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Minister for Health and Social Services

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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

To: Chairs of Health Boards and NHS Trusts

CC: Chief Executives of Health Boards and NHS
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1 April 2010

Dear Chairs

Re: '*Doing Well, Doing Better: Standards for Health Services in Wales*'

As you know I am committed to continuously improving the health and wellbeing of the population of Wales and the quality of the healthcare provided.

The *Healthcare Standards for Wales*, which were published in 2005, have been updated to ensure that they are fit for purpose to underpin the vision and values and the governance and accountability framework for the new NHS in Wales. The new standards, '*Doing Well, Doing Better: Standards for Health Services in Wales*' provide the framework to enable organisations to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality. They set out the requirements of what is expected of all health care services in all settings and are at the centre of our drive for continuous improvement in the quality and experience of services that citizens of Wales have a reasonable right to expect. These new standards will be effective from 1st April 2010.

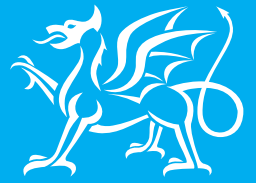
I expect organisations and services to use these new standards to plan, design, develop and improve services across all health services and in all healthcare settings. Organisations and services should continue to self-assess against the standards at all levels and across all activities as a key source of assurance to enable them to determine what areas are doing well and those that may need to do better and, where necessary, to prepare improvement plans to demonstrate progress in achieving the standards. The standards will continue to be used by Healthcare Inspectorate Wales to undertake testing and validation of the self

assessments against the standards each year as part of their public assurance role. You will also need to ensure that the new standards are communicated throughout your organisation and to all healthcare settings.

A handwritten signature in black ink, appearing to be 'L. M.', is located in the upper left quadrant of the page. The signature is written in a cursive style with a small flourish at the end.



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Doing Well, Doing Better

Standards for
Health Services in Wales

April 2010



Foreword by the Assembly Minister for Health and Social Services



The *Healthcare Standards for Wales (2005)* framework has been used by NHS organisations over the past three years to help drive improvements in the standards of services for which they are responsible. Health bodies have demonstrated progress against the standards through an annual assessment enabling their patients and local communities to see what they are doing well and what they need and plan to do better. The process has enabled local improvements to be progressed as well as identifying areas that need to be addressed on an all-Wales basis.

Between November 2009 and February 2010, I consulted on a revised framework of standards to support the new NHS in Wales. The review also provided the opportunity to further align, where possible, with the National Minimum Standards¹ for private and voluntary healthcare.

Standards are needed to ensure that there is a consistent framework that enables organisations to look across the range of their services in an integrated way to ensure that all that they do is of the highest quality. They set out the requirements of what is expected of all health services in all settings. Standards need to drive the way we work and practice day in, day out, if we are serious in our pursuit to provide the safest, highest quality and most efficient services and care for the citizens of Wales. With a focus on improving health and wellbeing as well as providing high quality and safe healthcare this new framework has been developed to better capture all aspects of what is required from our health services.

I am very pleased to commend '*Doing Well, Doing Better - Standards for Health Services in Wales*' to you. They further demonstrate my commitment to continuously improving the health and wellbeing of the population of Wales and the quality of the healthcare provided.

A handwritten signature in black ink that reads "Edwina Hart". The signature is written in a cursive style.

Edwina Hart AM MBE OStJ
Minister for Health and Social Services

¹ National Minimum Standards, apply to private and voluntary healthcare providers who are currently registered with, or will need to register with, Welsh Ministers under the Care Standards Act 2000

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Standards for Health Services in Wales

Introduction

1. The public consultation on the revision of the Healthcare Standards for Wales (2005) aimed at providing an updated framework of standards that enables organisations to look across the range of their services in an integrated way to ensure they are “doing the right thing, at the right time, for the right patient in the right place and with the right staff”. A summary of the main points made in response to the consultation is available on the Welsh Assembly Government’s website - www.wales.gov.uk.
2. All responses to the consultation, including feedback received at the workshops hosted by NHS organisations and meetings with other stakeholders, have informed the production of this new standards framework. Overall, respondents welcomed the suggested changes and the many comments received have contributed to making further improvements to the proposals published in the consultation document.
3. These standards come into force from 1 April 2010 and replace the ‘*Healthcare Standards for Wales (2005)*’. They address the provision in Section 47 of the Health and Social Care (Community Health and Standards) Act 2003² for Welsh Ministers to prepare and publish statements of standards.
4. The National Minimum Standards, which apply to private and voluntary healthcare providers who are currently registered with, or will need to register with, Welsh Ministers under the Care Standards Act 2000, will align with these standards wherever possible. Therefore, proposed changes needed to the National Minimum Standards will shortly be subject to a separate consultation, as required under Section 23 of the Care Standards Act 2000.

The Importance of Standards

5. The *Standards for Health Services in Wales* are integral to the forthcoming five year strategic framework for the NHS and key to underpinning the vision, values, governance and accountability framework for the new NHS Wales. They are at the centre of our drive for continuous improvement in the quality and experience of services and care that citizens of Wales have a reasonable right to expect.
6. The standards provide a key tool, alongside the learning from the *1000 Lives* Campaign and other initiatives, in helping us drive up clinical quality and patient experience. They 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. They will continue

² Health and Social Care (Community Health and Standards) Act 2003, HMSO, London

to be a key element of the NHS Performance Improvement Framework through the Annual Operating Framework.

7. There are also a number of cross cutting themes that organisations and services need to take into account across the range of their activities, notably:
 - sustainable development;
 - language - including the commitment of the Welsh Assembly Government to ensure that access to services through the medium of Welsh becomes a reality to Welsh speaking families; and
 - equality and diversity.
8. 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.

Standards for All

9. These standards set out what our citizens have a reasonable right to expect from our health services. The standards apply to all types and size of services regardless of their setting. They are to be used to plan, design, develop and improve services across all health services and in all healthcare settings. They set out the requirements of what is expected - at every level and in every setting. They will drive the way we work and practice day in, day out, in our pursuit to provide the safest, highest quality and most efficient care and services for the citizens of Wales.
10. This new framework aims to better align the standards with clinical and other professional standards and quality requirements. This will further facilitate their use by all healthcare teams, practices and departments - ensuring that the standards are used by all services consistently, wherever or whatever they may be. They have therefore been written in a way that is meaningful and fits with all types and size of services regardless of their setting.
11. Since 2005 the application of the standards have become embedded within healthcare teams and services. We are increasingly seeing how teams and professional groups are using the standards alongside their professional standards as a means to assess if they are "doing the right thing, at the right time, for the right patient in the right place and with the right staff".
12. Significant progress has been made over the past four years in mapping the standards with service specific and professional standards and quality requirements such as the Cancer standards and National Service Frameworks, the Fundamentals of Care and Substance Misuse Services. The standards, therefore, have the potential to become a common language throughout all health services.

13. **Services and teams should use the standards to:**

- assess for themselves how well they currently meet them;
- benchmark with others to improve further;
- identify what they do well and should be shared;
- identify what they do less well and need to put right themselves or which may need to be addressed at a divisional or corporate level;
- map against their own professional standards and show how they complement and sit alongside them ; and
- make changes which contribute to overall quality improvement within their services.

14. **Boards, clinical leaders and managers should use the standards**

and self-assess against them at all levels and across all activities as a key source of assurance to enable them to determine what areas are doing well and those that may need to do better.

15. Organisations and services will therefore continue to self-assess against the standards and develop improvement plans to demonstrate progress. This will continue to be a key element of the organisation's Statement on Internal Control.

Concordat between Bodies Inspecting, Regulating and Auditing Health and Social Care in Wales

16. The Concordat, which supports the improvement of services for patients, service users and carers and aims to eliminate any unnecessary burdens of external review, continues to move forward. The past four years has seen increased emphasis on greater collaboration between the regulation and inspection bodies on planning their reviews, collecting data and sharing knowledge and expertise through 'healthcare summits' coordinated by Healthcare Inspectorate Wales.

Healthcare Inspectorate Wales

17. The standards will continue to be used by Healthcare Inspectorate Wales to undertake a level of testing and validation against the standards each year - as part of their public assurance role. However, the onus is on the organisations and services to demonstrate they are using and meeting the standards on a continuous basis and that their own robust internal scrutiny arrangements identify and drive improvement.

Supporting Guidance

18. The standards framework will be underpinned by supporting guidance. This will be posted on the NHS Wales Governance e-Manual website and will include:

- A description of the scope of each standard;
- What the standard means for patients, service users, carers, staff and Boards;
- Signposting to relevant legislation, requirements, tools and supporting information.

19. Guidance will be updated as necessary to reflect new areas for improvement and National priorities.

Access the NHS Wales Governance e-Manual at:

www.nhswalesgovernance.com

The Standards

The standards are not listed in priority order; however an attempt has been made to group them together where they appear to be closely linked.

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.

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.

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;
- 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 and detect disease.

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.

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.

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.

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

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.

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.

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.

11. Safeguarding Children and Safeguarding 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.

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.

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.

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.

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.

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.

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.

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;
- d) on the full range and locations of services they provide; and
- e) addressing all language and communication needs.

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.

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.

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.

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.

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.

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.

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.

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.

Glossary

Access

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

Benchmarks

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

Carer

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

Citizens

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

Clinical Audit

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

Clinical governance

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

Clinicians

Professionally qualified staff providing clinical care to patients.

Governance

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

Healthcare organisation

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

Healthcare professional

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

Healthcare

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

Healthcare associated infections

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

Health Inequities

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

Health Promotion:

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

Independent Contractor

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

Medical Devices

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

NPSA

The NPSA lead and contribute to improved, safe patient care by **informing**, **supporting** and **influencing** organisations and people working in the health sector. They aim to reduce risks to patients receiving NHS care and improve safety. Support the resolution of concerns about the performance of individual clinical practitioners to help ensure their practice is safe and valued. Protect the rights, safety, dignity and well-being of research participants that are part of clinical trials and other research within the NHS.

National Service Frameworks (NSFs)

- set national standards and identify key interventions for a defined service or care group;
- put in place strategies to support implementation and;
- establish ways to ensure progress within an agreed timescale.

NICE

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

NICE guidance

Includes:

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

Patient:

Those in receipt of health care provided by or for a Welsh NHS body.

Primary Care

First-contact health services directly accessible to the public.

Public health

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

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

Quality assurance

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

Quality Requirements

Quality requirements will be established through the National Service Frameworks. They describe the care which clinicians and others will use to guide their practice.

Research governance frameworks

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

Risk management:

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

Service user

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

Standards

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

Welsh NHS body

NHS Trusts and Local Health Boards in Wales.

Workforce

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

For further copies of this document please contact:

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