

Quality Standards

Generic Patient Pathway

Version 2.5

July 2021

These Quality Standards were developed in accordance with the International Standard ISO/IEC 17020:2012 - Conformity assessment – Requirements for the operation of various types of bodies performing inspection in line with our accreditation with UKAS as an Inspection Body (No 8831). The Quality Review Service closed on 31st July 2021, UKAS have asked that the accreditation symbol now be removed.

The standards can be used until they reach their expiry date – August 2021.

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Whilst the Quality Review Service has taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services, this is not warranted, and the Quality Review Service will not have any liability to the service provider, service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: August 2021 at the latest

Version No	Date	Change from previous version
V1	08.07.2014	N/A
V1.1	08.10.2014	Minor amendment to notes
V2	02.08.2018	Updated following development of other suites of WMQRS QS, Review of literature and cross referencing to CQC KLOES and BSI PAS 16:16
V2.1	14.01.2019	Minor amendment to Excel and PDF version section
V2.2	15.05.2019	Updated QS XX-106 to Education, Health and Care Plan
V2.3	20.04.2020	Rebrand to QRS
V2.4	23.11.2020	<ul style="list-style-type: none">• QRS Contact details amended.• Added in addition to CQC that other regulatory frameworks are in use in the devolved nations.• QS XX- 499 and XX 601 amended to include 'not brought' and include use of systems and governance arrangements for virtual consultations.• Key guidance from 2019- 2020 added
V2.5	31.07.2021	UKAS logo removed

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Introduction

QRS is a collaborative venture by NHS organisations to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews - often through peer review visits, producing comparative information on the quality of services and providing development and learning for all involved. More detail about the work of QRS is available on www.qualityreview servicewm@nhs.uk

These Quality Standards have been developed as part of the Quality Review Service's (QRS) work to support NHS organisations in improving the quality of services. They are generic Standards and are not specific to any patient pathway or type of service. They are, however, common Standards as shown by the development of evidence-based Quality Standards for a wide range of services. The expected use of these generic Standards is:

- 1 As the basis for Quality Standards for a specific service or patient pathway. Development time should be significantly reduced by starting from the generic Standards.
- 2 For use in self-assessment, monitoring by commissioners and providers, and peer review visits in services which do not have service or pathway-specific Standards.

Aims of the Quality Standards

The Quality Standards aim to improve the quality of the Generis patient 'pathway' and to help answer the question: "At each point on the pathway, how will I know that national guidance and best practice have been implemented?" The Quality Standards are suitable for use in self-assessment, monitoring by commissioners and providers, and peer review visits. They describe what services should be aiming to provide and providers and commissioners should be moving towards meeting all applicable Quality Standards within the next two to five years. 0 lists the references sources on which the Quality Standards are based.

Through use of the Quality Standards we hope that:

- a. The local community, service users and carers will know more about the services they can expect.
- b. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
- c. Service providers and commissioners will work together to improve service quality.
- d. Service providers and commissioners will have external assurance of the quality of local services.
- e. Reviewers will learn from taking part in review visits.
- f. Good practice will be shared.
- g. Service providers and commissioners will have better information to give to the Care Quality Commission. The devolved nations may have different regulatory frameworks in place but these QS can still be used with these frameworks to provide additional assurance to commissioners of services.

Quality Standards are cross-referenced to generic reference sources although other QRS Quality Standards form the source for many of the Standards. Cross-referencing to Care Quality Commission 'Key Lines of Enquiry' and BSI PAS is given in Appendix 2. Appendix 3 provides a glossary of terms and abbreviations.

These Quality Standards refer throughout to 'patients and carers'. In some pathways of care the term 'service user' may be more commonly used. Services for children and young people may usually refer to 'parents and families' rather than 'carers'.

The Quality Standards also refer throughout to assessments, therapeutic and/or rehabilitation interventions offered by a service. This should be taken as referring to prevention (primary and secondary), assessments,

therapeutic interventions, rehabilitation and reablement undertaken by the service. Services using these QS will therefore need to apply them to cover their usual case mix of patients.

Scope of the Quality Standards

These generic Quality Standards should sit within organisations' overall clinical governance arrangements. These Quality Standards assume a patient pathway which is based in primary care but includes a specialist service. This specialist service could be hospital or community-based or could work across both sectors. The service may provide care for children and young people or adults or both. Commissioning Standards are included and will be required for each pathway, although the specific commissioners involved may be primary care, CCG or specialised service commissioners.

Latest versions of QRS Quality Standards are available on the QRS website www.qualityreview servicewm.nhs.uk

Excel and PDF Versions

Using the Excel version of the Quality Standards has the following advantages:

- Standards applicable to different types of Service (XX-***) can be selected more easily by using the 'Filter' function and selecting the appropriate service in Columns B to F. **[delete if not required]**
- Additional columns can be used for subsequent self-assessments, enabling progress to be seen without losing earlier information.
- The spreadsheet includes a 'CQC' tab. This updates automatically when a self-assessment is completed and allows services to see, and demonstrate, the extent to which they are achieving the CQC Key Lines of Enquiry. The devolved nations may have different regulatory frameworks in place but these QS can still be mapped to other frameworks to provide additional assurance to commissioners of services.

When using the Excel spreadsheet it is useful to know the following:

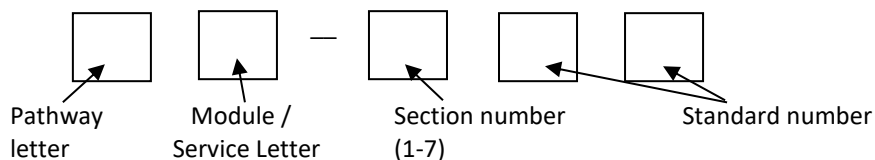
- If the tabs at the bottom of the spreadsheet do not appear, please minimise the spreadsheet and then maximise it again and the tabs should be there.
- 'Alt' and 'Enter' (together) allows you to put a new line within an Excel cell.

The PDF version includes appendices 1 to 4 which are not included in the Excel version.

Structure of the Quality Standards

QRS Quality Standards Reference Structure

QRS Quality Standard reference numbers have the following structure:



Each Standard is structured as follows:

Reference Number (Ref)	<p>This column contains the reference number for each Standard, which is unique to these Standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see above and below for more detail).</p> <p>The reference column also includes a guide to how the Standard will be reviewed:</p> <table border="1" data-bbox="612 344 1211 763"> <tr> <td>BI</td> <td>Background information</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&S</td> <td>Meeting service users (children, young people, adults) and staff</td> </tr> <tr> <td>CNR</td> <td>Case note review or clinical observation</td> </tr> <tr> <td>Doc</td> <td>Documentation should be available. Documentation may be written or be in the form of a website or other social media</td> </tr> </table> <p>The shaded area indicates the approach that will be used to reviewing the Quality Standard. Osummarises the evidence needed for review visits.</p>	BI	Background information	Visit	Visiting facilities	MP&S	Meeting service users (children, young people, adults) and staff	CNR	Case note review or clinical observation	Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media
BI	Background information										
Visit	Visiting facilities										
MP&S	Meeting service users (children, young people, adults) and staff										
CNR	Case note review or clinical observation										
Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media										
Quality Standard (QS)	<p>This describes the quality that services are expected to provide.</p>										
Notes	<p><i>The notes give more detail about either the interpretation or the applicability of the Standard.</i></p>										

Pathway and Service Letters:

These generic Standards use the pathway letter X. The Standards are in the following sections:

XA-	Generic Patient Pathway	Primary Care
XX-	Generic Patient Pathway	Specialist Service
XZ-	Generic Patient Pathway	Commissioning

Topic Sections:

Each section covers the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

Within each section, each Standard has a unique two digit number. These are not always sequential, to ensure that similar standards in different pathways have the same two digit number.

The Quality Standards are cross-referenced to the British Standards Institution PAS16:16 and the Care Quality Commission Key Lines of enquiry in 0.

Comments on the Quality Standards

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use in peer review. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to qrs@nhs.net

More information about QRS and its Quality Standards and reviews is available at www.qualityreviewservicewm.nhs.uk

Primary Care

Ref	Standard					
<p>XA-101</p> <table border="1" data-bbox="209 376 293 555"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Primary Care Information and Support</p> <p>Information and support for patients and their carers should be available, covering at least:</p> <ol style="list-style-type: none"> Health promotion, including smoking cessation, healthy eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being Services available in the local patient pathway Condition-specific information Advice for young people going away from home <p><i>Notes:</i></p> <ol style="list-style-type: none"> This information may be in the form of a website or other social media. 'd' links to QS XX-195
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<p>XA-299</p> <table border="1" data-bbox="209 790 293 969"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Primary Care Training</p> <p>Staff working in primary care should have training in recognition relating to the specific condition(s) and appropriate interventions to be taken.</p>
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<p>XA-501</p> <table border="1" data-bbox="209 1032 293 1211"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Primary Care Guidelines</p> <p>Guidelines on primary care management should be in use, covering at least the role of primary care in:</p> <ol style="list-style-type: none"> Diagnosis, monitoring and management Management of acute exacerbations and acute complications as well as longer term follow up. Indications for urgent and routine referral to a specialist service and information to be sent with each referral Integrated care arrangements <p><i>Notes:</i></p> <ol style="list-style-type: none"> Primary care guidelines should be consistent with the commissioned local pathway and with guidelines in use in other local services. Integrated care arrangements depend on locally agreed arrangements, but examples include arrangements for shared care, outreach services, population management systems and place based arrangements where a number of organisations are working together within a defined geography.
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Specialist Service

Ref	Standard					
Information and Support for Patients and Carers						
<p>XX-101</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Information</p> <p>Each service should offer patients and their carers written information covering:</p> <ol style="list-style-type: none"> a. Organisation of the service, such as opening hours and clinic times b. Staff and facilities available c. How to contact the service for help and advice, including out of hours d. Range of other services available locally <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'Quality Criteria for Young People Friendly Health Services' (DH, 2011). 2. Information may be in paper or electronic/e-learning formats or in the form of a website or other social media. Guidance on how to access information is sufficient for compliance so long as this points to easily available information of appropriate quality. If the information is provided only in individual patient letters, then examples will need to be seen by reviewers. 3. This may be general Trust-wide (or equivalent) information. If so, services or clinics which are specific to one condition should be clearly identified. If the information is provided only in individual patient letters, then examples of these will need to be available to reviewers. 4. Information may be combined with condition-specific information (QS XX-102) and should be clear about information carers can receive with and without the patient's permission.
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<p>XX-102</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">BI</td></tr> <tr><td style="text-align: center;">Visit</td></tr> <tr><td style="text-align: center;">MP&S</td></tr> <tr><td style="text-align: center;">CNR</td></tr> <tr><td style="text-align: center;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Condition-Specific Information</p> <p>Information for patients and their carers should be available covering, at least:</p> <ol style="list-style-type: none"> a. Brief description of their condition and its impact b. Possible complications and how to prevent these c. Pharmacological and non-pharmacological therapeutic and rehabilitation interventions offered by the service d. Possible side-effects of therapeutic and rehabilitation interventions e. Symptoms and action to take if unwell f. DVLA regulations and driving advice (if applicable) g. Health promotion, including smoking cessation, health eating, weight management, exercise, alcohol use, sexual and reproductive health, and mental and emotional health and well-being h. For frail older people: Pain, depression, skin integrity, falls and mobility, continence, safeguarding issues, delirium and dementia, nutrition and hydration, sensory loss, activities of daily living, vital signs and end of life issues i. Sources of further advice and information j. Self-care <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. As QS XX-101 notes 1 and 2. 2. Information may be combined with service information (QS XX-101). 3. For some conditions it may also be helpful to include information about personal health budgets.
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<p>XX-103</p> <table border="1" data-bbox="212 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Care Plan</p> <p>Each patient and, where appropriate, their carer should discuss and agree their Care Plan, and should be offered a written record covering at least:</p> <ol style="list-style-type: none"> Agreed goals, including life-style goals Self-management Planned assessments, therapeutic and/or rehabilitation interventions Early warning signs of problems, including acute exacerbations, and what to do if these occur Planned review date and how to access a review more quickly, if necessary Who to contact with queries or for advice <p>The Care Plan should be communicated to the patient's GP and to relevant other services involved in their care.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS is about a holistic view of the patient's needs and how they will be met. Care Plans may be in the form of clinic letters or patient-held records so long as all aspects of the QS are covered.</i> <i>Some patients may need additional detail in their Plan of Care, for example, people with learning disabilities or those who are resident in a care home.</i> <i>Planned therapeutic interventions include planned surgery as well as pharmacological and non-pharmacological therapies</i>
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<p>XX-104</p> <table border="1" data-bbox="212 990 293 1169"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Review of Care Plan</p> <p>A formal review of the patient's Care Plan should take place as planned and, at least, six monthly. This review should involve the patient, where appropriate, their carer, and appropriate members of the multi-disciplinary team. The outcome of the review should be communicated in writing to the patient and their GP.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>A QS XX-103 note 1</i> <i>A shorter or longer review duration may be appropriate in some services where there are specific clinical indications for specialist review at these times. It would be expected that patients care plans would be updated at least annually.</i> <i>This QS does not apply if a formal review of the Care Plan is not required.</i>
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<p>XX-105</p> <table border="1" data-bbox="212 1442 293 1621"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Contact for Queries and Advice</p> <p>Each patient and, where appropriate, their carer should have a contact point within the service for queries and advice. If advice and support is not immediately available, then the timescales for a response should be clear. Response times should be no longer than the end of the next working day. All contacts for advice and a sample of actual response time should be documented.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>The response by the end of the next working day means a response by, or following discussion with, a health or social care professional. It does not mean that a particular health or social care professional involved in the individual's care will respond by the end of the next working day.</i> <i>Information may be combined with service information (QS XX-101).</i>
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<p>XX-106</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Education, Health and Care Plan</p> <p>An Education, Health and Care Plan (EHC) should be agreed with each child or young person covering, at least:</p> <ol style="list-style-type: none"> School attended Care required while at school including medication Responsibilities of carers and of school staff Likely problems and what to do if these occur, including what to do in an emergency Arrangements for liaison with the school Review date and review arrangements <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS is not applicable to services for adults</i> <i>'School' refers to nursery, school or college and this QS is applicable to all children and young people in full-time education.</i>
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<p>XX-193</p> <table border="1" data-bbox="209 788 293 967"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Communication Aids</p> <p>Communication aids should be available to enable patients to participate as fully as possible in decisions about their care.</p>
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<p>XX-194</p> <table border="1" data-bbox="209 1034 293 1214"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Environment</p> <p>The environment should be welcoming and suitable for all patients, carers and visitors, with specific requirements addressed for people with memory problems or frailty and their carers, including:</p> <ol style="list-style-type: none"> Appropriate signage Noise reduction in busy areas and at night Suitable lighting Appropriate colour scheming Wheel-chair accessibility <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Suitability of facilities is not strictly defined but should include clear signage, appropriate flooring, rooms for confidential conversations, and facilities for people with disabilities. New facilities should be compliant with the latest Health Building Note.</i> <i>For services providing community-based follow up and ongoing care, this QS applies to any facilities attended by service users and carers.</i> <i>An example of appropriate colour-scheming is making all toilet doors the same colour.</i> <i>This QS links to XX-401</i>
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<p>XX-195</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Transition to Adult Services and Preparation for Adult Life</p> <p>Young people approaching the time when their care will transfer to adult services should be offered:</p> <ol style="list-style-type: none"> a. Information and support on taking responsibility for their own care b. The opportunity to discuss the transfer of care with paediatric and adult services c. A named coordinator for the transfer of care d. A preparation period prior to transfer e. Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards f. Advice for young people going away from home including: <ol style="list-style-type: none"> i. registering with a GP ii. how to access emergency and routine care iii. how to access support from their specialist service iv. communication with their new GP <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS applies only to services where significant numbers of young people transfer from paediatric services.</i> 2. <i>For example, 'Ready Steady Go' transition programme provides additional information on transition to adult services and preparation for adult life. Other programmes may be equally applicable</i> 3. <i>Arrangements should comply with national guidance for Looked After Children - Preparing for independence https://www.nice.org.uk/guidance/ph28</i> 4. <i>'f' links to primary care QS XA-101</i>
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<p>XX-196</p> <table border="1" data-bbox="209 1140 293 1319"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Discharge Information</p> <p>On discharge from the service, patients and their carers should be offered written information covering at least:</p> <ol style="list-style-type: none"> a. Care after discharge b. Return to normal activities c. Ongoing self-management of their condition d. Possible complications and what to do if these occur e. Long-term support available and how to access this (if appropriate) f. Who to contact with queries or concerns
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<p>XX-197</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>General Support for Patients and Carers</p> <p>Patients and carers should have easy access to the following services and information about these services should be easily available:</p> <ol style="list-style-type: none"> Interpreter services, including British Sign Language Independent advocacy services Complaints procedures Social workers Benefits advice Spiritual support HealthWatch or equivalent organisation Relevant voluntary organisations providing support and advice <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS XX-101 note 1. This QS is about signposting to relevant services. The actual services available may be different in different areas. Availability of support services should be appropriate to the case mix and needs of patients and their carers. Information should explain patients' rights under the NHS Constitution.
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<p>XX-198</p> <table border="1" data-bbox="209 990 293 1169"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Carers' Needs</p> <p>Carers should be offered information on:</p> <ol style="list-style-type: none"> How to access an assessment of their own needs What to do in an emergency Access to a Carers' Programme (if appropriate) Services available to provide support <p><i>Notes:</i></p> <ol style="list-style-type: none"> Support for carers may include carer's breaks, emergency response, support for children in the family and cognitive and behavioural therapy, usually accessed through primary care-based psychological therapy services. The Carers' Programme should cover at least: carers' health, support available and how to get help.
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<p>XX-199</p> <table border="1" data-bbox="209 1478 293 1657"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> Mechanisms for receiving regular feedback from patients and carers about the treatment and care they received Mechanisms for involving patients and carers in decisions about the organisation of the service Examples of changes made as a result of feedback and involvement of patients and carers <p><i>Notes:</i></p> <ol style="list-style-type: none"> The arrangements for receiving feedback from patients and carers may involve surveys, including the national patient survey, focus groups and /or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.
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Ref	Standard					
Staffing						
XX-201 <table border="1" data-bbox="209 394 293 568"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Lead Clinician</p> <p>A nominated lead clinician should have responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services. The lead clinician should be a registered healthcare professional with appropriate specialist competences in this role and should undertake regular clinical work within the service.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Integrated health and social care services may be led by a registered social care professional.</i>
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XX-202 <table border="1" data-bbox="209 696 293 871"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Staffing Levels and Skill Mix</p> <p>Sufficient staff with appropriate competences should be available for the:</p> <ol style="list-style-type: none"> Number of patients usually cared for by the service and the usual case mix of patients Service's role in the patient pathway and expected timescales Assessments and therapeutic and/or rehabilitation interventions offered by the service Use of equipment required for these assessments, therapeutic and/or rehabilitation interventions Urgent review within agreed timescales Transfer of care to other services <p>An appropriate skill mix of staff should be available including medical, nursing, allied health professionals, social care professionals, support workers and other staff required to deliver the range of assessments and therapeutic and/or rehabilitation interventions offered by the service. Cover for absences should be available so that the patient pathway is not unreasonably delayed, and patient outcomes and experience are not adversely affected, when individual members of staff are away.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>A clear methodology should, ideally, be used to determine appropriate staffing levels and skill mix. Staff should have time allocated for their role in the service, but roles may be part-time and staff may be shared with other services.</i> <i>Any specialist nurses should have completed an appropriate post-registration (LBR) education programme.</i> <i>Healthcare support workers should normally have, or be working towards, relevant qualifications. Skills for Health competence frameworks may be helpful in defining appropriate competences: www.skillsforhealth.org.uk</i> <i>Reviewers should be concerned about the availability of staff with appropriate competences rather than management arrangements.</i> <i>In acute settings, expected timescales for the patient pathway should be similar throughout the week, including weekends.</i>
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<p>XX-203</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Competences and Training Plan</p> <p>The competences expected for each role in the service should be identified. A training and development plan for achieving and maintaining competences should be in place.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS is about the needs of the service and cannot be met solely by individual staff appraisals and personal development reviews (PDRs). Appraisals and PDRs are sufficient for maintenance of the individual's competence. Details of individual appraisals and PDRs are not required. Reviewers may, however, request information about specific aspects of relevance to the service, in particular, where a therapeutic intervention or activity is undertaken rarely and/or where competence may not be maintained by the individual's usual clinical practice.</i> 2. <i>For compliance with this QS the service should provide:</i> <ol style="list-style-type: none"> a. <i>A matrix of the roles within the service, competences expected and approach to maintaining competences</i> b. <i>A training and development plan showing how competences are being achieved and maintained.</i> 3. <i>Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.</i>
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<p>XX-298</p> <table border="1" data-bbox="209 954 293 1133"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Competences – All Health and Social Care Staff</p> <p>All health and social care professionals working in the service should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> a. Safeguarding children and/or vulnerable adults b. Recognising and meeting the needs of vulnerable children and/or adults c. Dealing with challenging behaviour, violence and aggression d. Consent, Mental Capacity Act and Deprivation of Liberty Safeguards e. Resuscitation f. Information Governance <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>Safeguarding training should comply with the requirements of the Local Safeguarding Boards for Children and Adults.</i>
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<p>XX-299</p> <table border="1" data-bbox="209 1442 293 1621"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>The amount of administrative, clerical and data collection support is not defined. However, Clinical staff should not, be spending unreasonable amounts of time which could be used for clinical work on administrative tasks.</i>
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Support Services						
XX-301 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4b4b8b; color: white;">BI</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">Visit</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">MP&S</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">CNR</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Support Services</p> <p>Timely access to an appropriate range of support services should be available.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Timely is not strictly defined but should ensure that patient pathways are not unreasonably delayed and the service's timescales for assessments and therapeutic and/or rehabilitation interventions are not unreasonably delayed. Specific indications for referral to, and timescales for response by, support services may be agreed. Support services include imaging, pathology, pharmacy and other services relevant to the particular patient pathway. Ancillary services such as porters, security and cleaning should be included where they are specifically relevant to the service provided or the case mix of patients.</i> <i>For compliance with this QS, services should provide a list of essential support services, indications for urgent and routine referral and agreed response times (urgent and routine). An audit of compliance with referral indications and response times is desirable.</i>
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Facilities and Equipment						
XX-401 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4b4b8b; color: white;">BI</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">Visit</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">MP&S</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">CNR</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Facilities</p> <p>Facilities available should be appropriate for the assessments, therapeutic and/or rehabilitation interventions offered by the service for the usual number and case mix of patients.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Required facilities and equipment are not strictly defined but should be clean and appropriate for the usual number and case mix of patients cared for by the service.</i> <i>This QS links to XX-194</i>
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XX-402 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #4b4b8b; color: white;">BI</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">Visit</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">MP&S</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">CNR</td></tr> <tr><td style="background-color: #4b4b8b; color: white;">Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Equipment</p> <p>Timely access to equipment appropriate for the service provided should be available. Equipment should be appropriately maintained.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>As QS XX-401.</i> <i>Timely is not strictly defined but availability of equipment, including consumables and process for decontamination should not unreasonably delay patient pathways or adversely affect patient outcomes and experience.</i>
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<p>XX-499</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>IT System</p> <p>IT systems should:</p> <ol style="list-style-type: none"> Store, retrieve and transmit patient information for client/patient administration, clinical records and outcome information Provide mechanisms for the collection of other data to support service improvement, audit and revalidation If used to deliver online consultations, assessments and therapeutic interventions, meet audit and governance requirements. All clinical staff should be able, electronically and securely, to communicate person-identifiable data to other services involved in the client's/patient's care. Business continuity plans should be in place covering potential IT systems failure, including arrangements for access to clients' records. <p><i>Note: IT and records systems should be easily accessible and integrated to ensure that all relevant information is readily available and avoid duplicate entry of data on individuals.</i></p>
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<h2 style="color: #00A69F;">Guidelines and Protocols</h2>						
<p>XX-501</p> <table border="1" data-bbox="209 976 292 1153"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Diagnosis and Assessment Guidelines</p> <p>Guidelines on diagnosis and assessment should be in use covering the usual case mix of patients referred to the service.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> Guidelines should be based on national guidance, (including NICE and Royal College guidance where available), and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS. This QS links to commissioning XZ-602
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<p>XX-502</p> <table border="1" data-bbox="209 1352 292 1529"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Clinical Guidelines</p> <p>Guidelines on management of the usual case mix of patients referred to the service should be in use covering, at least:</p> <ol style="list-style-type: none"> Therapeutic and/or rehabilitation interventions offered by the service Monitoring and follow up <p><i>Notes:</i></p> <ol style="list-style-type: none"> As QS XX-501. Services should be able to demonstrate that guidelines have considered 'parity of esteem' The Mandate, Department of Health 2017
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<p>XX-595</p> <table border="1" data-bbox="209 280 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Guidelines on Transition and Preparing for Adult Life</p> <p>Guidelines on transition of young people from paediatric to adult services should be in use covering at least:</p> <ol style="list-style-type: none"> a. Taking responsibility for their own care b. Involvement of the young person and, where appropriate, their carer in planning the transfer of care c. Joint meeting between paediatric and adult services in order to plan the transfer d. Allocation of a named coordinator for the transfer of care e. A preparation period prior to transfer f. Arrangements for monitoring during the time immediately after transfer g. Advice for young people going away from home, including: <ol style="list-style-type: none"> i. registering with a GP ii. how to access emergency and routine care iii. how to access support from their specialist service. iv. communication with the young person's new GP <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. This QS applies only to services where significant numbers of young people transfer from paediatric services. The QS applies to both paediatric and adult service and transition guidelines should be agreed between relevant paediatric and adult services. 2. For example, 'Ready Steady Go' transition programme provides additional information on transition to adult services and preparation for adult life. Other programmes may be equally applicable. 3. Arrangements should comply with national guidance for Looked After Children - Preparing for independence https://www.nice.org.uk/guidance/ph28 4. The General Practitioner should be informed / given the opportunity to be involved in the transition of young people from paediatric to adult services. 5. Transition may be to the care of the general practitioner only, without involvement of specialist services (QS XA-101). 6. Guidelines should specifically cover arrangements for students studying away from their local service.
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<p>XX-596</p> <table border="1" data-bbox="209 1438 293 1615"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Transfer of Care</p> <p>Protocols should be in use covering:</p> <ol style="list-style-type: none"> a. Handover of care between clinical teams b. Transfer of care following an in-patient admission <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. Training on the implementation of transfer of care protocols is covered in the QSs for individual clinical services or departments.
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<p>XX-597</p> <table border="1" data-bbox="209 1740 293 1917"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Discharge Guidelines</p> <p>Guidelines on discharge from the service should be in use.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. As QS XX-501. Guidelines should be based on criteria for discharge from the service agreed with commissioners (QS XZ-602).
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<p>XX-599</p> <table border="1" data-bbox="209 277 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Care of Vulnerable People</p> <p>Guidelines for the care of vulnerable children, young people and adults should be in use, in particular:</p> <ol style="list-style-type: none"> Identification of vulnerable people Individualised care plans for people identified as being particularly vulnerable Restraint and sedation Missing patients Consent, Mental Capacity Act and the Deprivation of Liberty Safeguards Safeguarding Information sharing Palliative care End of life care <p><i>Notes:</i></p> <ol style="list-style-type: none"> All patients may be vulnerable and deserve the highest possible quality of care. Some groups of patients are, however, particularly vulnerable and may be less able than others to voice their wishes and any concerns. These people need extra consideration. These groups include looked after children, people with learning disabilities, mental health problems or dementia, victims of neglect or of sexual or domestic violence, and those people who are particularly frail or nearing the end of their life. This is a linking QS and will not be reviewed in detail. Any lack of compliance seen during review visits will, however, be noted. Some service-specific QRS Quality Standards include more detail on the requirements of this QS, for example, Care of Older People Living with Frailty, Care of People Living with Dementia or Paediatric Palliative Care Quality Standards.
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<h2 style="color: #00A68F;">Service Organisation and Liaison with Other Services</h2>						
<p>XX-601</p> <table border="1" data-bbox="209 1326 293 1505"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Service Organisation</p> <p>The service should have an operational procedure describing the organisation of the service including, at least:</p> <ol style="list-style-type: none"> Expected timescales for the patient pathway, including initial assessment, start of therapeutic and/or rehabilitation interventions and urgent review, and arrangements for achieving and monitoring these timescales Responsibility for giving patient and carer information at each stage of the patient journey Arrangements for responding to patients' queries or requests for advice by the end of the next working day Arrangements for follow up of patients who 'do not attend' (Adults) or 'were not brought' (Children) Arrangements for multi-disciplinary discussion of appropriate patients Governance arrangements for providing consultations, assessments and therapeutic interventions, virtually, in the home or in informal locations (QS XX-499) Arrangements for liaison with key support services (QS XX-301) Arrangements for maintenance of equipment (QS XX-402) Responsibilities for IT systems (QS XX-499) <p><i>Notes:</i></p> <p><i>Under parity of esteem this QS applies equally to mental health (including crisis and recovery) and physical health</i></p>
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<p>XX-699</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Liaison with Other Services</p> <p>Review meetings should be held at least annually with key services to consider liaison arrangements and address any problems identified.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>This QS relates to those services with which liaison is particularly important to ensure an efficient, high quality patient journey. These services should be listed in QS XX-301 but annual review meetings with all services required in QS XX-301 may not be necessary.</i> <i>Meetings may be part of a Trust-wide meeting so long as operational issues specific to the service are discussed. This QS is in addition to day to day liaison arrangements and should involve staff with management responsibility for the service.</i>
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<h2 style="color: #00A651;">Governance</h2>						
<p>XX-701</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Data Collection</p> <p>Regular collection and monitoring of data should be in place, including:</p> <ol style="list-style-type: none"> Referrals to the service, including source of appropriateness of referrals Number or assessments, urgent reviews and therapeutic and /or rehabilitation interventions undertaken by the service Outcome of assessments and therapeutic and /or rehabilitation interventions Number of discharges from the service and type of care after discharge Key performance indicators appropriate to the service
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<p>XX-702</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Audit</p> <p>The services should have a rolling programme of audit of compliance with:</p> <ol style="list-style-type: none"> Evidence-based clinical guidelines (QS XX-500s) Standards of record keeping Timescales for key milestones on the patient pathway <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Timescales across the patient pathway may be nationally or locally agreed with commissioners.</i>
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<p>XX-703</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Key Performance Indicators</p> <p>Key performance indicators (QS XX-701) should be defined which are specific for the service and should be reviewed regularly with Trust (or equivalent) management and with commissioners.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Regularly is not strictly defined but should ensure that key performance indicators are reviewed in line with the locally agreed assurance framework to ensure that the service is monitored, and actions taken</i>
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<p>XX-704</p> <table border="1" data-bbox="209 282 293 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Research</p> <p>The service should actively participate in research relevant to the care of their patients.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>Participation can include comparative analysis, benchmarking or similar outcome reviews</i>
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<p>XX-798</p> <table border="1" data-bbox="209 528 293 703"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Multi-disciplinary Review and Learning</p> <p>The service should have multi-disciplinary arrangements for</p> <ol style="list-style-type: none"> a. Review of and implementing learning from positive feedback, complaints, outcomes, incidents and 'near misses' b. Review of and implementing learning from published scientific research and guidance c. Ongoing review and improvement of service quality, safety and efficiency <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>This QS is about staff within the service learning together. Uni-disciplinary meetings or management meetings are not sufficient for compliance with this QS.</i> 2. <i>Arrangements for MDT review and learning should be formalised and clearly communicated to staff.</i>
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<p>XX-799</p> <table border="1" data-bbox="209 981 293 1155"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust (or equivalent) document control procedures.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> 1. <i>Specific documentary evidence of compliance is not required. This QS will be determined from the other documentary information provided.</i> 2. <i>Copies of the organisations document control policies are also required for compliance with this QS</i>
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Commissioning

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<p>XZ-601</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Joint Strategic Needs Assessment</p> <p>For each patient pathway commissioners should have an agreed Joint Strategic Needs Assessment. The local strategy should cover, when appropriate, prevention (primary and secondary), assessments, therapeutic interventions, rehabilitation and reablement.</p>
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<p>XZ-602</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Commissioning of Services</p> <p>Services for each patient pathway should be commissioned including, for each service:</p> <ol style="list-style-type: none"> Range of assessments, therapeutic and/or rehabilitation interventions offered by the service Criteria for referral to and discharge from the service Whether the service cares for children, adults or both Key performance indicators <p><i>Notes</i></p> <ol style="list-style-type: none"> <i>Services should be commissioned based on national guidance, (including NICE and Royal College guidance where available), and the commissioned local pathway and should be localised to show how national guidance will be implemented in the local situation. Use of national guidance without consideration of local implementation is not sufficient for compliance with this QS.</i> <i>This QS links to specialist service QSs XX-5**</i>
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<p>XZ-701</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p>Quality Monitoring</p> <p>The commissioner should monitor key performance indicators and aggregate data on activity and outcomes from the service at least annually.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <i>Clinical Quality Review Meetings are sufficient for compliance with this QS only if there is evidence of discussion of the specific service.</i>
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Appendix 1 Reference Sources

Year	Publisher	Title	Reference
2020	NHS England	Integrating Care: Next steps to building strong and effective integrated care systems across England	61
2020	NHS England	Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic, Version 1: Publications approval reference: 001559 https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf	60
2019	Resuscitation Council (UK)	ReSPECT: Recommended Summary Plan for Emergency Care and Treatment. https://www.resus.org.uk/respect/	59
2019	Department of Health and Social Care	NHS Long Term Plan	58
2018	NHS England and NHS Improvement	Refreshing NHS plans for 2018/19	1
2018	British Red Cross	In and Out of Hospital	2
2018	Royal College of Paediatrics and Child Health	The State of Child Health: One Year On	3
2018	The Royal College of Radiologists	Standards for the Reporting and Interpretation of Imaging Investigations, 2nd edition	4
Accessed 2018	NHS Leadership Academy	Healthcare Leadership Model: The nine dimensions of leadership behaviour. Version 1.0 www.leadershipacademy.nhs.uk/	5
2017	ICF Healthcare Consulting and Strategy Unit, Midlands & Lancashire CSU	Report commissioned by NHSE The Economics of Caring: a scoping review	6
2017	NHS Health Education England	Multi-professional framework for advanced clinical practice in England	7
2017	Public Health England	NHS RightCare: RightCare Pathway: Falls and Fragility Fractures	8
2017	Local Government Association Department of Health NHS England Directors of Adult Social Services (ADASS)	High impact change model Managing transfers of care between hospital and home	9
2017	NHS England	Seven Day Services Clinical Standards September 2017: Gateway reference: 06408	10

2017	NHS England	Standards for the communication of patient diagnostic test results on discharge from hospital	11
2017	National Institute for Health and Clinical Excellence	Intermediate care including reablement NICE Guideline 74	12
2017	National Institute for Health and Clinical Excellence	Patient experience in adult NHS services.	13
2017	Care Quality Commission	Key Lines of enquiry prompts and ratings characteristics for healthcare services	14
2017	Care Quality Commission	The state of care in NHS acute hospitals 2014-2016	15
2017	The King's Fund	Quality Improvement in Mental Health	16
2017	Care Quality Commission	The state of care in mental health services 2014-2017	17
2017	Healthcare Quality Improvement Partnership	National Audit of Dementia, Care in General Hospitals 2016-2017 Third Round Audit report	18
2017	NHS England	Next Steps on the Five Year Forward View	19
2017	NHS England	Patient and public participation in commissioning health and care	20
2017	NHS Improvement	Developmental Reviews of Leadership and Governance using the Well-led Framework: Guidance for NHS Trusts and NHS Foundation Trusts	21
2017	NHS England	Leading large-scale change	22
2017	NHS National Quality Board	Quality Surveillance Groups –National Guidance	23
2017	NHS England	Implementation Guide and Resource Pack for Dementia Care	24
2017	Royal Pharmaceutical Society	Medicines, Ethics and Practice. The professional guide for pharmacists. Edition 41	25
2016	National Institute for Health and Care Excellence	Transition from children's to adults' services NG43	26
2016	NHS England	Leading Change, Adding Value	27
2016	National Audit Office	Discharging Older Adults from Hospital	28
2016	Healthcare Quality Improvement Partnership	Developing a clinical audit policy	29
2016	Infection Prevention Society and Royal College of Nursing	Infection Prevention and Control Commissioning Toolkit: Guidance and information for nursing and commissioning staff in England	30
2015	Public Health England	All Our Health: Personalised care and population health. Updated December 2017	31

2015	Department of Health	Health Building Note 00-01 General Design Guidance for Healthcare Buildings March 2014 Health Building Note 08-02 Dementia-friendly Health and Social Care Environment	32
2015	Think Local Act Personal (TLAP)	an online tool aimed at commissioners, planners, clinicians and practitioners involved in designing and delivering personalised care and support planning for people with a variety of health and social care needs.	33
2015	The King's Fund	Better value in the NHS: the role of changes in clinical practice	34
2015	Primary Care Workforce Commission /Health Education England	Integration, continuity of care, primary care role in mental health, nursing homes end of life. Primary care MDT	35
2015	NHS England	Commissioning Guidance: Commissioning Excellent Nutrition and Hydration 2015-2018	36
2015	NICE	NICE Guideline 21 Home Care: Delivering personal care and practical support to older people living in their own homes	37
2015	National Palliative Care and End of life Partnership	Ambitions of End of Life Care - A National Framework for local action 2015 – 2020. NHS gateway reference 03996	38
2015	National Institute for Health and Care Excellence	Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NG 5	39
2015	Department for Education	Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England	40
2015	Royal College of Physicians	Generic medical record keeping standards	41
2014	NHS England	Safer Staffing: A Guide to Care Contact Time	42
2014	NHS England	Putting Patients First: The NHS England Business Plan for 2014/15 – 2016/17	43
2014	Department of Health and Social Care	Care Act, updated February 2018	44
2013	Health and Social Care Information Centre Academy of Medical Royal Colleges	Standards for the clinical structure and content of patient records	45
2013	Robert Francis QC	Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry	46
2013	NHS England	Patient-led Assessments of the Care Environment [PACE]	47
2012	Children and young people's health outcomes forum	Children and young people's health outcomes forum – report of the long-term conditions, disability and palliative care subgroup	48

2012	National Institute for Health and Clinical Excellence	Patient Experience in adult NHS services: Improving the experience of care for people using adult NHS services. NICE CG 138	49
2012	Department of Health and Social Care	NHS Constitution for England – updated 2015	50
2012	Department of Health	Local Healthwatch: A Strong Voice for People – the Policy Explained. Gateway ref:17286	51
2011	Department of Health	Quality Criteria for Young People Friendly Health Services	52
2011	The Kings Fund	Transforming Our Healthcare System; 10 Priorities for Commissioners.	53
2008	The Royal College of Physicians, The Royal College of General Practitioners and The Royal College of Paediatrics and Child Health	Teams without Walls: The Value of Medical Innovation and Leadership	54
2009	Department of Health and Department for Children, Schools and Families	Healthy lives, brighter futures – The strategy for children and young people’s health.	55
2004	Department of Health	National Service Framework for Children, Young People and Maternity Services: Core Standards	56
2004	Department of Health	Every Child Matters: Change for Children	57

The table below shows the links between the Quality Standards and generic guidance documents. Quality Standards without a reference source are based on other QRS Quality Standards, taking into account comments received.

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
XA-101	3,8,12,14,31,43,44,50	XX-199	14,16,20,43,44,49,50,51,52,53	XX-597	2,12,14,28,30,33,44
XA-299	3,5,7,8,14,16,17,18,27,36,43,44,46,48,55,56,57	XX-201	5,14,16,21,42,43,46,48,54	XX-599	3,12,14,18,28,37,38,44

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
XA-501	11,14,27,35,43,44,53,55,56,57	XX-202	3,5,7,8,10,14,15,16,17,18,21,27,31,36,42,43,44,46,48	XX-601	7,8,10,12,13,14,21,34,43,50,58
XX-101	14,30,44,52	XX-203	3,5,7,8,10,14,15,16,17,18,21,27,30,31,36,42,43,44,46,48,56,57	XX-603	9,14,12,33,35,43,44
XX-102	8,10,12,14,25,31,36,37,38,39,40,43,44,48,49,52	XX-298	3,5,14,15,16,17,18,21,31,36,37,42,43,44,48,59	XX-699	1,14,12,33,38,43,44,48,50,53
XX-103	3,8,10,12,13,14,15,17,18,25,26,27,31,33,36,37,38,39,43,44,48,49,50,52,58	XX-299	14	XX-701	14,21,29,30,43
XX-104	3,8,10,12,13,14,15,17,18,25,26,27,31,33,36,37,38,39,43,44,48,49,50,52,58	XX-301	8,12,14,18,30,36,44	XX-702	14,21,29,43
XX-105	12,13,14,44,49	XX-401	14,15,17,30,32,44	XX-703	12,14,21,29,30
XX-106	14,40,44,55	XX-402	9,14,30,44	XX-704	14,21,50
XX-193	12,14,24,44,			XX-798	14,15,16,17,21,22,27,30,43,46,58,61
XX-194	14,24,32,44,47	XX-499	4,14,43,58,60,61	XX-799	14,41,45
XX-195	3,12,14,25,26,27,39,44,48,52,56,57,58	XX-501	3,8,30,43,44		

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
XX-196	2,8,9,12,13,14,25,27,36,39,44,48,49,58	XX-502	3,14,15,17,24,30	XZ-601	14,31,43,44,53
XX-197	12,13,14,18,26,28,44,49,50	XX-595	3,14,26,44,56,57	XZ-602	1,6,7,14,16,19,23,31,34,35,43,44,50,53,56,57
XX-198	6,12,14,25,44,49,58	XX-596	9,12,14,30,33,44,52	XZ-701	1,14,21,22,23,44,47,53

Appendix 2 Cross-References to British Standards Institution PAS16:16 and Care Quality Commission Key Lines of enquiry

The tables below show with an 'x' where a QRS Quality Standard addresses one of the following:

1. British Standards Institution PAS1616:2016 Healthcare – Provision of Clinical Services Specification

Ref	Requirements for the provision of clinical services
3	Leadership, strategy and management
4	Operational delivery of the clinical service
5	Systems to support clinical service delivery
6	Person-centred treatment and/or care
7	Risk and safety
8	Clinical effectiveness
9	Clinical service users with complex needs
10	Staffing a clinical service
11	Improvement, innovation and transformation
12	Educating the future workforce

2. Care Quality Commission's Key Lines of Enquiry (June 2017)

Ref	CQC Five Key Line of Enquiry
S	Are they safe?
E	Are they effective?
C	Are they caring?
R	Are they responsive?
W	Are they well-led?

Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																										
		Safe					Effective						Caring			Responsive				Well-Led								
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 4	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8
XA-101	6	x			x			x				x	x	x	x					x								
XA-299	4, 10, 12		x					x		x												x	x	x		x	x	
XA-501	6	x	x		x			x				x	x	x	x													
XX-101	6	x			x			x				x	x	x	x													
XX-102	6	x			x			x				x	x	x	x													
XX-103	6		x	x				x				x	x	x	x					x	x							
XX-104	6		x	x				x				x	x	x	x					x	x							
XX-105	6																											
XX-106	6	x	x	x				x				x	x	x	x	x												
XX-193	5,6,9	x			x			x				x																
XX-194	6	x																										
XX-195	6,9		x	x				x				x	x	x	x	x												
XX-196	6				x	x																						
XX-197	6	x						x																				
XX-198	6							x																				
XX-199	3, 7, 6	x						x																				
XX-201	3, 4, 10,12		x					x				x																
XX-202	4, 10, 12	x	x					x				x																
XX-203	4, 10, 12	x	x					x				x																
XX-298	4, 10, 12		x					x				x																
XX-299	4, 10,12		x																									
XX-301	4, 5, 6, 8		x					x				x	x															
XX-401	5,7	x			x			x																				
XX-402	5,7	x			x			x																				
XX-499	5, 7				x			x																				
XX-501	6,8,9		x					x																				
XX-502	6,8,9		x					x																				

Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																											
		Safe					Effective						Caring			Responsive				Well-Led									
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 4	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	
XX-595	6,8,9		x	x	x			x			x				x			x											
XX-596	6,8,9			x	x			x			x				x			x											
XX-597	6,8,9			x	x			x			x				x			x											
XX-599	6,8,9	x	x					x		x			x	x	x	x		x											
XX-601	6, 7, 8, 9, 10, 11, 12		x	x		x	x	x			x			x	x		x	x	x					x	x				
XX-603	6,9		x	x				x			x	x	x	x	x		x	x					x						
XX-699	3,4, 6,		x	x				x			x	x	x	x	x		x	x					x						
XX-701	3.2, 4, 7, 8,11				x	x	x	x	x														x		x	x	x	x	
XX-702	3.2, 4, 7, 8,11					x	x	x	x															x	x	x	x	x	
XX-703	3.2, 4, 7, 8,11					x	x	x	x															x	x	x	x	x	
XX-704	8,11					x	x	x	x														x		x	x		x	
XX-798	3.2, 4, 7, 8,11				x	x	x	x	x														x		x	x	x	x	
XX-799	5			x																									
XZ-601	3,6,7,8,9,10,11			x	x			x			x	x						x	x	x				x		x			
XZ-602	3,6,7,8,9,10,11			x	x			x			x	x						x	x	x				x		x			
XZ-701	3.2, 4, 7, 8,11					x	x	x	x																x	x	x	x	

Appendix 3 Glossary of Terms and Abbreviations

Glossary of terms and abbreviations	
Advocacy	Advocacy means to speak up for someone. It is about making things change because people's voices are heard and listened to. It is about making sure that people can make their own choices in life and have the chance to be as independent as they want to be.
BI	Background information to review team.
Carer	Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.
CCG	Clinical Commissioning Group.
Commissioner	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
CNR	Case note review or clinical observation.
CQC	The Care Quality Commission is the independent regulator of health and social care in England.
DH	Department of Health.
Doc	Documentation should be available. Documentation may be in the form of a website or other social media.
GP	A GP is a medical doctor, sometimes called a family doctor. They are usually the first person patients see for their health care, and they help patients to access other services.
HealthWatch	The 'consumer champion' for both health and adult social care and should be the independent, influential and effective local voice of the public on health issues.
LBR	Learning beyond registration.
MP&S	Meeting patients, carers and staff.
NICE	National Institute for Health and Care Excellence.
NHSLA	NHS Litigation Authority
NHS England and NHS Improvement	These two organisations work together and are at the head of the NHS in England. They set and drive delivery of NHS priorities that respond to the Government's strategic goals for health and care.
NVQ	National Vocational Qualification.
PDR	Performance Development Review.
Provider	A health or social care organisation which provides services to patients.
QRS	Quality Review Service
QS	Quality Standard.
Service provider	See 'Provider'.
Service commissioner	See 'Commissioner'.
Trust	A NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.

Appendix 4 Presentation of Evidence for Peer Review Visits

Each Quality Standard reference column includes a box which illustrates how compliance will be reviewed.

Quality Standard reference column	
Background information	This means that the information should be included in the background report or self-assessment.
Visiting facilities	Reviewers will look for the information while they are visiting the service.
Meeting patients, carers and staff	These Standards will be discussed with patient, carers and /or staff as appropriate.
Case note review or clinical observation	A few Quality Standards require reviewers to look at case notes or other clinical information.
Documentation	These are policies, guidelines and other documentation that reviewers will need to see. Documentation may be in the form of a website or other social media.

The following table summarises the evidence needed for each Quality Standard.

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
XA-101	Primary Care Information and Support						
XA-299	Primary Care Training						Training programme
XA-501	Primary Care Guidelines						Guidelines: Primary Care
XX-101	Service Information						Patient information about the service
XX-102	Condition- Specific Information						
XX-103	Care Plan						
XX-104	Review of Care Plan						
XX-105	Contact for Queries and Advice						
XX-106	Education, Health and Care Plan (Services caring for children and young people only)						
XX-193	Communication Aids						
XX-194	Environment						
XX-195	Transition to Adult Services and						

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
	Preparation for Adult Life						
XX-196	Discharge Information						
XX-197	General Support for Patients and Carers						
XX-198	Carers' Needs						
XX-199	Involving Patients and Carers						Examples of changes made as a result of feedback
XX-201	Lead Clinician						
XX-202	Staffing Levels and Skill Mix						Examples of staff rotas
XX-203	Service Competences and Training Plan						Competence Framework and Training Plan: <ul style="list-style-type: none"> •Competence framework describing the competences expected for roles within the service. •Training and development plan to show how staff will achieve and maintain competences
XX-298	Competences – All Health and Social Care Professionals						
XX-299	Administrative, Clerical and Data Collection Support						
XX-301	Support Services						
XX-401	Facilities						
XX-402	Equipment						
XX-499	IT System						
XX-501	Diagnosis and Assessment Guidelines						Guidelines: Diagnosis and Assessment guidelines
XX-502	Clinical Guidelines						Guidelines: Clinical guidelines
XX-595	Transition and Preparation for Adult Life						Guidelines: Transition and Preparation for Adult Life
XX-596	Transfer of Care						Protocol: Covering handover of care between clinical teams and transfer following in-patient admission

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
XX-597	Discharge Guidelines						Guidelines: Discharge guidelines
XX-599	Care of Vulnerable People						Guidelines: Guidelines as defined by the QS
XX-601	Service Organisation						Operational Procedure
XX-603	Delegation of Annual Reviews						Agreed local arrangements, For GPs this could be in the form of a clinic letter
XX-699	Liaison with Other Services						Documentation depends on local arrangements, for example, minutes of meetings held with key services
XX-701	Data Collection						Examples of data showing compliance with the QS
XX-702	Audit						Audit programme or plan Examples of completed audits, action plans and monitoring
XX-703	Key Performance Indicators						Documentation depends on local arrangements, for example, minutes or reports
XX-704	Research						
XX-798	Multi-disciplinary Review and Learning						Documentation depends on local arrangements, for example, minutes of review and learning meetings held within the service
XX-799	Document Control						Organisations document control policies and compliance determined from documentation presented.
XZ-601	Joint Strategic Needs Assessment						Agreed local strategy
XZ-602	Commissioning of Services						Service Specification
XZ-701	Quality Monitoring						Documentation depends on local arrangements, for example, minutes of review and learning meetings involving all local services