

# Quality Standards

## Clinical and Quality Governance

**Version 2 Draft 3**

**November 2019**

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Review by: **TBC** at the latest

<b>Version No</b>	<b>Date</b>	<b>Change from previous version</b>
V1	28.10.2015	n/a
V1.1	10.11.2015	Q-547 Error corrected and 'seclusion' added to list
V1.2	10.02.2016	UKAS accreditation logo added
V2 D1	June 2019	Various Updates
V2 D2	October 2019	Updated following consultation with Trust governance leads
V2 D3	November 2019	For regional comment

## Contents

Introduction.....	4
Aims of the Quality Standards.....	4
Scope of the Quality Standards.....	4
Excel and PDF Versions .....	5
Structure of the Quality Standards .....	5
Comments on the Quality Standards .....	6
Quality Standards .....	7
APPENDIX 1 Steering Group Membership.....	34
APPENDIX 2 Reference Sources.....	35
APPENDIX 3 Cross-References to British Standards Institution PAS16:16 and Care Quality Commission Key Lines of enquiry.....	37
APPENDIX 4 Glossary of Terms and Abbreviations .....	42
APPENDIX 5 Presentation of Evidence for Peer Review Visits .....	43

DRAFT

## Introduction

These Quality Standards cover the arrangements that should be in place for the clinical governance of health services. They do not go into detail on the standards required within individual clinical services, as these services are covered by other, more specific, QRS Quality Standards, which are available on the QRS website [www.grs.nhs.uk](http://www.grs.nhs.uk).

## Aims of the Quality Standards

These Standards apply to the care of children, young people and adults and can be tailored to the types of services and specialities provided by the organisation.

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. APPENDIX 2 lists the references sources on which the Quality Standards are based.

Through use of the Quality Standards we hope that:

1. The local community, service users and carers will know more about the services they can expect.
2. 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.
3. Service providers and commissioners will work together to improve service quality.
4. Service providers and commissioners will have external assurance of the quality of local services.
5. Reviewers will learn from taking part in review visits.
6. Good practice will be shared.
7. Service providers and commissioners will have better information to give to the Care Quality Commission.

## Scope of the Quality Standards

The Standards should complement existing arrangements for meeting Care Quality Commission and other regulatory and legislative requirements in NHS organisations. National guidance documents on a range of subjects are centrally published and the reader of these standards should be aware of these documents and their potential impact on the application of these standards. QRS will take these into account as part of the regular refresh of the Standards.

In non-NHS organisations, they can be used to provide assurance of the robustness of the overall clinical governance arrangements. They are also applicable to commissioners of services seeking assurances on the quality of services from their providers.

These standards are can be scaled for a whole organisations or individual services / specialties within an organisation and should be used accordingly. For example, the 'Board level committee' may be relevant for a whole organisation whereas Divisional Board or specialty management meeting may be applicable to sub sections of the organisation. Reference should be made to the organisations scheme of delegation for decision making, where appropriate.

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 usually refer to 'parents and families' rather than 'carers'.

When referencing key documents the Standards will refer to them being 'up to date' this means that they have been reviewed within the time frames specified by the organisations policy on developing policies or guidelines or that they have been updated to reflect new national guidance (whichever is sooner).

Latest versions of QRS Quality Standards are available on the QRS website [www.qualityreviewservicewm.nhs.uk](http://www.qualityreviewservicewm.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 can be selected more easily by using the 'Filter' function and selecting the appropriate service in Columns B to F.
- 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.

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 5 which are not included in the Excel version.

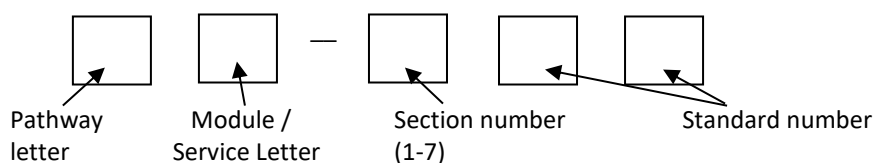
## Structure of the Quality Standards

These Quality Standards are structured in nine inter-related sections. The first section covers the organisation's overview of quality and clinical governance and the other eight sections cover individual aspects of clinical governance.

Q-0 – Quality and Clinical Governance overview
Q-1 – Public, Patient and Carer involvement
Q-2 – Workforce
Q-3 – Health and Safety
Q-4 – Facilities and Equipment
Q-5 – Clinical Safety and Effectiveness
Q-6 – Information Governance and Information Systems
Q-7 – Clinical Audit and Research
Q-8 – Risk Management

### QRS Quality Standards Reference Structure

QRS Quality Standard reference numbers have the following structure:



Each Standard is structured as follows:

<b>Reference Number (Ref)</b>	<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="512 342 1294 689"> <tr> <td>BI</td> <td>Background information</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&amp;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. <b>APPENDIX 5</b> summarises 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										
<b>Quality Standard (QS)</b>	<p>This describes the quality that services are expected to provide.</p>										
<b>Notes</b>	<p><i>The notes give more detail about either the interpretation or the applicability of the Standard.</i></p>										

#### Pathway and Service Letters:

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

Q-0	Quality and Clinical Governance Overview
Q-1	Public, Patient and Carer Involvement
Q-2	Workforce
Q-3	Health and Safety
Q-4	Facilities and Equipment
Q-5	Clinical Safety and Effectiveness
Q-6	Information Governance & Information systems
Q-7	Clinical Audit and Research
Q-8	Risk Management

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 **APPENDIX 3**.

## Comments on the Quality Standards

Comments on any aspect of the draft Standards are welcome and should be sent to [qrs@nhs.net](mailto:qrs@nhs.net) by **13<sup>th</sup> December 2019**. Comments received by 13th December 2019 will be considered in finalising 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. More information about QRS and its Quality Standards and reviews is available at [www.qualityreviewservicewm.nhs.uk](http://www.qualityreviewservicewm.nhs.uk) or 0121 612 2146.

Return to [Index](#)

## Quality Standards

Ref	Standard					
<b>Q000 - Quality governance overview</b>						
<b>Q-001</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Board-Level Lead Clinician – Quality and Clinical Governance</b> <p>A Board-level senior registered healthcare professional should have lead responsibility for the organisation’s clinical and quality governance infrastructure.</p>
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<b>Q-002</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Clinical and Quality Governance Strategies</b> <p>An up to date organisational clinical and quality governance strategy should be in place. This strategy should make clear the relationship and links between different aspects of clinical governance:</p> <ol style="list-style-type: none"> <li>Public, patient and carer involvement</li> <li>Workforce</li> <li>Facilities and equipment</li> <li>Clinical safety and effectiveness</li> <li>Health and safety</li> <li>Information Governance and information systems</li> <li>Risk management</li> <li>Clinical audit and research</li> <li>Quality Improvement methodology</li> </ol> <p><i>Note: The clinical and quality governance strategy may have another name, such as a Quality Strategy or Plan, and there may be more than one strategy. So long as all aspects of the Quality Standard are covered and the relationship and links between the different aspects of clinical and quality governance are clear.</i></p>
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<b>Q-003</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Clinical and Quality Governance Committee(s)</b> <p>A Clinical and Quality Governance Committee should provide assurance about the effectiveness of the processes relating to all aspects of clinical and quality governance within the organisation. Membership of the committee should comprise, at least, the leads for each area of clinical governance (Q-002) and include public, patient and carer representatives.</p> <p><i>Note: The clinical and quality governance committee may have another name, such as a Quality Committee, and there may be more than one committee, so long as all aspects of the Quality Standard are covered and the relationship and links between the different aspects of clinical and quality governance and reporting arrangements are clear.</i></p>
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Ref	Standard					
<p>Q-004</p> <table border="1" data-bbox="209 277 309 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Board Quality Monitoring</b></p> <p>The Board (or equivalent) should consider:</p> <ol style="list-style-type: none"> <li>a. Reports on each aspect of clinical and quality governance, at least annually and more frequently if significant variations from standards or targets are identified, covering: <ol style="list-style-type: none"> <li>i. Public, patient and carer involvement (QS 100)</li> <li>ii. Workforce (QS 200)</li> <li>iii. Health and safety (QS 300)</li> <li>iv. Facilities and equipment (QS 400)</li> <li>v. Clinical safety and effectiveness (QS 500)</li> <li>vi. Information Governance &amp; Information Systems (QS 600)</li> <li>vii. Clinical audit and research (QS 700)</li> <li>viii. Risk management (QS 800)</li> </ol> </li> <li>b. Key performance and outcome indicators for each clinical service or department including significant deviations from standards or targets</li> <li>c. Reports on progress with internal and external quality assurance of clinical services and departments, including progress with agreement and implementation of action plans</li> </ol> <p>Board agendas should reflect the importance of safety, quality and clinical governance. Board discussions of quality should reflect an appropriate balance of local reporting, insight from elsewhere, 'horizon scanning' and strategic analysis</p> <p><i>Note: For NHS Organisations this should include the Board Assurance Framework</i></p>
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<p>Q-005</p> <table border="1" data-bbox="209 1061 309 1240"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Openness and Transparency</b></p> <p>Arrangements should be in place to ensure a culture of openness and transparency regarding clinical safety and quality within the organisation including:</p> <ol style="list-style-type: none"> <li>a. Board (or equivalent) meetings held in public and minutes published</li> <li>b. Policies on release of information held by the organisation ('Freedom of Information') and details of their publication scheme.</li> <li>c. Policies and structures for the implementation of 'Freedom to Speak Up' and Duty of Candour requirements.</li> </ol> <p><i>Note: Board-level engagement should be evidenced with two-way communication mechanisms with the public, patients, staff and other agencies.</i></p>
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<p>Q-006</p> <table border="1" data-bbox="209 1476 309 1655"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Board Training in Clinical and Quality Governance</b></p> <p>All members of the Board (or equivalent) should have completed training in aspects of clinical and quality governance.</p> <p><i>Note: Appropriate training should be provided for new Board members when they join the organisation and for all members when new legislation and national best practice is introduced. Training requirements, and frequency, should be included in the Trusts mandatory training minimum data set.</i></p>
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<p>Q-007</p> <table border="1" data-bbox="209 1778 309 1957"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Service-Level Clinical Leadership</b></p> <p>The Board should ensure a registered health or social care professional is identified to provide clinical leadership for each service or department and that there is sufficient time allocated for their role in relation to clinical leadership which is included in a role or job description.</p>
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<p>Q-008</p> <table border="1" data-bbox="209 277 309 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Review and Learning</b></p> <p>Arrangements <i>should be in place for:</i></p> <ul style="list-style-type: none"> <li>a. Multi-disciplinary review and learning across the organisation and within each clinical service or department including: <ul style="list-style-type: none"> <li>i. Review of and implementation of learning from positive feedback, complaints, outcomes, incidents and ‘near misses’</li> <li>ii. Review of and implementation of learning from published scientific research and guidance</li> <li>iii. Ongoing review and improvement of service quality, safety and efficiency including a Quality Improvement programme Identifying and acting on relevant external reports and recommendations</li> </ul> </li> <li>b. Multi-service and multi-agency review and learning</li> <li>c. Changes in legislation</li> </ul>
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<p>Q-009</p> <table border="1" data-bbox="209 763 309 943"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Service-Level Quality Standards and Quality Improvement Programme</b></p> <p>Arrangements <i>should be in place to ensure:</i></p> <ul style="list-style-type: none"> <li>a. That there is a named lead for Quality Improvement</li> <li>b. Quality standards expected for each clinical service or department are identified and monitored by the service at least annually</li> <li>c. Each service has a quality improvement programme covering its actions towards achieving relevant quality standards and further improving quality when standards are achieved.</li> <li>d. That there is an appropriate framework in place to ensure effective and transparent escalation or performance against specified quality indicators from ‘clinical service to Board’</li> </ul> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. <i>Key performance and outcome indicators should include both patient-reported and clinical outcome indicators.</i></li> <li>2. <i>More detail of expected service-level key performance indicators is given in the relevant QRS service-level Quality Standards.</i></li> </ol>
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<p>Q-010</p> <table border="1" data-bbox="209 1326 309 1505"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Key Performance Indicators</b></p> <p>Key process and outcome quality indicators for each clinical service or department should be agreed and monitored along with a plan for how improvements will be implemented.</p> <p><i>Note: The frequency of monitoring of key performance indicators should be appropriate to the indicator concerned.</i></p>
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<p>Q-011</p> <table border="1" data-bbox="209 277 309 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Internal and External Quality Assurance</b></p> <p>A programme of internal and external quality assurance should:</p> <ol style="list-style-type: none"> <li>Regularly self-assess against a recognised, best practice or nationally recognised set of quality governance standards</li> <li>Review achievement of expected quality standards for each clinical service or department</li> <li>Monitor progress with actions following internal and external quality assurance.</li> <li>Include triangulation of data obtained from different sources, such as patient safety walkabouts and feedback from staff and patients to ensure that this feedback is consistent with the data being presented.</li> <li>Ensure that a log of quality assurance visits is maintained.</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Quality assurance may include assurance by patients, clinical peers, managers or commissioners or by a combination of these groups.</li> <li>The quality assurance programme should combine an appropriate mix of internal and external quality assurance.</li> </ol>
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<p>Q-012</p> <table border="1" data-bbox="209 878 309 1057"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Data Quality and Performance Monitoring</b></p> <p>A Board level process should be in place to ensure that the sources of data being used for Key Performance Indicators (QS-010) are the most appropriate to be used in order to provide assurance regarding the implementation of the quality and governance framework.</p>
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<p>Q-013</p> <table border="1" data-bbox="209 1102 309 1281"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Document Control</b></p> <p>A system of document control for guidelines, policies and procedures should be in place covering at least:</p> <ol style="list-style-type: none"> <li>Style and format</li> <li>Explanation of any terms used</li> <li>Consultation process</li> <li>Ratification</li> <li>Review arrangements</li> <li>Monitoring arrangements</li> <li>Document and Version Control including archiving arrangements</li> <li>Associated documents</li> <li>Supporting references</li> <li>How compliance with 'a' to 'h' will be monitored</li> </ol>
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Ref	Standard0					
<b>Q100 - Patient, Public and Carer Involvement</b>						
<p>Q-101</p> <table border="1" data-bbox="209 376 309 551"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Board-level Lead – Public, Patient and Carer Involvement</b></p> <p>A senior member of staff should have lead responsibility for ensuring public, patient and carer involvement is in place throughout the organisation.</p> <p>Notes:</p> <ol style="list-style-type: none"> <li>1. <i>For large NHS Organisations this will be at Board level. For non-NHS organisations an equivalent corporate, cross organisation, committee / individual should be in place.</i></li> <li>2. <i>Where these standards are being applied to a sub section of an organisation it may be a specialty management team or divisional board that is applicable.</i></li> </ol>
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<p>Q-102</p> <table border="1" data-bbox="209 716 309 891"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Public, Patient and Carer Involvement Strategy</b></p> <p>An up to date Board (or equivalent) approved public, patient and carer involvement strategy should be in place. This document should also describe the content and frequency of progress updates to the Board and a system for ongoing communication and engagement with the public about service provision and development.</p> <p><i>Note: This may be called a ‘plan’ or a ‘programme’ or have another name so long as organisational aims and actions to achieve these are identified.</i></p>
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<p>Q-103</p> <table border="1" data-bbox="209 1019 309 1193"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Information for Patients and Carers</b></p> <p>Arrangements should be in place to support individual services in achieving service-level Quality Standards for information and support for patients and carers and to ensure the consistency and quality of this information.</p> <p>Notes:</p> <ol style="list-style-type: none"> <li>1. <i>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 ‘You’re Welcome standards 2017’</i></li> <li>2. <i>Information should be equality impact assessed and meet accessible information standards and other national standards, as appropriate.</i></li> </ol>
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<p>Q-104</p> <table border="1" data-bbox="209 277 309 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>General Support for Patients and Carers</b></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"> <li>PALS</li> <li>Interpreter services, including British Sign Language</li> <li>Independent advocacy services</li> <li>Complaints procedures</li> <li>Social workers</li> <li>Benefits advice</li> <li>Spiritual and pastoral support</li> <li><i>HealthWatch</i> or equivalent organisation</li> <li>Relevant voluntary organisations providing support and advice</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS is about signposting to relevant services. The actual services available may be different in different areas.</i></li> <li><i>Availability of support services should be appropriate to the case mix and needs of patients and their carers.</i></li> </ol>
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<p>Q-105</p> <table border="1" data-bbox="209 954 309 1133"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Service-level Patient and Carer Involvement</b></p> <p>Arrangements should be in place in all clinical services and departments for:</p> <ol style="list-style-type: none"> <li>Receiving regular feedback from patients and carers about the treatment and care they receive</li> <li>Involving patients and carers in decisions about the organisation of the service</li> <li>Identifying common themes and sharing learning across services</li> <li>Providing feedback to staff on patient experience; and</li> <li>Demonstrating service improvements that have been made as a result of patient and public feedback.</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>These arrangements may be common across services provided or may be different.</i></li> <li><i>Feedback will include compliments, thanks and positive feedback as well as concerns or complaints, and may include the 'Friends and Family' test. Organisational arrangements for handling complaints are covered in QS Q-109.</i></li> </ol>
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<p>Q-106</p> <table border="1" data-bbox="209 1476 309 1655"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Involving GPs and Other Agencies</b></p> <p>Arrangements should be in place for two-way dialogue:</p> <ol style="list-style-type: none"> <li>Receiving regular feedback from GPs and other agencies about services provided</li> <li>Involving GPs and other agencies in decisions about the organisation of services</li> </ol>
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<p>Q-107</p> <table border="1" data-bbox="209 1700 309 1879"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Public, Patient and Carer Involvement in Clinical and Quality Governance</b></p> <p>A process should be in place for ensuring that Public, patient and carer representatives are involved in the decision making at clinical governance forums or committees in order to facilitate patient centred care.</p> <p><i>Note: Public, patient and carer representatives should ideally also be members of sub-groups that report into committees.</i></p>
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<p>Q-109</p> <table border="1" data-bbox="209 497 309 676"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Complaints</b></p> <p>A complaints policy and procedure should be in use covering at least:</p> <ol style="list-style-type: none"> <li>a. Definition of a complaint (formal and informal)</li> <li>b. Arrangements for handling complaints, including clear timescales for: <ol style="list-style-type: none"> <li>i. Acknowledgement</li> <li>ii. Agreement on the appropriate approach to handling the complaint</li> <li>iii. Investigation</li> <li>iv. Reporting on progress</li> <li>v. Final response</li> </ol> </li> <li>c. Responsibilities of staff involved in handling complaints, including PALS</li> <li>d. Handling of complaints which involve other services within and outside the organisation</li> <li>e. Ensuring patients and carers are not treated differently as a result of raising a complaint</li> <li>f. Learning lessons from complaints and disseminating this learning to individual members of staff, services and throughout the organisation</li> <li>g. Feedback to the public, patients, carers and staff about complaints received and action taken, including 'you said, we did'.</li> <li>h. Arrangements for monitoring and reporting achievement of timescales for handling complaints to organisation level committees / groups</li> <li>i. Information regarding escalation if the complainant is not happy with the organisation's response</li> </ol> <p><i>Note: Approaches to handling complaints should include informal as well as formal, independent mechanisms.</i></p>
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<p>Q-110</p> <table border="1" data-bbox="209 1319 309 1498"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Public, Patient and Carer Involvement – Staff Training</b></p> <p>Relevant staff throughout the organisation should be identified and have completed appropriate training in the communication with, and involvement of, the public, patients and carers.</p> <p><i>Note: the training required should be reflected in the Training Needs Analysis for the organisation</i></p>
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Q-111 BI Visit MP&S CNR Doc	<b>Public, Patient and Carer Involvement – Board Reporting</b>  The Board (or equivalent) should review: <b>At least quarterly:</b> <ol style="list-style-type: none"> <li>Number and common themes and causes of complaints received relating to each service or department. (<u>Note</u>: Numbers should also be presented with a denominator to show number of complaints in relation to the size of the service e.g. numbers per patient contacts or per number of bed days)</li> <li>Achievement of timescales for completion of all stages of the complaint’s procedure (Q-109).</li> </ol> <b>At least annually:</b> <ol style="list-style-type: none"> <li>Achievement of Quality Standards for public, patient and carer involvement (Q-101 to 110)</li> <li>Uptake of staff training in public, patient and carer involvement including a review of the existing Training Needs Analysis to ensure that all appropriate staff have been identified for training</li> <li>Uptake of training by representatives of the public, patients and carers (Q-108)</li> <li>Involvement of representatives of the public, patients and carers in decision-making clinical and quality governance forums or committees (Q-107)</li> <li>Evidence of action taken and impact on service provision as a result of public, patient and carer involvement.</li> </ol>

Ref	Standard
<b>Q200 – Workforce</b>	
Q-201 BI Visit MP&S CNR Doc	<b>Board-level Lead – Workforce</b>  A member of the Board should have overall organisational responsibility for workforce planning and workforce wellbeing.
Q-202 BI Visit MP&S CNR Doc	<b>Workforce Strategy</b>  An up to date, Board approved, workforce strategy should be in place which clearly articulates the short and long term workforce plans and including strategies and plans in relation to recruitment and retention of staff. The Board should review any risks to implementing the strategy.
Q-203 BI Visit MP&S CNR Doc	<b>Service-level Staffing</b>  Arrangements should be in place for ensuring all clinical services have sufficient staff with appropriate competences for the usual number and acuity of patients and that there is regular reporting to the Board so that the Board have oversight of planned and actual figures.

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<p>Q-204</p> <table border="1" data-bbox="209 277 309 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Training Strategy</b></p> <p>An up to date organisational training and development strategy should link organisational values and objectives with the following:</p> <ol style="list-style-type: none"> <li>Mandatory training for all staff</li> <li>Required clinical and quality governance-related training</li> <li>Service-level plans for ensuring staff achieve and maintain appropriate competences</li> <li>Individual Personal Development Plans resulting from individual appraisals</li> <li>Implications for the organisation and sources of funding of training</li> </ol> <p><i>Note: This may be called a 'plan' or a 'programme' or have another name, so long as organisational aims and actions to achieve these are identified.</i></p>
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<p>Q-205</p> <table border="1" data-bbox="209 692 309 871"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Pre-Employment Checks</b></p> <p>A system of pre-employment checks should be in place for permanent and temporary staff (including locums) covering at least:</p> <ol style="list-style-type: none"> <li>Qualifications (where applicable)</li> <li>Employment history and references (including references from the most recent employer)</li> <li>ID checks</li> <li>Right to live and work in the UK</li> <li>Registration with an appropriate professional body (where applicable)</li> <li>Criminal record / DBS</li> <li>Occupational Health</li> </ol> <p><i>Note: Temporary staff include bank, agency and locum staff as well as staff on temporary contracts.</i></p>
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<p>Q-206</p> <table border="1" data-bbox="209 1178 309 1357"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Induction</b></p> <p>All new permanent and temporary staff (including locums attending for single shifts) should complete an appropriate period of induction which includes both Trust wide processes and procedures as well as local arrangements specific to the department within which they are working. There should be a process in place for:</p> <ol style="list-style-type: none"> <li>Identifying what training is required for individual staff groups</li> <li>Recording that training has been completed</li> <li>Signing of competencies</li> <li>A process for monitoring and reviewing the effectiveness of induction training</li> </ol>
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<p>Q-207</p> <table border="1" data-bbox="209 277 308 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Mandatory Training and competencies</b></p> <p>Mandatory training for all staff should cover all relevant aspects of the clinical and quality governance strategy including at least:</p> <ol style="list-style-type: none"> <li>Equality and diversity</li> <li>Fire safety</li> <li>Hand hygiene</li> <li>Harassment and bullying</li> <li>Health and safety</li> <li>Incident reporting, management and learning</li> <li>Infection prevention and control</li> <li>Information governance</li> <li>Inoculation incidents</li> <li>Moving and handling</li> <li>Safeguarding adults and children</li> <li>Slips, trips and falls</li> <li>Violence and aggression</li> </ol>
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<p>Q-208</p> <table border="1" data-bbox="209 898 308 1075"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Clinical Safety and Effectiveness – Staff Training</b></p> <p>Relevant staff throughout the organisation should have completed training and achieved competencies in the implementation of safe and effective clinical practice, including training in:</p> <ol style="list-style-type: none"> <li>Medicines management</li> <li>Consent</li> <li>Management of violent or abusive patients</li> <li>Restraint and sedation</li> <li>Seclusion</li> <li>Resuscitation</li> <li>Blood transfusion and management of blood and blood products</li> <li>Prevention of venous-thromboembolism</li> <li>Recognition and management of the deteriorating patient</li> <li>Rapid tranquilisation</li> <li>End of life policies</li> <li>Falls prevention</li> <li>Pressure Ulcer management</li> </ol> <p><i>Note: Relevant staff should be identified as part of the Training Needs Analysis</i></p>
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<p>Q-209</p> <table border="1" data-bbox="209 1572 308 1749"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Training Implementation</b></p> <p>Processes should be in place to ensure that:</p> <ol style="list-style-type: none"> <li>Staff are signed off as competent on completion of job specific training</li> <li>Training is regularly reviewed to monitor effectiveness</li> </ol> <p><i>Note: some training may not have associated competencies assigned.</i></p>
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<p>Q-210</p> <table border="1" data-bbox="209 277 309 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Appraisal and Continuing Professional Development</b></p> <p>All staff should have an annual appraisal at which a Personal Development Plan should be agreed. Processes should also be in place for monitoring the completion of appraisals as well as action to be taken where appraisals have not been completed.</p> <p>For clinical staff these arrangements should ensure appropriate Continuing Professional Development is undertaken for:</p> <ol style="list-style-type: none"> <li>a. Maintenance of the competences expected by service-level competence frameworks</li> <li>b. Meeting the requirements for re-registration and re-validation (where applicable)</li> </ol>
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<p>Q-211</p> <table border="1" data-bbox="209 602 309 781"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Maintaining Competence in Small or Isolated Services</b></p> <p>Clinical staff working in small or isolated services should have arrangements for networking and regular clinical experience within a larger service.</p> <p><i>Note: 'Small' and 'isolated' are not strictly defined but should take account of the frequency with which clinical scenarios are encountered or procedures performed.</i></p>
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<p>Q-212</p> <table border="1" data-bbox="209 826 309 1005"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Workforce Policies</b></p> <p>Policies should be in use throughout the organisation including (but not limited to):</p> <ol style="list-style-type: none"> <li>a. Use of volunteers</li> <li>b. Lone working and staff security</li> <li>c. Clinical supervision</li> <li>d. Managing illness and sickness absence</li> <li>e. Disciplinary</li> <li>f. Grievance</li> <li>g. Capability</li> <li>h. Harassment and Bullying</li> <li>i. Freedom to Speak Up / raising concerns</li> <li>j. Staff acting outside their area of competence</li> <li>k. Managing poor performance, covering mechanisms for the identification and management of poorly performing clinicians and the procedure to be followed when poor performance is identified</li> <li>l. Staff support and pastoral care</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1 <i>The policy on the use of volunteers should cover at least DBS checking, information governance training and support for volunteers as well as clarity on the roles that they can and can't undertake.</i></li> <li>2 <i>The policy on staff acting outside their area of competence because this is in the best interest of the patient should cover examples of exceptional circumstances when this may occur, staff responsibilities, reporting of the event as an untoward clinical incident and support for staff.</i></li> <li>3 <i>The mechanisms for identification and management of poorly performing clinicians should include identification by other clinicians.</i></li> </ol>
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<b>Q-214</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Staff Communication and Feedback</b></p> <p>A system of regular and effective two-way communication with staff should be in place. This should include:</p> <ol style="list-style-type: none"> <li>Regular updates for staff on quality, safety and clinical governance-related issues</li> <li>Mechanisms for staff to raise quality, safety or clinical governance-related concerns</li> <li>Regular reminders for staff about how to raise quality, safety or clinical governance-related concerns including the role of the Freedom to Speak up Guardian (where appropriate)</li> <li>Process for managing the effectiveness of the mechanisms in place</li> </ol>
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<b>Q-215</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Board (or equivalent) Reporting</b></p> <p>The Board (or equivalent) should review at least quarterly:</p> <ol style="list-style-type: none"> <li>Achievement of Quality Standards for the workforce aspects of clinical and quality governance</li> <li>Proportion of relevant staff completing: <ol style="list-style-type: none"> <li>Induction</li> <li>Mandatory training</li> <li>Annual appraisals and Personal Development Plans</li> </ol> </li> <li>Rates of sickness, absence and staff turnover within each clinical service and department</li> <li>Results of staff feedback, and evidence of action taken to address causes and contributory factors</li> <li>Compliance with revalidation</li> <li>Senior healthcare professionals under investigation.</li> </ol>
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<b>Q300 - Health and Safety</b>						
<b>Q-301</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Board-level (or equivalent) Lead – Health and Safety</b></p> <p>A member of the Board should have lead responsibility for the organisations health and safety framework and its implementation throughout the organisation.</p>
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Q-302 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Workplace Health and Safety Standards</b>  The organisation should have a robust structure (including appropriate governance arrangements) to demonstrate compliance with current Health and Safety at work legislation including: a. A health and safety strategy / policy reviewed annually by a designated committee b. A health and safety committee which meets regularly, is quorate, and has a defined Terms of Reference to review the implementation of the defined policies and procedures. c. Operational health and safety leads d. Evidence of links with other relevant specialisms including Occupational Health (or equivalent) and Estates / Facilities e. A mechanism for reviewing and following up health and safety related incidents including reporting of relevant incidents to the Health and Safety Executive. f. A robust Health and Safety training programme g. A Local Security Management Specialist (for NHS Trusts)
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<b>Q400 - Facilities and Equipment</b>						
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Q-402 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Facilities and Equipment Standards</b>  The organisation should have a robust structure (including appropriate governance arrangements) to demonstrate compliance with current guidance relating to facilities and equipment, including: a. Policies signed off by a Board or equivalent Committee; b. A committee which meets regularly, is quorate, and has a defined Terms of Reference to ensure that the approved policies and procedures are being monitored and complied with c. Evidence of links with other relevant specialisms including Health and Safety d. A mechanism for reviewing and following up on equipment related incidents including reporting of relevant incidents to the Health and Safety Executive e. A robust training programme in the use of equipment for all relevant staff
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Q-403 BI Visit MP&S CNR Doc	<b>Facilities and Equipment – Support Staff</b> Staff with appropriate competences should be available to support the facilities and equipment (including medical devices) aspects of clinical and quality governance. Roles and responsibilities for these staff should be clearly defined in a Job Description.
Q-404 BI Visit MP&S CNR Doc	<b>Facilities and Equipment – Board Reporting</b> The Board (or equivalent) should ensure the following are reviewed at least annually: <ol style="list-style-type: none"> <li>Availability, capacity and suitability of facilities for the usual number and case mix of patients</li> <li>Arrangements for equipment maintenance and breakdown</li> <li>Availability and suitability of equipment for the usual number and case mix of patients</li> <li>Management of medical devices including medical device incident reporting &amp; learning</li> <li>Equipment replacement programme</li> <li>Information in relation to equipment training and competencies.</li> <li>Compliance with central alerts including estates notices and field safety notices</li> </ol>

Ref	Standard
<b>Q500 - Clinical Safety and Effectiveness</b>	
Q-501 BI Visit MP&S CNR Doc	<b>Lead Clinician – Clinical Safety and Effectiveness</b> A Board level registered healthcare professional should have lead responsibility for the implementation of safe and effective clinical practice throughout the organisation. <i>Note: If this individual is different to the Board level clinician for Quality and governance, clear lines of communication between the two roles need to be in place to ensure consistency of approach</i>
Q-502 BI Visit MP&S CNR Doc	<b>Patient Safety and Clinical Effectiveness Strategy</b> An up to date patient safety strategy and clinical effectiveness strategy should be in place which summarise the organisation's systems and arrangements for implementing and improving the delivery of safe and effective clinical practice using evidence based clinical best practice. <i>Note: This may be called a 'plan' or a 'programme' or have another name, so long as organisational aims and actions to achieve these elements of practice are identified.</i>

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<p>Q-503</p> <table border="1" data-bbox="209 277 312 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Clinical Safety and Effectiveness – Board Reporting</b></p> <p>The Board (or equivalent) should review:</p> <p><b>At least monthly:</b></p> <ol style="list-style-type: none"> <li>a. Key performance indicators for at least: <ol style="list-style-type: none"> <li>i. Infection control (Q-508)</li> <li>ii. Medicines management (Q-509)</li> <li>iii. Incidents</li> <li>iv. Pressure Ulcers</li> <li>v. Falls</li> </ol> </li> </ol> <p><b>At least quarterly:</b></p> <ol style="list-style-type: none"> <li>b. Achievement of Quality Standards related to clinical safety and effectiveness</li> <li>c. Uptake of staff training (Q-207 and Q208)</li> <li>d. Evidence of action taken as a result of staff feedback on concerns about the implementation of safe and effective clinical practice.</li> </ol> <p><i>Note: 'd' may be covered by Q-214 'd' or may be a separate mechanism.</i></p>
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<p>Q-504</p> <table border="1" data-bbox="209 878 312 1057"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Clinical Guidelines</b></p> <p>Arrangements for approval and distribution of clinical guidelines and protocols for use within the organisation should be in place. These arrangements should ensure that:</p> <ol style="list-style-type: none"> <li>a. Clinical guidelines are based on evidence of effectiveness or recommended best practice (when available)</li> <li>b. Clinical guidelines are localised to show how evidence-based practice will be implemented in the local situation</li> <li>c. Guidelines are reviewed regularly to reflect changes in evidence of effectiveness</li> <li>d. Up to date guidelines are easily available to clinical staff in all relevant clinical situations</li> <li>e. There is an audit programme in place to monitor compliance with guidelines, including auditable criteria.</li> </ol> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. Arrangements that involve approval of national guidance without consideration of local implementation are not sufficient for compliance with this QS.</li> <li>2. Training on the implementation of clinical guidelines is covered in the QSs for individual clinical services or departments.</li> </ol>
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<p>Q-505</p> <table border="1" data-bbox="209 1514 312 1693"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Introduction of New Drugs and Procedures</b></p> <p>Arrangements for approval of drugs and procedures for use within the organisation should be in place covering the safe:</p> <ol style="list-style-type: none"> <li>a. Approval of new, and withdrawal of ineffective, drugs</li> <li>b. Approval of new, and withdrawal of ineffective, procedures</li> <li>c. Implementation of novel techniques</li> </ol>
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<p>Q-506</p> <table border="1" data-bbox="209 1760 312 1939"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>'Horizon Scanning'</b></p> <p>Arrangements for 'horizon scanning' should be in place which ensure:</p> <ol style="list-style-type: none"> <li>a. New evidence of clinical effectiveness is considered for inclusion in guidelines</li> <li>b. New evidence on the effectiveness of drugs and procedures is considered</li> <li>c. New evidence best practice and national guidelines for clinical and non-clinical departments</li> </ol>
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<p>Q-508</p> <table border="1" data-bbox="209 674 312 853"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Infection Prevention and Control</b></p> <p>Infection control policies should be in use covering at least:</p> <ol style="list-style-type: none"> <li>Hand decontamination</li> <li>Uniform and clothing</li> <li>Personal protection equipment</li> <li>Blood and body fluid spills</li> <li>Management and disposal of sharps</li> <li>Decontamination of beds and equipment</li> <li>Waste management</li> <li>Patient isolation</li> <li>Management of outbreaks</li> <li>Transfer between healthcare organisations</li> <li>Peripheral cannulae techniques</li> <li>Blood culture techniques</li> <li>Antibiotic policy including antibiotic stewardship</li> <li>Management of patients with communicable diseases</li> <li>Management of patients with infections resistant to antibiotics</li> <li>Staff exposed to or with communicable diseases</li> <li>Expected staff training in all aspects of infection control</li> <li>Monitoring information and audit arrangements</li> <li>Investigation of incidents and evidence of implementation of any lessons learned through a Quality Improvement plan.</li> <li>Key performance indicators</li> </ol> <p><i>Note: Uptake of expected staff training required to be met is covered by Qs relating to mandatory training (Q-207 and Q-208)</i></p>
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<p>Q-509</p> <table border="1" data-bbox="209 277 312 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Medicines Management</b></p> <p>The organisation should have a robust structure (including appropriate governance arrangements) to demonstrate compliance with current guidance and best practice relating to Medicines Management including:</p> <ol style="list-style-type: none"> <li>a. Medicines management policies should be in use covering at least: <ol style="list-style-type: none"> <li>i. Roles and responsibilities including a Board level lead</li> <li>ii. Prescribing of medicinal products</li> <li>iii. Supply and return of medicines</li> <li>iv. Storage and transportation</li> <li>v. Administration of medicinal products</li> <li>vi. Alerts and cascade of notifications</li> <li>vii. Disposal of medicinal products</li> <li>viii. Unlicensed medicines</li> <li>ix. Management of adverse events</li> <li>x. Controlled drugs</li> <li>xi. Arrangements for monitoring implementation of the policy, including audit</li> <li>xii. Key performance indicators</li> </ol> </li> </ol> <p>Medicines management policies should cover fluids, oxygen and electrolytes as well as other medicinal products.</p> <ol style="list-style-type: none"> <li>b. A Medicines committee which meets regularly, is quorate, and has a defined Terms of Reference (including reporting to a Board level Quality Committee) to review the implementation of the defined policies and procedures.</li> <li>c. A mechanism for reviewing and following up medicines related incidents including reporting of relevant incidents to the external stakeholders including the Medicines and Healthcare products Regulation Agency (MHRA).</li> <li>d. A robust medications safety training programme.</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. Uptake of expected staff training is covered by Q-207.</li> <li>2. Handling of medication incidents is covered by Q-805 unless included in the Medicines Management Policies.</li> </ol>
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<p>Q-510</p> <table border="1" data-bbox="209 1438 312 1617"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Mental Health Act and Deprivation of Liberty Safeguards</b></p> <p>Policies should be in place to ensure compliance throughout the organisation of the Mental Health Act and Mental Capacity Act.</p> <p>Policies should be in place to ensure compliance throughout the organisation of the Mental Capacity Act and Deprivation of Liberty Safeguards.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. Compliance with the Mental Health Act is monitored through other mechanisms and so will not be reviewed in detail.</li> <li>2. In October 2020 Deprivation of Liberty Safeguards (DoLS) will be replaced by Liberty Protection Safeguards (LPS). This standard will be updated and reissued when the new legislation has been approved.</li> </ol>
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<p>Q-512</p> <table border="1" data-bbox="209 954 312 1133"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Safeguarding Policy</b></p> <p>The organisation should have robust structures (including appropriate governance arrangements) to demonstrate compliance with current Safeguarding policy and best practice including:</p> <ol style="list-style-type: none"> <li>a. An up to date Safeguarding children and vulnerable adult's policy covering at least: <ol style="list-style-type: none"> <li>i. Arrangements for investigation and, if necessary, referral of complaints and incidents relating to the care of children and vulnerable adults</li> <li>ii. Staff training and competencies</li> <li>iii. Who staff should contact if they have concerns about safeguarding issues</li> <li>iv. Arrangements for multi-agency working</li> <li>v. Action to take when safeguarding-related allegations are made against a member of staff</li> </ol> </li> <li>b. A Board level appointed lead for Safeguarding</li> <li>c. A safeguarding committee which meets regularly and has a defined Terms of Reference to review the implementation of the defined policies and procedures</li> <li>d. A system for sharing of relevant information including alerts</li> <li>e. A mechanism for reviewing and following up health and safety related incidents including reporting of relevant safeguarding incidents.</li> <li>f. A robust Safeguarding training programme.</li> </ol> <p><i>Note: Uptake of expected staff training is covered by Qs relating to mandatory training (QS-207).</i></p>
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<p>Q-514</p> <table border="1" data-bbox="209 878 312 1057"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Transfer of Care</b></p> <p>Protocols should be in use covering:</p> <ol style="list-style-type: none"> <li>Handover of care between clinical teams within and outside the organisation</li> <li>Transfer of care following an in-patient admission</li> <li>Transfer of care between consultants</li> </ol> <p><i>Note: Training on the implementation of transfer of care protocols is covered in the QSs for individual clinical services or departments.</i></p>
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<p>Q-515</p> <table border="1" data-bbox="209 1178 312 1357"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Transition between Services</b></p> <p>Guidelines should be in use covering patients whose care will transfer to another service; these should cover:</p> <ol style="list-style-type: none"> <li>The opportunity for the patient and, where appropriate, their carer to discuss the transfer of care with both services</li> <li>A named coordinator for the transfer of care</li> <li>A preparation period prior to transfer</li> <li>Written information about the transfer of care including arrangements for monitoring during the time immediately afterwards.</li> </ol> <p><i>Note: This QS usually applies to transition from children's to adult services but may also apply in other settings.</i></p>
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<b>Q600 - Information Governance</b>						
<b>Q-601</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Board-level Lead – IT and Information Governance</b></p> <p>A Board lead should have lead responsibility for I.T. , Information Governance and security</p>
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<b>Q-602</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Health Records, Information Management and Information Systems Strategy</b></p> <p>An up to date records, information governance and information systems strategy should be in place. This strategy should summarise:</p> <ol style="list-style-type: none"> <li>The organisation's plans for achieving Quality Standards for health records, information governance and information systems</li> <li>Expected staff training required to support implementation of these strategies.</li> <li>Cyber-security</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>This may be called a 'plan' or a 'programme' or have another name, so long as organisational aims and actions to achieve these are identified and are likely to be separate policies.</li> <li>Uptake of expected staff training is covered by Qs relating to mandatory training (QS Q-207).</li> </ol>
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<b>Q-603</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>General Data Protection Regulations and Data Protection Act</b></p> <p>The organisation should have robust policies and governance arrangements for ensuring ongoing compliance with the General Data Protection Regulations and Data Protection Act.</p>
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<p>Q-605</p> <table border="1" data-bbox="209 878 309 1057"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Information Systems</b></p> <p>Information systems for storage, retrieval and transmission of patient information should be in use for patient administration, clinical records, outcome information and other data to support service improvement, audit and revalidation.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Detail of IT systems available will be reviewed as part of individual clinical service and department reviews.</li> <li>IT and records systems should be integrated to avoid duplicate entry of patient data.</li> </ol>
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<p>Q-606</p> <table border="1" data-bbox="209 1214 309 1393"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Security of Information</b></p> <p>Up to date policies on security of information should be in use throughout the organisation covering at least:</p> <ol style="list-style-type: none"> <li>Fair processing</li> <li>Information Sharing Agreements</li> <li>Subject Access Requests</li> <li>Safe Haven arrangements</li> <li>Use of portable and removable devices</li> <li>Patient confidentiality;</li> <li>Data security – including use of data off site</li> <li>Sharing of patient-identifiable data with other organisations</li> <li>Secure transmission of patient-identifiable data</li> <li>Release of patient-identifiable data, including the role of the Caldicott Guardian</li> <li>Responsibility for prevention and management of threats to the security of electronically held data</li> <li>Responsibility for 'back up' of all electronically held data and other information required for the delivery of health services.</li> </ol> <p><i>Note: Handling of information security breaches is covered by QS Q-805 unless included in the security of information policies.</i></p>
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<b>Q-607</b> BI Visit MP&S CNR Doc	<b>Information Systems Risk Management</b> Risks relating to information management should be specifically identified, recorded and managed. The risk to patient care of interruption to or security breach of information systems and loss of data should be specifically included.
<b>Q-608</b> BI Visit MP&S CNR Doc	<b>Records, Information Management and Information Systems – Staff Training</b> Relevant staff throughout the organisation should have completed appropriate training in records management
<b>Q-609</b> BI Visit MP&S CNR Doc	<b>Records, Information Management and Information Systems – Support Staff</b> Staff with appropriate competences should be available to support implementation of high quality records, information management and information systems throughout the organisation. Roles and responsibilities for these staff should be clearly defined.
<b>Q-610</b> BI Visit MP&S CNR Doc	<b>Records, Information Management and Information Systems – Board Reporting</b> The Board (or equivalent) should review at least annually: <ol style="list-style-type: none"> <li>Achievement of Quality Standards related to health records, information management and information systems (Q-601 to 609)</li> <li>Evidence of action taken as a result of staff feedback about health records, information management and information systems.</li> </ol>

Ref	Standard
<b>Q700 - Clinical Audit and Research</b>	
<b>Q-701</b> BI Visit MP&S CNR Doc	<b>Lead Clinician – Clinical Audit and Research</b> A senior registered healthcare professional should have lead responsibility for the implementation of clinical audit and research throughout the organisation.
<b>Q-702</b> BI Visit MP&S CNR Doc	<b>Clinical Audit Committee</b> A sub-committee of the Board (or equivalent) should meet regularly to agree the clinical audit strategy, policy and programme and to oversee their implementation. Membership of this committee should include the Lead Clinician for clinical audit (Q-701), other appropriate professional and service clinical leads and patient and carer representatives.  <i>Note: The frequency of Clinical Audit Committee (or equivalent) meetings will be for each organisation to determine. This could also be part of a clinical effectiveness committee or similar</i>

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<b>Q-703</b> <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&amp;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><b>Clinical Audit Strategy and Policy0</b></p> <p>An up to date strategy covering clinical audit should be in place. A policy on implementation of the agreed strategy should be in use throughout the organisation which should cover at least:</p> <ol style="list-style-type: none"> <li>a. Arrangements for the registration and approval of audits prior to the start of data collection.</li> <li>b. Criteria for agreeing audits</li> <li>c. Standards for the conduct of audits</li> <li>d. Links between audits, risks and incidents, complaints and quality monitoring systems</li> <li>e. The requirement for multi-disciplinary, cross-organisation and cross-agency audits which cover whole patient pathways</li> <li>f. Arrangements for data collection for audit</li> <li>g. Participation in relevant National Clinical Audits and use of comparative information produced by National Clinical Audit Programmes</li> <li>h. Participation in relevant National Confidential Enquiries into Patient Outcomes and Death</li> <li>i. Responsibility for action plans following audits and review of their implementation.</li> <li>j. Arrangements for transfer of learning from audits to relevant staff and services throughout the organisation.</li> <li>k. Arrangements for training staff included data protection and requirements for patient consent.</li> </ol> <p><i>Note: This may be called a 'plan' or a 'programme' or have another name so long as organisational aims and actions to achieve these are identified.</i></p>
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<b>Q-704</b> <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&amp;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><b>Clinical Audit Programme</b></p> <p>A prioritised clinical audit programme linked to organisational objectives should be agreed and regularly reviewed by the Clinical Audit Committee.</p> <p><i>Note: Agreement of detailed audit programmes may be delegated to service or departmental level but the Clinical Audit Committee should maintain an overview of audit programmes across the organisation.</i></p>
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<b>Q-705</b> <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&amp;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><b>Clinical Audit – Support Staff</b></p> <p>Sufficient staff with appropriate competences should be available to support the implementation of clinical audit throughout the organisation (Qs Q-701 to 705). Roles and responsibilities for these staff should be clearly defined.</p>
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<b>Q-706</b> <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&amp;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><b>Clinical Audit – Board Reporting</b></p> <p>The Board (or equivalent) should review at least annually:</p> <ol style="list-style-type: none"> <li>a. Achievement of clinical audit-related Quality Standards (QS Q-701 to 707)</li> <li>b. Compliance with NICE guidelines and quality standards</li> <li>c. Initiation, completion and consideration of results of audit projects</li> <li>d. Agreement and implementation of action plans to improve outcomes following audits</li> <li>e. Significant variations from expected standards identified through audits</li> <li>f. Evidence of action taken as a result of staff feedback about clinical audit and its impact on compliance and outcomes.</li> <li>g. Benchmarking against national audit findings and a gap analysis / action plan to identify measures for improvement</li> </ol> <p><i>Note: This could include the requirement to follow a quality improvement process when developing action plans to demonstrate improvement between re-audits.</i></p>
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<b>Q-707</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Research and Development</b> <p>An up to date policy and appropriate governance arrangements on research and development should be in <i>use</i> covering at least:</p> <ol style="list-style-type: none"> <li>Ensuring all research and development complies with relevant legislation and statutory guidance</li> <li>Organisational structure for the management and delivery of research and development</li> <li>Prioritisation of research and development</li> <li>Approval process for research and development including: <ol style="list-style-type: none"> <li>Service user involvement</li> <li>Assurance of appropriate protocols and agreements</li> <li>Assurance of staff capability</li> <li>Consideration by an Ethics Committee (or equivalent)</li> </ol> </li> <li>Process for obtaining consent for participation in research and development</li> <li>Ensuring completion and that results are made available</li> <li>Systems for identification of fraud and misconduct</li> <li>Reporting of adverse events</li> <li>Data storage after trials</li> </ol>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<b>Q800 - Risk Management</b>						
<b>Q-801</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Board-Level Lead – Risk Management</b> <p>A senior member of staff should have lead responsibility for risk management throughout the organisation.</p>
BI						
Visit						
MP&S						
CNR						
Doc						
<b>Q-802</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Risk Management Committee</b> <p>A quorate Risk Management (or equivalent) committee should meet regularly, to review the organisational risk management arrangements and responses to identified risks. It should also report regularly to the Board.</p> <p><i>Note: The frequency of Risk Management Committee (or equivalent) meetings will be for each organisation to determine.</i></p> <p><i>An audit committee (or equivalent) should be in place to review the effectiveness of the risk management strategy and processes.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>Q-803</p> <table border="1" data-bbox="209 282 308 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Risk Management Strategy and Policy</b></p> <p>An up to date strategy covering the identification and management of risk (operational and strategic) should be in place. A policy on implementation of the agreed strategy should be in use throughout the organisation covering at least:</p> <ol style="list-style-type: none"> <li>Organisational risk appetite and tolerance</li> <li>Clear definition of risks to be included on the risk register</li> <li>System for assessment of the consequences and likelihood of risks, identification of effective (SMART) actions and sources of assurance</li> <li>Frequency of review of specific risks</li> <li>Authorisation for managing different levels of risk within the organisation</li> <li>Responsibilities for maintenance of risk registers, the different types or registers and the process for transferring or escalating risks between them</li> <li>Expected staff training in relation to risk management</li> <li>Monitoring information and information to be reported to the Board (or equivalent).</li> </ol>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>Q-804</p> <table border="1" data-bbox="209 831 308 1005"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Risk Register</b></p> <p>A risk register should be in place covering all services and departments within the organisation. This register should include:</p> <ol style="list-style-type: none"> <li>Date of identification of each risk</li> <li>Risk identification number</li> <li>Risk owner</li> <li>An assessment of the consequences and likelihood of each risk</li> <li>Identification of existing controls</li> <li>Actions taken to mitigate or address each risk</li> <li>Sources of assurance regarding the effectiveness of the controls</li> <li>Assessment of residual risk and escalation mechanisms</li> <li>Review date for each risk</li> </ol> <p><i>Note: Risk registers may be held at different levels within the organisation. If so, an overall organisational risk register should give an overview of risks identified.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard					
<p>Q-805</p> <table border="1" data-bbox="209 282 308 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Incident Reporting (Clinical and Non-clinical)</b></p> <p>An incident reporting, investigation and management system should be in use throughout the organisation. This system should include:</p> <ol style="list-style-type: none"> <li>Definitions of incidents and ‘near misses’, classification of harm and thresholds for reporting</li> <li>Service level identification and reporting arrangements</li> <li>Arrangements for recording and reporting incidents that did not occur within the organisation (e.g. community acquired pressure sores).</li> <li>Risk-based arrangements for investigation of incidents and ‘near misses’ including, where appropriate, root cause analysis</li> <li>Arrangements for external reporting of relevant incidents</li> <li>Arrangements for the implementation of Duty of Candour for relevant incidents</li> <li>Arrangements for agreeing SMART actions following incidents and ‘near misses’, and for monitoring that this has taken place</li> <li>Arrangements for implementing organisation-wide learning from incidents and ‘near misses’ – including where things went well</li> <li>Organisation-wide arrangements for summarising and analysing incidents and ‘near misses’</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Incidents may include things that did go well (not just those that didn’t go well)</li> <li>Medication errors and information security breaches should be included in the incident reporting system unless these issues are covered by Q-509</li> </ol>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>Q-806</p> <table border="1" data-bbox="209 1070 308 1245"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Business Continuity and Major Incident planning</b></p> <p>Arrangements for business continuity and Major Incident planning in the event of significant untoward events should be in place including:</p> <ol style="list-style-type: none"> <li>A business continuity plan which identifies risks to business continuity and action to be taken if they occur</li> <li>Major incident plan including arrangements for working with external agencies and partners</li> </ol> <p>Evidence of regular exercises to test the business continuity and Major Incident plans should be in place.</p>
BI						
Visit						
MP&S						
CNR						
Doc						
<p>Q-807</p> <table border="1" data-bbox="209 1357 308 1532"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Risk Management – Support Staff</b></p> <p>Sufficient staff with appropriate competences should be available to support the implementation of risk management throughout the organisation. Roles and responsibilities for these staff should be clearly defined.</p> <p><i>Note: Details of individual staff job descriptions are not required in order to demonstrate compliance with this QS.</i></p>
BI						
Visit						
MP&S						
CNR						
Doc						



Ref	Standard					
<p>Q-808</p> <table border="1" data-bbox="209 282 308 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Risk Management – Board Reporting</b></p> <p>The Board should receive a risk update quarterly</p> <p>The Risk Committee should review:</p> <p><b>At least monthly:</b></p> <ul style="list-style-type: none"> <li>a. Significant risks newly identified within each service or department, controls and planned mitigation actions</li> <li>b. Risks which are not resolved within agreed timescales</li> <li>c. Incidents and ‘near misses’ identified within each service or department</li> <li>d. Incidents and ‘near misses’ where investigation and action has not been completed within expected timescales</li> </ul> <p><b>At least annually:</b></p> <ul style="list-style-type: none"> <li>e. Achievement of risk management-related Quality Standards (Q-801 to 807)</li> <li>f. Summary of all risks identified within services or departments</li> <li>g. Incident and risk trends and themes, common causes and lessons learned</li> </ul> <p><i>Notes:</i></p> <ul style="list-style-type: none"> <li>1. <i>resolved (b) means mitigated to an acceptable level of control – or accepted at the current level.</i></li> <li>2. <i>The frequency of the risk (or equivalent) committee is determined by the local governance arrangements for the organisation but should be documented.</i></li> </ul>
BI						
Visit						
MP&S						
CNR						
Doc						

Return to [Index](#)

DRAFT

## APPENDIX 1 Steering Group Membership

Name	Position	Organisation
Gill Harrad	Company Secretary	Worcestershire Health and Care NHS Trust
Chris Rawlings	Deputy Head of Quality Governance	Worcestershire Health and Care NHS Trust
Jamie Maxwell	Head of Quality, Safety & Compliance	University Hospitals of North Midlands NHS Trust
Penny Holtom	Senior Quality and Compliance Manager	NHS Birmingham and Solihull CCG
Rachael Blackburn	Assistant Director	Quality Review Service
Comments were also received from:		
Peter Moon	Corporate risk manager	University Hospitals Birmingham NHS Foundation Trust

Return to [Index](#)

## APPENDIX 2 Reference Sources

Year	Publisher	Title	Number
2019	NHSI	<b>The NHS Patient Safety Strategy</b>	1
2019	NHSEI	The NHS Long-Term Plan	2
2019	Nursing and Midwifery Council	Standards framework for nursing and midwifery education	3
2019	NHS England	Guidance and Information for health and care staff about the national data opt-out	4
2019	NHS England	Commissioning for Quality and Innovation (CQUIN) Guidance for 2019-2020	5
2018	Professional Record Standards Body	Structure and Content of Health and Care records	6
2017	Public Health England (PHE), NHS England (NHSE) and the Department of Health (DH)	You're welcome standards	7
2017	NHS England	Patient and public participation in commissioning health and care	8
2017	NHSI	Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts	9
2017	NHS England	Leading large-scale change	10
2013	Monitor	NHS boards: guidance on quality governance	11
2017	National Quality Board	Quality Surveillance Groups – national guidance	12
2017	National Quality Board	National guidance on learning from deaths	13
2017	National Quality Board	Shared commitment to quality framework	14
2017	Health Research Authority	Joint Statement on the Application of Good Clinical Practice to Training for Researchers	15
2016	Good Governance Institute	The new integrated governance handbook 2016	16
2016	National Quality Board	Right staff with the right skills in the right place at the right time	17
2015	Department of Health	Freedom to speak up: Whistleblowing policy for the NHS	18
2015	Care Quality Commission	Duty of Candour: Regulation 20	19
2015	Department of Health	Voice, choice and Control	20
2015	MRHA	Managing medical devices: guidance for health and social services organisations	21
2015	NHS England	Improving experience of care through people who use services	22
2015	Royal College of Surgeons	Duty of Candour – guidance for surgeons and employers	23
2014	NHS Commissioning Board	Risk Management Strategy and Policy	24
2013	NHS Staff Council & Health Safety and Wellbeing Partnership Group	Workplace Health and Safety Standards	25

2013	GMC	Guidance for good medical practice Domain 2 – safety and quality	25
2013	Academy of Medical Royal Colleges	Standards for the Clinical Structure and Content of Patient Records	27
2013	National Voices	A Narrative for person centred coordinated care	28
2013	Monitor	Quality Governance: How does a Board know that its Organisation is Working Effectively to Improve Patient Care? Guidance for Boards of NHS Provider Organisations	29
2013	The Stationery Office	The Francis Report – Summary of Recommendations	30
2013	Grant Thornton	NHS Governance Review 2013 The Formula for Clear Governance Finding the Equilibrium	31

Return to [Index](#)

DRAFT

## APPENDIX 3 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
Q-001	3, 7																				*	*						
Q-002	3																						*			*		
Q-003	3																				*	*		*	*			
Q-004	3																				*	*		*	*			
Q-005	3																										*	
Q-006	3,7	*								*													*					
Q-007	3,7																				*	*						
Q-008	7, 8, 11						*			*													*					*
Q-009	3, 8, 11								*												*							*
Q-010	4, 8, 11																								*		*	
Q-011	4, 8, 11						*																		*		*	
Q-012	8																								*		*	
Q-013	5			*																								
Q-101	3, 7																				*	*		*	*			
Q-102	3																					*		*				
Q-103	6			*																								
Q-104	6	*												*						*								
Q-105	3, 6, 7						*							*				*									*	
Q-106	3,6																					*						
Q-107	3, 6, 7						*							*				*									*	
Q-108	3,7	*								*												*						
Q-109	6																		*									
Q-110	3, 7	*								*																		
Q-111	3																				*	*		*	*			
Q-201	3, 7, 10																				*	*		*	*			
Q-202	3, 10																					*		*				
Q-203	10		*							*															*			

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
Q-204	10	*	*						*													*		*				
Q-205	10	*																										
Q-206	10		*						*															*				
Q-207	10	*	*				*		*					*			*							*				
Q-208	10	*	*				*		*					*			*							*				
Q-209	10																							*				
Q-210	10																					*						
Q-211	10																											
Q-212	10																					*		*				
Q-213	10, 11																				*							
Q-214	6																									*		
Q-215	3																				*	*	*	*	*			
Q-301	3, 5, 7																				*	*		*	*			
Q-302	3, 5, 7																					*		*				
Q-303	3, 7						*																		*		*	
Q-401	3, 5, 7																				*	*		*	*			
Q-402	3, 5, 7																					*		*				
Q-403	5, 7	*																										
Q-404	3, 7						*																		*		*	
Q-501	3, 7																				*	*		*	*			
Q-502	3, 10																					*		*				
Q-503	3, 7				*		*																		*		*	
Q-504	6, 8, 9		*				*					*	*	*	*													
Q-505	6, 8, 9, 11				*	*																		*	*			
Q-506	3, 11																											
Q-507	3, 5, 7, 8, 11				*	*	*																					
Q-508	3, 4, 5, 7 10	*																										

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	
Q-509	6, 7, 8, 9, 10	*			*																			*	*				
Q-510	6. 9. 10							*					*																
Q-511	6, 9											*					*												
Q-512	6, 9, 10	*					*																*						
Q-513	6, 8, 9		*					*				*	*	*	*								*						
Q-514	6, 9																	*											
Q-515	4, 6, 9		*	*							*							*											
Q-516	6, 9, 10, 11						*										*					*		*					
Q-601	3, 7	*		*														*					*	*	*				
Q-602	3, 5, 7	*		*														*					*	*	*				
Q-603	3, 5, 7			*											*								*		*	*			
Q-604	3, 5, 7	*		*														*					*	*	*				
Q-605	3, 5, 7	*		*														*					*	*	*				
Q-606	3, 5, 7	*		*														*					*	*	*				
Q-607	3, 5, 7, 10			*																						*			
Q-608	3, 5, 7, 10			*																						*			
Q-609	3, 5, 7, 10			*																						*			
Q-610	3, 7			*			*																			*		*	
Q-701	3, 7																					*	*		*	*		*	
Q-702	3																					*	*		*	*			
Q-703	3, 4, 7, 10, 11					*	*	*	*										*				*		*				
Q-704	4, 7, 8									*																*			
Q-705	4, 7, 8									*															*				
Q-706	3							*														*	*		*	*			
Q-707	8, 11								*																			*	
Q-801	3, 7	*	*	*														*							*				
Q-802	3, 7																					*	*		*	*			



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
Q-803	3, 7	*		*														*						*	*	*		
Q-804	7		*																					*	*	*		
Q-805	7					*	*															*						
Q-806	4, 7																					*	*					
Q-807	7					*	*															*						
Q-808	7					*	*															*		*	*			

Return to [Index](#)

## APPENDIX 4 Glossary of Terms and Abbreviations

Glossary of terms and abbreviations	
<b>Advocacy</b>	Advocacy means to speak up for someone. It is about making things change because people's voices are heard and listened to. It's 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.
<b>BI</b>	Background information to review team.
<b>Carer</b>	Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.
<b>CCG</b>	Clinical Commissioning Group.
<b>Commissioner</b>	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
<b>CNR</b>	Case note review or clinical observation.
<b>CQC</b>	The Care Quality Commission is the independent regulator of health and social care in England.
<b>DH</b>	Department of Health.
<b>Doc</b>	Documentation should be available. Documentation may be in the form of a website or other social media.
<b>GP</b>	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.
<b>HealthWatch</b>	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.
<b>LBR</b>	Learning beyond registration.
<b>MP&amp;S</b>	Meeting patients, carers and staff.
<b>NICE</b>	National Institute for Health and Care Excellence.
<b>NHSLA</b>	NHS Litigation Authority.
<b>NVQ</b>	National Vocational Qualification.
<b>PDR</b>	Performance Development Review.
<b>Provider</b>	A health or social care organisation which provides services to patients.
<b>QRS</b>	Quality Review Service
<b>QS</b>	Quality Standard.
<b>Service provider</b>	See 'Provider'.
<b>Service commissioner</b>	See 'Commissioner'.
<b>Trust</b>	An NHS Trust, NHS Foundation Trust or other organisation with management responsibility for the service.

Return to [Index](#)

## APPENDIX 5 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	
<b>Background information</b>	This means that the information should be included in the background report or self-assessment.
<b>Visiting facilities</b>	Reviewers will look for the information while they are visiting the service.
<b>Meeting patients, carers and staff</b>	These Standards will be discussed with patient, carers and /or staff as appropriate.
<b>Case note review or clinical observation</b>	A few Quality Standards require reviewers to look at case notes or other clinical information.
<b>Documentation</b>	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	
Q-001	Board level clinician – quality and clinical governance	*					Name of lead
Q-002	Clinical quality and governance strategies					*	Copy of relevant strategy
Q-003	Clinical and Quality Governance Committees	*				*	Minutes and papers from recent meetings
Q-004	Board Quality Monitoring		*			*	Board papers for the last year
Q-005	Openness and Transparency					*	Relevant policy and copies of Board minutes
Q-006	Board Training in clinical and quality governance		*			*	Training needs analysis and evidence of completed training
Q-007	Service level clinical leadership		*			*	Name of lead and copy of role description
Q-008	Review and Learning		*			*	
Q-009	Service level quality standards and quality		*	*		*	

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	
	improvement programme						
Q-010	Key Performance Indicators		*	*		*	
Q-011	Internal and External Quality Assurance		*			*	Register of internal and external reviews and action plans
Q-012	Data Quality and Performance Monitoring		*			*	
Q-013	Document Control					*	Policy and guidelines development documents
Q-101	Board level lead – Public, Patient and carer involvement		*				Copy of the relevant strategy
Q-102	Public, Patient and Carer involvement strategy					*	
Q-103	Information for patients and carers			*		*	
Q-104	General support for patients and carers			*		*	
Q-105	Service level patient and carer involvement			*		*	
Q-106	Involving GPs and other agencies			*		*	
Q-107	Public, patient and carer involvement in clinical and quality governance		*	*			
Q-108	Training and support for patients and carers in clinical and quality governance			*		*	
Q-109	Complaints, compliments and other feedback					*	

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	
Q-110	Public, Patient and carer involvement – staff training					*	
Q-111	Public patient and carer – board reporting					*	
Q-201	Board level - workforce	*				*	
Q-202	Workforce strategy					*	
Q-203	Service level staffing		*	*			
Q-204	Training strategy			*		*	
Q-205	Pre-employment checks					*	
Q-206	Induction			*		*	
Q-207	Mandatory training and competencies			*		*	
Q-208	Clinical safety and effectiveness – staff training			*		*	
Q-209	Training Implementation			*		*	
Q-210	Appraisal and CPD			*		*	
Q-211	Maintaining competence in small or isolated services			*		*	
Q-212	Workforce policies					*	
Q-213	Clinical and Managerial leadership development			*		*	
Q-214	Staff communication and feedback			*		*	
Q-215	Board (or equivalent) reporting					*	
Q-301	Board level (or equivalent) lead – health and safety	*				*	

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	
Q-302	Workplace health and safety standards		*	*		*	
Q-303	Health and Safety – board reporting					*	
Q-401	Board level (or equivalent) Facilities and Equipment	*				*	
Q-402	Facilities and Equipment Standards		*	*		*	
Q-403	Facilities and equipment – support staff					*	
Q-404	Facilities and Equipment – board reporting					*	
Q-501	Lead clinician – clinical safety and effectiveness	*				*	
Q-502	Patient safety and clinical effectiveness strategy					*	
Q-503	Clinical safety and effectiveness – board reporting					*	
Q-504	Clinical Guidelines					*	
Q-505	Introduction of new drugs and procedures					*	
Q-506	Horizon scanning			*		*	
Q-507	Patient safety alerts			*		*	
Q-508	Infection prevention and control		*	*		*	
Q-509	Medicines Management		*	*	*	*	
Q-510	MHA and DOLs					*	
Q-511	Consent				*	*	

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	
Q-512	Safeguarding policy			*		*	
Q-513	General Clinical Guidelines					*	
Q-514	Transfer of care					*	
Q-515	Transition between services					*	
Q-516	End of life policies					*	
Q-601	Board level IT and Information Governance	*				*	
Q-602	Health records, information management and information strategy					*	
Q-603	GDPR and DPA					*	
Q-604	Records Management				*	*	
Q-605	Information systems		*	*	*		
Q-606	Security of Information		*		*	*	
Q-607	information systems – risk management						
Q-608	Records, information management and systems – staff training			*		*	
Q-609	Records, information management and systems – support staff			*		*	
Q-610	Records, information management and systems – Board reporting					*	
Q-701	Lead clinician – clinical audit and research	*				*	Name of lead
Q-702	Clinical Audit Committee			*		*	Terms of reference and minutes of recent meetings

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	
Q-703	Clinical Audit – strategy and policy					*	
Q-704	Clinical audit programme			*		*	
Q-705	Clinical audit – support staff					*	
Q-706	Clinical audit – board reporting					*	
Q-707	Research and development					*	
Q-801	Board level – risk management	*				*	
Q-802	Risk Management committee			*		*	Committee agendas and meeting minutes
Q-803	Risk management strategy and policy					*	Copies of relevant strategy and policy
Q-804	Risk Register			*		*	Corporate and operational risk registers
Q-805	Incident reporting			*		*	
Q-806	Business continuity and Major Incident planning					*	
Q-807	Risk management – support staff			*			
Q-808	Risk management – Board reporting					*	Board minutes and papers

Return to [Index](#)