Framework**

**Chartered Institute of Personnel Development**

**National Leadership & Innovation Agency for Healthcare** (links to careers, CDP pages)

**National Leadership Innovation Agency for Healthcare** – links to ‘Leadership & Organisational Development’ pages, includes section on e-learning, e-mentoring etc

**HOWIS website – Continuing Professional Development**

**Links re CPD for Nursing & Midwifery**

**Links to CPD for Dentists**

**Links to CPD for IC & Technology Professionals**

**Links to CPD for Optometrists**

**Links to CPD for Pharmacists**

The following links to the websites of Professional Bodies which promote continuing professional development

**Association of Operating Department Practitioners**

**British Association of Art Therapists**

**School of Postgraduate Medical and Dental Education, Cardiff**

**British Association of Occupational Therapists & College of Occupational therapists**

**British Psychological Society**

**British Dental Association**
British Dietetic Association

British Medical Association

British Orthoptics Society

The Chartered Society of Physiotherapy

Community Practitioners’ & Health Visitors Association

The Council for Professions Supplementary to Medicine

General Dental Council

Institute of Healthcare Management

Health Financial Management Association

Institute of Physics & Engineering in Medicine

Royal College of Anaesthetists

Institute of Biomedical Science

Royal College of General Practitioners

Royal College of Midwives

Royal College of Nurses

Royal College of Obstetricians & Gynaecologists

Royal College of Ophthalmologists

Royal College of Paediatrics & Child Health

Royal College of Pathologists

Royal College of Physicians

Royal College of Psychiatrists

Royal College of Radiologists
Royal College of Speech & Language Therapists

Royal College of Surgeons of England

Royal Pharmaceutical Society of Great Britain

The Society of Radiographers

The Society of Chiropodists & Podiatrists

The Nursing & Midwifery Council