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1. Introduction

This document introduces the NHS Quality Improvement Scotland (NHS QIS) *Draft Standards for Healthcare Governance*. They include sections on:

- structure and processes;
- delivering services;
- information; and
- supporting services.

When finalised, the standards will be used by NHS QIS to assess performance in NHS Boards¹ throughout Scotland.

The initial sections of this document provide background information on NHS QIS and on the process used to develop the draft standards (Sections 2 and 3 respectively).

The development of the *Draft Standards for Healthcare Governance* is outlined in Section 4, and the membership of the Steering Group undertaking this work is given in Section 5. The overarching principles guiding development of the draft standards are provided in Section 6.

Section 7 provides basic information about healthcare governance, and the evidence underpinning the draft standards is presented in Section 8.

Section 9 contains the Draft Standards for Healthcare Governance.

Finally, Section 10 provides a draft glossary of terms used in the draft standards. This is not a comprehensive list and suggestions for inclusion are welcome.

¹ For simplicity, the term 'NHS Board' is used in this document to refer to all relevant NHS organisations, including NHS Trusts and Special Health Boards. During 2003, the move to abolish NHS Trusts in order to create a single health planning and delivery body in each NHS Board area accelerated.

2. Background on NHS Quality Improvement Scotland

NHS Quality Improvement Scotland (NHS QIS) was established as a Special Health Board on 1 January 2003 as a result of bringing together the Clinical Resource and Audit Group (CRAG), Clinical Standards Board for Scotland (CSBS), Health Technology Board for Scotland (HTBS), Nursing and Midwifery Practice Development Unit (NMPDU) and the Scottish Health Advisory Service (SHAS).

The purpose of NHS QIS is to improve the quality of healthcare in Scotland by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

A part of this remit is to develop and run a national system of quality assurance of clinical services. Working in partnership with healthcare professionals and members of the public, NHS QIS sets standards for clinical services, assesses performance throughout NHSScotland against these standards, and publishes the findings. The standards are based on the patient's journey as he or she moves through different parts of the health service. A wide range of diseases and services are at present being addressed, including infection control, vascular services and specialist palliative care.

Project Groups

For each service in the work programme, NHS QIS appoints a project group comprising appropriate healthcare professionals and members of the public to:

- oversee the development of, and consultation on, the standards;
- recommend an external peer review process; and
- report on its findings to the NHS QIS Board.

As part of their rolling programme, individual project groups ensure that the standards are regularly evaluated and revised so that they remain relevant and up to date (reflecting new procedures and treatments). They also ensure that targets of achievement are raised as performance improves.

Development of Standards

The way in which standards are developed is a key element of the quality assurance process. Groups working on behalf of NHS QIS are expected to:

- adopt an open and inclusive process involving a wide range of both members of the public and professional people through a variety of mechanisms;
- work within NHS QIS policies and procedures; and
- test standards through pilot reviews to ensure that they meet the principles of NHS QIS.

Review

The framework for the NHS QIS review process is as follows:

- once the standards have been finalised, each relevant Board/service is asked to undertake a self-assessment of its service against the standards;
- a review team visits the Board/service on behalf of NHS QIS to follow up this self-assessment exercise with an external peer review of performance in relation to the standards; and
- NHS QIS reports the findings for the Board/service, based on the self-assessment exercise and on the external peer review.

Peer review teams are multidisciplinary, including both healthcare professionals and members of the public. All teams are led by an experienced clinician and are supported by staff from NHS QIS.

All the processes being developed are subject to review and evaluation, and this will help NHS QIS improve its quality assurance system.

Further Information

For further information about NHS QIS, or to obtain additional copies of these draft standards, please contact:

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Copies of all NHS QIS publications can also be downloaded from the website (**www.nhshealthquality.org**).

3. Background on Standards – Basic Principles

The standards set by NHS Quality Improvement Scotland (NHS QIS) are:

- focused on clinical issues and include non-clinical factors that impact on the quality of care;
- written in simple language;
- based on evidence (recognising that levels and types of evidence will vary);
- written to take into account other recognised standards and clinical guidelines;
- clear and measurable;
- achievable but stretching;
- developed by healthcare professionals and members of the public;
- consulted on widely;
- published on paper and electronically (on the Internet); and
- regularly reviewed and revised to make sure they remain relevant and up to date.

Some standards are common to all clinical services, others specific to particular conditions.

Format of Standards and Definition of Terminology

All standards set by NHS QIS follow the same format:

- each standard has a **title**, which summarises the area on which that standard focuses;
- this is followed by the **standard statement**, which explains the level of performance to be achieved;
- the **rationale** section provides the reasons why the standard is considered to be important; and
- the standard statement is expanded in the section headed **criteria**, which states exactly what must be achieved for the standard to be reached.

As already mentioned, NHS QIS aims to set standards that are **achievable but stretching**. This is reflected in the criteria. Most criteria are **essential**, in that it is expected that they will be met wherever a service is provided. Other criteria are **desirable**, in that they are being met in some parts of the service and demonstrate levels of quality which other providers of a similar service should strive to achieve. Each project group is responsible for determining which criteria are essential and which are desirable.

The criteria are numbered for the sole reason of making the document easier to work with, particularly for the assessment process. The numbering of the criteria is not a reflection of priority.

4. Development of the Draft Standards for Healthcare Governance

This document contains the draft standards and draft self-assessment for healthcare governance. In order to consult on both the draft standards and draft self-assessment, only the draft self-assessment document is included at this consultation stage. The draft self-assessment contains all the standard statements, rationales and criteria (which will form the separate final standards document), as well as evidence lists and self-assessment questions.

These draft standards are based on the integration of the generic clinical governance standards developed by the Clinical Standards Board for Scotland, now part of NHS Quality Improvement Scotland (NHS QIS), and the healthcare risk management standards developed by the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

Background

The standards for generic clinical governance were first published in January 2001. They covered a range of clinical governance areas under the headings of 'patient focus' and 'safe and effective clinical care'. Two rounds of review visits have been completed, culminating in the publication of national overviews and local reports in April 2002 and May 2003.

In August 2002, a short-life working group was set up to revise the generic clinical governance standards, taking into account areas of overlap with other related standards and systems, and with the aim of learning from the experience of reviewing performance against the standards to date. These standards were issued in June 2003 to a limited distribution list as part of a pre-consultation exercise.

CNORIS, managed on behalf of the Scottish Executive Health Department by Willis Ltd, was established in April 2000 with the aim of providing financial risk pooling and claims management arrangements for NHSScotland, and supporting rigorous risk management. In January 2003, updated CNORIS healthcare risk management standards were published. The CNORIS standards were designed to evolve and incorporate good practice as it is developed within NHSScotland and elsewhere. Therefore, they referred to the work, amongst others, of NHS QIS, the Royal Colleges, the Health & Safety Executive, and expert working groups.

In July 2003, the Scottish Executive Health Department issued *HDL(2003)29* which set out the decision to integrate the healthcare risk management standards developed by CNORIS, and the NHS QIS generic clinical governance standards. NHS QIS was given future responsibility for overseeing the standard setting and assessment processes associated with the resulting standards. The financial and claims management aspects of CNORIS will continue to be handled separately from the development and monitoring of the standards.

Developing the Draft Standards for Healthcare Governance

In order to produce an integrated set of draft standards, NHS QIS established a Healthcare Governance Standards Steering Group with membership drawn from staff who have experience of both the NHS QIS and CNORIS review processes, as well as lay representatives. Membership of the Steering Group is listed in Section 5.

This is a working document, and the draft standards and draft self-assessment have been set out in a format which includes: a standard statement; rationale; criteria; and self-assessment questions. The self-assessment questions contain the detail which underpins the standards and which is required to assess the NHS Board against the criteria.

Submitting Your Comments

Responses to the *Draft Standards for Healthcare Governance* should be submitted by Friday 16 April 2004. Please send to:

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5. Membership of the Healthcare Governance Standards Steering Group

The membership of the Healthcare Governance Standards Steering Group, chaired by Dr John Browning, Medical Director, Lanarkshire Acute Hospitals NHS Trust, is presented below:

Name	Title	NHS Board Area/Organisation
Mr Alan Barn	CNORIS Scheme Manager	Willis Ltd
Mr Bob Benson	Director	Disability Rights Commission
Mrs Margo Biggs	Member	Forth Valley Local Health Council
Ms Hazel Brooke	Chair of Clinical Governance Committee	Greater Glasgow
Ms Anne Bryce	Chief Internal Auditor	Argyll & Clyde
Dr Doreen Campbell	Senior Medical Officer	Scottish Executive Health Department
Mr Andy Crawford	Clinical Governance Manager	Greater Glasgow
Ms Kay Eastwood	Director of Nursing, Lomond & Argyll Division	Argyll & Clyde
Mr Wayne Gault	Head of Risk Management	Grampian
Ms Deb Grant	Assistant Chief Executive	Grampian
Mr Steve Jack	Director of Patient Services	Shetland
Mr Brian Kennedy	Deputy Scheme Manager & Risk Management Assessor	Willis Ltd
Mr Adrian Lucas	Chief Executive	Scottish Ambulance Service
Ms Donna O'Boyle	Risk Management Executive	Willis Ltd
Ms Pat O'Connor	Head of Risk Management	Tayside
Mr John Orr	Associate Medical Director	Lothian
Mr Ross Scott	Head of Policy Implementation & Development Branch	Scottish Executive Health Department
Dr Lesley Anne Smith	Clinical Risk Manager	Highland
Mrs Rona Webster	HR Director	Fife
Mr Ian Williamson	Head of Planning and Risk Management	Borders

Mrs Andrea Wilson

Clinical Governance Co-ordinator

Fife

The NHS Quality Improvement Scotland (NHS QIS) Board member specifically working with the Healthcare Governance Standards Steering Group is The Very Reverend Graham Forbes.

Ms Jan Warner (Director of Performance Assessment and Practice Development), Mrs Anne Hanley (Review Team Manager), Mrs Hazel Borland (Clinical Governance Co-ordinator, Tayside University Hospitals NHS Trust [on secondment to NHS QIS]), Ms Margaret Brown (Project Officer) and Mrs Wendy Forbes (Project Administrator) provided support from NHS QIS.

6. Overarching Principles

NHS Quality Improvement Scotland's draft standards for healthcare governance have been developed to ensure that:

- patients' views and experiences are taken into account in the planning and delivery of services;
- patients are involved in, and informed about, all decisions made during their journey of care;
- systems are in place to ensure that patient safety is a core principle underpinning all aspects of healthcare delivery;
- information is used appropriately to maximise benefit in all sectors of healthcare;
- policies and procedures are in place to encourage and enable continuous quality improvement;
- staff from across NHSScotland are fully supported and adequately trained, both personally and professionally, to provide high quality health services;
- quality systems are in place to enable employees to play a full and active role in providing effective and efficient healthcare services for patients; and
- structures and processes are in place for the adequate review of service delivery.

These standards underpin all clinical services provided by NHSScotland. They provide the broad context for all NHS QIS condition-specific standards. Condition-specific standards should be read in conjunction with the healthcare governance standards.

7. An Introduction to Healthcare Governance

The draft standards for healthcare governance have resulted from the integration of existing standards for generic clinical governance and risk management. It was recognised, during this process, that the scope of the integrated standards is broad, and that the term ‘clinical governance’ might not adequately reflect the range of governance issues which they address. In order to encompass not only clinical governance but also broader issues of corporate governance, it was decided, therefore, to use the phrase ‘healthcare governance’. This does not replace the term ‘clinical governance’, rather it recognises it as one of the key elements.

Healthcare governance provides a framework for the continuous improvement of the quality, safety and effectiveness of NHS services. Accountability for healthcare governance rests with NHS Boards, and these standards apply throughout all healthcare services. However, there may be some standards and criteria which apply only in part, or not at all, to certain NHS Boards. Where a NHS Board considers that elements of the standards do not apply, it must be able to demonstrate this to NHS Quality Improvement Scotland.

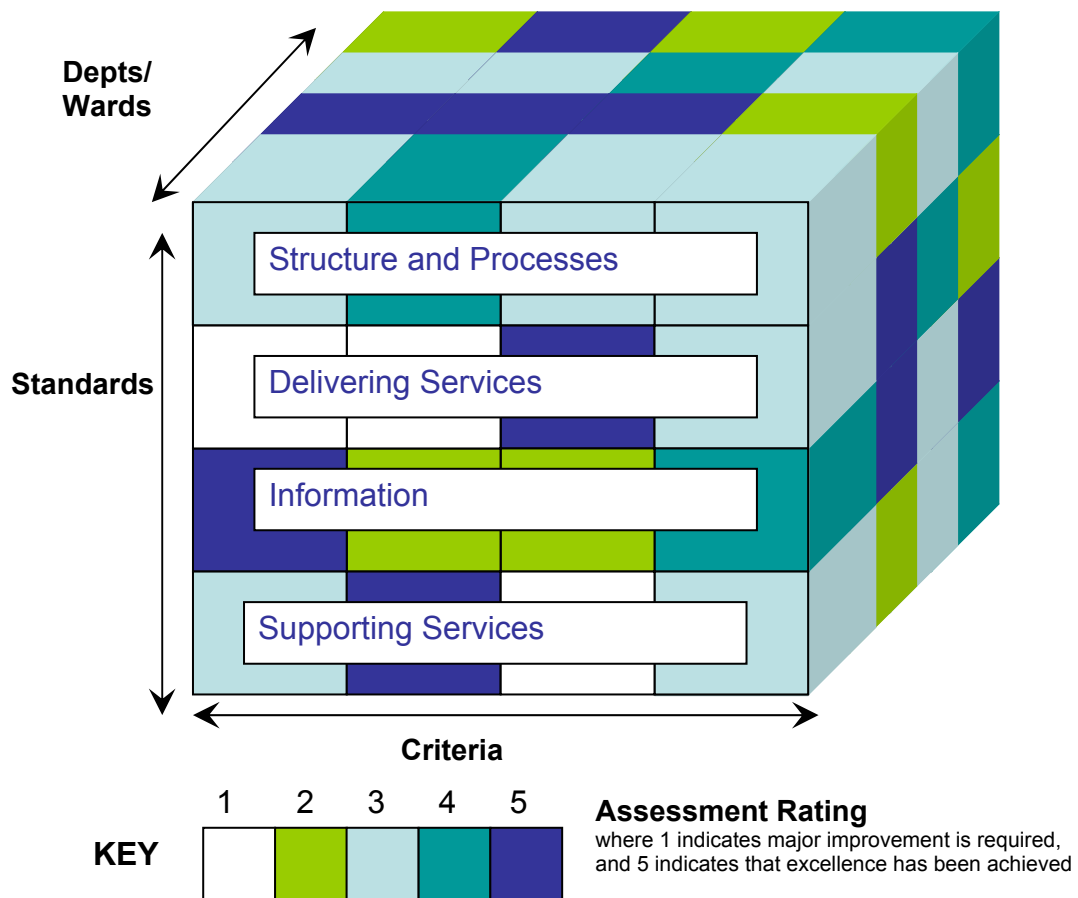
The standards are set out as follows:

- 1. Structure and processes – ‘*how it fits together*’.** This standard addresses the high-level structures and processes which must be in place for the effective management of healthcare governance by the NHS Board. These include corporate governance; the management of risk; health planning; and performance management.
- 2. Delivering services – ‘*how we work together*’.** This standard addresses the delivery of “the right care in the right place at the right time”. It includes: access and referral to, transfer between, and discharge from, healthcare services; patient and public involvement; effectiveness of care; and health promotion and education.
- 3. Information – ‘*knowing and sharing what we do*’.** This standard addresses: the management of information, including records; external communication between the NHS Board and outside agencies; internal communication within the NHS Board, including how staff communicate with patients; and the ways in which the NHS Board learns from experience, including adverse incidents and complaints.
- 4. Supporting services – ‘*making it work*’.** This standard addresses a wide range of support services including: emergency and continuity planning; estates and facilities; purchasing and supplies; and human resources. Also included are the NHS Board’s arrangements for food, fluid and nutritional care; healthcare associated infection; and health, safety and wellbeing of staff.

Assessment Framework

NHS Boards need to monitor their performance against the proposed standards at all levels of their service from executive to service delivery level.

The diagram below illustrates how each department within a NHS Board may be at a different level of achievement for each of the standards and their associated elements. Sharing these achievements will enable benchmarking and promote continuous quality improvement.



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No: 1	STANDARD: Structure and Processes - ‘how it fits together’	
	Standard Statement:	Each NHS Board ¹ is accountable for assuring the quality of the services planned and delivered in its locality. The necessary structures and processes are in place for effective healthcare governance.

1.1	Organisational profile/scope	
	Rationale:	NHS Boards must have a clear knowledge of the range of services which they deliver, and those which they are required to deliver, across their area, in order to plan and monitor services and to provide information to patients and the public.
	Examples of Verification:	<ul style="list-style-type: none"> • documents/charts demonstrating the range of services provided in the NHS Board area • committee and reporting structures within the NHS Board • Board annual report

1.1 Criteria	Self-assessment questions	NHS Board’s Own Assessment Board Answers/ Response/ Evidence
1. Each NHS Board can demonstrate the healthcare services provided in its area.		-- Please Select Assessment Rating --
	1. Please provide a copy of the NHS Board service directory, or equivalent, which informs staff and the public of the healthcare services provided?	
	2. Describe the measures in place to ensure that up-to-date information on service provision is available to staff and the public.	
2. Each NHS Board can		-- Please Select Assessment Rating --

¹ Where the term ‘NHS Board’ is used, this refers to all areas of the local NHS organisation, from Board level to front-line service delivery level.

1.1 Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
demonstrate its management and reporting structures.	1. Describe the management and reporting structures within the NHS Board.	
	2. Provide a copy of organisational charts to demonstrate these.	

1.2	Corporate governance:	
	Rationale:	<p>In order for NHS Boards to plan, provide and improve services, they must have in place structures to monitor and improve the quality of services. A clinical governance framework should be in place to support and monitor standards of care; create an environment for the continuous improvement of services; support strategic planning; and facilitate service delivery.</p> <p>The proper management of resources and a sound financial standing enables organisations to achieve their aims and objectives. The governance framework should provide the organisation, its teams and individuals with clear opportunities to make genuine improvements to care delivery, with a clear process for determining the financial resource necessary.</p> <p>Each NHS Board must support and manage its staff in accordance with best employment guidelines and work in partnership with staff to plan and deliver services.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • clinical governance strategy • clinical governance committee membership and reporting arrangements • clinical governance annual report • operational clinical governance reports • internal audit reports • statement on internal control • prioritisation process • audit report and action plan against the staff governance standards • recruitment and retention strategy • human resources strategy • partnership agreements • partnership forum membership and remit

1.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. A properly constituted clinical governance committee, as set out in <i>HDL(2001)74</i> , oversees clinical governance across the NHS Board.	1. Do the NHS Board and divisions have a clinical governance committee as described in <i>HDL(2001)74</i> ?	-- Please Select Assessment Rating --

1.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	2. Please provide details of the membership, remit and accountability structures for each committee.	
	3. Please provide a copy of the most recent annual report for each committee.	
	4. Provide evidence that the committee(s) sign off that part of the Statement on Internal Control which relates to clinical governance.	
	5. Please identify the designated executive leads for clinical governance.	
2. There is a clinical governance strategy in place which is regularly reviewed.		-- Please Select Assessment Rating --
	1. Provide a copy of the most recent clinical governance strategy.	
	2. What are the approval, review and monitoring arrangements for the strategy?	
	3. How is the strategy disseminated throughout the NHS Board?	
3. Clinical governance		-- Please Select Assessment Rating --

1.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>processes are in place in all clinical and non-clinical directorates or departments, including the point at which care is delivered.</p>	<p>1. Demonstrate how reports to, and from, the clinical governance committee are integrated into the reporting structure of the NHS Board.</p>	
	<p>2. Describe the infrastructures in place to implement clinical governance across the NHS Board and its divisions.</p>	
	<p>3. What systems are in place for staff to access these resources?</p>	
	<p>4. Describe the local reporting mechanisms in place to and from the clinical governance committee(s).</p>	
	<p>5. Provide examples of reports received by the committee during the last year.</p>	
	<p>6. How are these reports and associated actions followed up by the committee?</p>	
<p>4. The NHS Board has in place an appropriate and effective scheme of delegation.</p>		<p>-- Please Select Assessment Rating --</p>
	<p>1. Provide evidence that an appropriate scheme of delegation is in operation.</p>	

1.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	2. Who has executive responsibility for the scheme?	
5. Each NHS Board has systems in place that govern funding decisions and business planning, and that also monitor the impact of these decisions on service quality.		-- Please Select Assessment Rating --
	1. Describe the systems that are in place for funding allocation.	
	2. Who has Executive responsibility for these systems?	
	3. How is the service impact monitored?	
6. The NHS Board has included a statement on internal control, in format aligned to <i>NHS HDL(2002)11</i> , Annex C, Example 1, within the current accounts.		-- Please Select Assessment Rating --
	1. Please provide evidence that the current accounts include a Statement on Internal Control.	
	2. Provide evidence that the accounts have been qualified by internal and external audit.	
7. The NHS Board has an action plan in place in order to achieve the staff governance standards.		-- Please Select Assessment Rating --
	1. Provide a copy of the audit report and action plan, detailing current progress.	
	2. Who has Executive responsibility for implementing the action plan?	

1.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. What are the approval, review and reporting mechanisms for the action plan?	
8. There is a recruitment and retention strategy in place that meets mandatory NHSScotland requirements, employment legislation and the needs of the NHS Board.		-- Please Select Assessment Rating --
	1. Provide a copy of the NHS Board's recruitment and retention strategy.	
	2. What are the approval, review and monitoring arrangements for the strategy?	
	3. How do those involved in the recruitment process access information on legislative and regulatory requirements?	
9. A comprehensive human resources strategy is in place and monitored.		-- Please Select Assessment Rating --
	1. Provide a copy of the NHS Board's human resources strategy.	
	2. What are the approval, review and monitoring arrangements for the strategy?	
	3. How do those involved in human resources management access information on legislative and regulatory requirements?	

1.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
10. The NHS Board complies with the local research governance implementation plan.	1. Please provide a copy of the action plan.	
	2. Who has executive responsibility for compliance with this guidance?	
	3. What are the approval, review and reporting mechanisms for the action plan?	

1.3	Risk management	
	Rationale:	<p>A system must be in place to support risk management effort across the breadth of the NHS Board, and enable effective assurance to be provided via governance activity in relation to the statement on internal control.</p> <p>The NHS Board must have a written risk management strategy which makes clear its commitment to managing risk. It must be prepared to make a public statement of its intent to effectively manage risk across all areas of activity, and charge individuals at every level to be responsible for the execution of the strategy.</p> <p>The NHS Board must be aware of its risk profile across its entire range of activities.</p> <p>Risk management must become integrated into the practice of the NHS Board in order to aid the development of a safety culture which is built on individual expertise underpinned by robust yet evolutionary systems.</p> <p>The framework must be cohesive and able to deliver knowledge across the breadth of the NHS Board in order to minimise risk exposure, whilst maximising opportunities, in all areas of activity. Processes, policies and procedures must be sympathetic to operational needs and achieved via effective liaison with stakeholders.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • risk register • risk assessments • risk action plans • risk management strategy • risk management training programmes and records • risk management group minutes over last 12 months • risk management reports • Board minutes over last 12 months • organisational risk management flowchart • relevant job descriptions • business cases and service change proposals

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. The NHS Board has established the strategic context and operational structure within which risk management activity and effective decision-making is carried out.		-- Please Select Assessment Rating --
	1. Provide a copy of a Board minute with a date agreeing the policy and/or strategy.	
	2. Does the policy explicitly set out the attribution and scope of individual executive directors with responsibility for clinical, staff and business risks?	
	3. Does the risk management policy refer to corporate objectives?	
	4. Is the strategy explicit as to the implementation of the risk management process within the NHS Board?	
	5. Provide evidence that reviews of the risk management policy and strategy are undertaken at agreed intervals to ensure that they reflect the changing environment of the organisation.	
	6. Provide evidence that there are policies and procedures in each identified significant area of risk which underpin the strategy.	

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	7. Demonstrate how risk management strategies are implemented through the NHS Board's general management arrangements, with clear integration of the committee structure into the management framework.	
	8. Provide evidence that there is a framework, in line with <i>NHS HDL(2002)11</i> , with clear lines of responsibility throughout the NHS Board, incorporating formal forums for clinical, staff and business risk.	
	9. Describe how authority is delegated to enable individuals to manage risk at the most appropriate level across the NHS Board.	
2. The NHS Board systematically identifies the potential hazards within its sphere of activity.		-- Please Select Assessment Rating --
	1. Describe the NHS Board's approach to the systematic identification and recording of risks on a continuous basis.	
	2. Describe how the NHS Board seeks information from its adverse incident management system in order to identify risk.	

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. How does the NHS Board seek information from other healthcare and non-healthcare sources in order to identify risk?	
3. The NHS Board systematically assesses the efficacy of existing risk control measures, and the potential impact of identified risks, before reaching a conclusion on the acceptability or otherwise of the risk in question.		-- Please Select Assessment Rating --
	1. Describe how the NHS Board assesses risks and evaluates a range of control options.	
	2. How does the NHS Board use the risk management process to inform resource allocation decisions?	
	3. Describe how the NHS Board carries out thorough and consistent risk assessment as an integral part of a planning process for service redesign/ designed healthcare planning?	
4. A risk improvement plan is created to better control risks which the NHS Board deems unacceptable.		-- Please Select Assessment Rating --
	1. Describe how the NHS Board ensures that action plans are created to treat risks in order of priority.	
2. How does the NHS Board ensure that all policies and procedures are validated in a systematic manner?		

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. How does the NHS Board ensure a systematic and audited approach to manage the production of all policies and procedures by using a register to ensure timeous review, clear ownership and appropriate dissemination?	
5. The NHS Board monitors progress against individual risk improvement plans and ensures that risk review dates are adhered to.		-- Please Select Assessment Rating --
	1. Describe how all risk assessments, action plans, and the effectiveness of implemented risk control measures are monitored and reviewed at appropriate intervals using a risk register.	
	2. How is the process of risk assessment used to inform training needs analysis?	
	3. What remedial action is taken where review and target dates are missed?	
6. The NHS Board communicates sufficient and timely risk information to ensure that stakeholders are able to contribute to the risk management process.		-- Please Select Assessment Rating --
	1. How does the NHS Board communicate its risk management policy and strategy to stakeholders (eg via staff handbooks or other methods)?	

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	2. Provide evidence of how the NHS Board's risk management strategies are integrated with those of other relevant bodies (eg local authorities) where appropriate and practical to do so.	
	3. Describe how the NHS Board uses a risk register to communicate information on significant risks drawn from directorate and departmental levels.	
	4. Describe how the NHS Board is informed of, and, where necessary, consulted on risks and associated action plans on a regular basis in accordance with <i>NHS HDL(2002)11</i> Annex B.	
	5. Describe how relevant stakeholders are kept informed, and, where appropriate, consulted on the management of risks faced by the NHS Board?	

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	6. How does the NHS Board ensure that all staff receive the right level of risk management information in order to understand the role they play in the risk management process?	
	7. How are key issues resulting from NHS Board meetings, sub-committees and working groups communicated, where appropriate, to staff?	
	8. Describe the NHS Board's system for timely reporting of progress against business objectives in all areas, including details of how significant risks are managed.	
7. The effectiveness of the risk management system is reviewed and modifications made as necessary.	1. Who is the identified person(s) charged with responsibility to maintain an overview of risk management activity and provide advice and guidance where necessary?	-- Please Select Assessment Rating --

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	2. How are communication channels and reporting requirements reviewed with regard to objectives, risk exposure and organisational structure?	
	3. How does the NHS Board ensure that internal audit provides periodic assurance on the effectiveness of the risk management system?	
	4. Provide copies of the child protection policies in place across the NHS Board.	
	5. Who has responsibility for these policies?	
	6. What are the approval, review and monitoring arrangements for these policies?	
	7. What prescribing policies are in place across the NHS Board and who has responsibility for ensuring that they are implemented?	
	8. What policies and procedures are in place with regard to blood transfusion practices across the NHS Board?	

1.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	9. Who has responsibility for ensuring that these policies are implemented and reviewed?	

1.4	Health planning	
	Rationale:	<p>The planning and delivery of services to meet the needs of local communities and reduce inequalities requires information on the health status and future needs of the local population. Each NHS Board requires strategies, developed in partnership with local authorities and communities, to assess needs and plan appropriate service delivery.</p> <p>Effective links with patients, local communities and excluded groups are important to ensure that a wide range of individuals with different perspectives contribute to NHS decision-making. Therefore, robust mechanisms for involving and consulting patients and the public need to be in place to develop a culture of patient-focused service planning and delivery.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • action plan from most recent local health plan • health needs assessment(s) – 2 recent worked examples if possible • evidence of how local priorities have been identified • commissioning strategy • equalities/diversity strategy • evidence of recent public involvement in service planning and commissioning • evidence of involvement in regional planning networks and managed clinical networks. • evidence of feedback mechanisms being used when planning services • prioritisation framework • examples of initiatives that have been through this process • evidence to demonstrate the support structures in place • regional network planning meeting minutes • managed clinical network meeting minutes • directorate service plans

1.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. The NHS Board sets appropriate and relevant corporate objectives which are linked to performance		-- Please Select Assessment Rating --
	1. Provide a copy of the corporate objectives.	

1.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
management measures.	2. Who has executive responsibility for these objectives?	
	3. What is the mechanism for approval, review and monitoring of the objectives?	
	4. Provide evidence that internal audit carry out periodic audits to provide assurance to the NHS Board that suitable performance management systems and sub-systems are in place and working properly.	
2. The NHS Board has developed a corporate plan taking account of the Scottish Executive Health Department's priorities and policy statements, which is translated into targets and specific actions to be carried out at both corporate and operational levels.		-- Please Select Assessment Rating --
	1. Provide a copy of the plan.	
	2. Who has executive responsibility for this plan?	
	3. What are the approval, review and monitoring arrangements for the plan?	
	3. At operational level there are clear, cohesive plans across the whole NHS Board that direct and support policy	
1. Provide sample copies of operational service plans.		

1.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
development and service delivery both internally and through delivery partners.	2. How does the NHS Board ensure that these plans are linked to the corporate plan?	
4. Action is taken in the planning cycle to learn from success and address areas of under-performance.		-- Please Select Assessment Rating --
	1. Describe the planning cycle in place.	
	2. Provide an example where learning has been actioned as part of this process.	
5. Key processes are linked to, or integrated with: the planning cycle, including strategic analyses; stakeholder consultations; fundamental reviews; performance management; staff appraisal and development schemes; and public performance reporting.		-- Please Select Assessment Rating --
	1. How does the NHS Board ensure that stakeholder consultation is integrated into the planning cycle?	
6. NHS Boards and their community partners: <ul style="list-style-type: none"> • have mechanisms in place to assess and prioritise the current and projected health and healthcare needs of the population; • plan structures and support services to 		-- Please Select Assessment Rating --
	1. Describe the mechanisms in place to assess and prioritise health needs of the population.	
	2. Describe the structures and support services in place to facilitate these processes.	

1.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>address these prioritised needs; and</p> <ul style="list-style-type: none"> participate in regional planning networks, managed clinical networks and other relevant networking activities. 	3. What regional planning networks does the NHS Board participate in?	
	4. What systems are in place to establish and maintain managed clinical networks.	

1.5	Performance management	
	Rationale:	<p>The performance assessment framework (PAF) supports and encourages sustained improvement across NHSScotland by focusing on key measures in relation to health priorities. It enables NHS Boards to account systematically for their performance to patients and the public at both local and national levels.</p> <p>Performance indicators assist NHS Boards in demonstrating performance, and also in highlighting areas that need to be addressed. Such information constitutes a valuable source of knowledge and can be used to improve performance.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • key performance indicators • internal audit reports • performance monitoring reports • risk management group minutes • Board minutes over last 12 months • Division management minutes over last 12 months • action plan and follow-up plan • audit committee minutes • specific project plans

1.5: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. The NHS Board uses key indicators at all levels to monitor performance against development and action plans and identifies variance from targets.		-- Please Select Assessment Rating --
	1. Describe how the effectiveness and usefulness of indicators are assessed.	
	2. Describe how these indicators are disseminated and monitored at all levels of the NHS Board.	

1.5: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. What systems does the NHS Board have in place to ensure that the Scottish Executive Health Department's performance monitoring templates are completed and returned timeously?	
	4. How does the NHS Board monitor contractual performance, including private finance initiatives (PFI) and public/private partnerships (PPP) according to pre-agreed performance measures? Does the monitoring process use a suitable selection of criteria which may be input or output based, and are periodically reviewed for continued efficacy?	

No: 2	STANDARD: Delivering Services - ‘how we work together’	
	Standard Statement:	To improve the health and wellbeing of the local population, each NHS Board must deliver the right care in the right place at the right time. People expect to be involved in deciding about their own healthcare; they wish to be treated with dignity and respect.

2.1	Access, transfer, referral, discharge	
	Rationale:	<p>Prompt access to services of a consistently high quality is important to patients throughout their journey of care. At an individual level, patients should be able to access services, which meet the needs they or the healthcare professional have identified and, as far as possible, their individual preferences.</p> <p>Each NHS Board works in partnership with patients and carers to ensure seamless transfer between healthcare providers and their community/local authority partners. Multi-agency planning of a patient’s transfer or discharge begins at the earliest part of the patient’s journey and is a continuous process.</p> <p>In order to ensure that the patient’s journey through and between health care services is as seamless as possible, NHS Boards need to work in partnership with:</p> <ul style="list-style-type: none"> • patients and carers; • voluntary groups providing support to patients and carers; • agencies such as social work and housing departments, and • other NHS services, such as the Scottish Ambulance Service. <p>This is to ensure that all the patients’ and relatives’ needs (health, social, housing and transport) are taken into account, that the best use is made of resources, and that inconvenience to patients and relatives is minimised.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • audit reports against national legislation and/or guidance • evidence of how translation services are used by the organisation • mixed sex accommodation policy and monitoring reports • examples of the range of information provided to the local community on how to access services. • evidence of working with transport service providers with regard to access to health services • target waiting times and monitoring reports

		<ul style="list-style-type: none"> • results of audit and monitoring reports for patient access to a primary care health worker in 48 hours
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2.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. Access to, and delivery of, services is not compromised by physical, language, cultural, social, economic and other barriers.		-- Please Select Assessment Rating --
	1. Provide evidence of the range of communication methods available to assist patients with sensory impairment.	
	2. What systems are in place to assist patients with language challenges?	
	3. Describe the systems in place to enable patients from a range of diverse social and cultural backgrounds to access information and services.	
	4. Provide a copy of the mixed-sex accommodation policy in operation.	
	5. Who has responsibility for this policy?	
	6. What are the approval, review and monitoring arrangements for the policy?	
	7. Please provide a copy of the action plan associated with NHS QIS Learning Disability Standards.	

2.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
2. National and local target waiting times are monitored for inpatient, outpatient and primary care services.		-- Please Select Assessment Rating --
	1. Who has executive responsibility for monitoring waiting times?	
	2. What monitoring arrangements are in place?	
	3. What reporting structures are in place for waiting times monitoring?	
3. The NHS Board ensures that the local community is provided with a range of information, in a variety of formats, on how to access services.		-- Please Select Assessment Rating --
	1. Describe, and provide evidence of the range of information formats used by the NHS Board.	
	2. Who has responsibility for ensuring this information is developed and reviewed?	
	3. How do patients and the public access this information?	
4. Comprehensive referral guidance and information is available to enable timely and appropriate admission/ transfer between and		-- Please Select Assessment Rating --
	1. Provide examples of referral guidance for scheduled and unscheduled care.	

2.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
within healthcare providers and their community partners.	2. Provide examples of referral guidance to community health and social services, within and outwith usual working hours.	
	3. How are agreed referral guidelines communicated to all staff in the NHS Board and their community partners?	
5. A comprehensive, multi-agency strategy for discharge from hospital into the community is in place across the NHS Board.		-- Please Select Assessment Rating --
	1. Provide a copy of the discharge strategy and/or policy.	
	2. Who has executive responsibility for the strategy?	
	3. What are the approval, review and monitoring arrangements?	
	4. Provide details of the current level of delayed discharges from both acute and primary care hospitals, and the associated action plans.	

2.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	5. How does the NHS Board ensure that services which are clinically appropriate to the needs of the patient, including aids and adaptations, are available to support patients and carers following transfer or discharge?	
	6. What systems are in place to ensure that transfer or discharge does not take place until the necessary services are in place?	
	7. Describe the communication systems in place to ensure that patients who require assistance with discharge transport receive this.	

2.2	Patient focus public involvement (PFPI)	
	Rationale:	<p>NHS Boards must respect the views and needs of individuals, the wider public and local communities, and reflect this within their strategies. They will therefore provide:</p> <ul style="list-style-type: none"> • a range of opportunities for the public to provide feedback on local health services; • flexibility and sensitivity in responding to specific needs; • mechanisms for taking account of, and acting upon, complaints and concerns; • ways of sharing positive messages about good practice; and • advocacy services that are available to all users and potential users of their services. <p>Effective links with patients, local communities and excluded groups are important to ensure that a wide range of individuals with different perspectives contribute to NHS decision-making. Therefore, robust mechanisms for involving and consulting patients and the public need to be in place to develop a culture of patient-focused service planning and delivery.</p> <p>Effective communication with patients and their carers when they are anxious and vulnerable is a difficult skill which requires care and attention. Failure to communicate can have a very significant impact on an individual's treatment and general wellbeing.</p> <p>Patients and the public need better information about their health, their treatment, the options for care, and the availability of health services. Without this information it is impractical to expect patients to make informed choices or take more responsibility for their own health.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • PFPI Framework and implementation plan • a report on current level of activity • training plans/programmes • evidence of evaluation of involvement activities • evidence of good practice at all levels of the service • volunteering strategy/policy • carers policy and monitoring reports • advocacy policy and monitoring reports • spiritual care policy and monitoring reports • consent policy and monitoring reports

		<ul style="list-style-type: none"> • patient information policy • equality/diversity strategy
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2.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. Each NHS Board has in place a sustainable framework for patient focus public involvement (PFPI), and has established mechanisms to monitor its implementation.		-- Please Select Assessment Rating --
	1. Please identify the designated director with responsibility for patient focus public involvement	
	2. Provide a copy of the Board's PFPI framework.	
	3. How has the framework been communicated throughout the NHS Board?	
2. All levels of the NHS Board work in partnership with individuals, communities and community planning partners in the design, development and review of services; have acted upon the results of this work; and have provided feedback to all those involved.		-- Please Select Assessment Rating --
	1. How does the NHS Board use feedback from patients and the public to ensure that service changes take account of the patient's perspective?	
	2. What are the feedback mechanisms in place?	
	3. Describe the reporting structures and follow-up mechanisms for these measures.	
3. Does the NHS Board		-- Please Select Assessment Rating --

2.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>have the following in place?</p> <p>equality/diversity strategy</p> <p>advocacy policy(s)</p> <p>carers policy</p> <p>volunteering policy</p>	<p>1. Please provide copies of these documents and any associated action plans.</p>	
	<p>2. What are the processes for approval, review and monitoring for each of these documents?</p>	
	<p>3. Identify who has executive responsibility for implementing these strategies and policies.</p>	
<p>4. There is a policy on consent, communicated throughout the organisation, which embodies good practice guidelines and includes an explanation of relevant legislation.</p>		<p>-- Please Select Assessment Rating --</p>
	<p>1. How are patients and, with their consent, relatives/ carers/advocates, involved in making decisions about their care and treatment?</p>	
	<p>2. Provide evidence for staff training in basic awareness of consent issues.</p> <p>3. Do all consent forms comply with NHSScotland guidance for design and use, and legislative requirements? Provide examples.</p>	

2.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	4. Demonstrate how all elements of the consent process have been audited.	
5. Each NHS Board complies with HDL(2002)76: Guidelines on Chaplaincy and Spiritual Care in NHSScotland.		-- Please Select Assessment Rating --
	1. Provide a copy of the action plan to address compliance with this HDL.	
	2. Who has executive responsibility for compliance with the HDL?	
	3. Describe the approval, review and reporting arrangements in place.	
6. The NHS Board is able to demonstrate that it is working towards compliance with the national standards on information for patients.		-- Please Select Assessment Rating --
	1. Provide a copy of the policy on the composition and format of organisational literature?	
2. How does the NHS Board ensure that patients and the public are involved in the development and review of information for patients?		

2.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. Provide examples of in-house produced information for patients that identifies the risks and benefits of treatments.	
	4. How are carers' needs for information assessed and met?	

2.3	Effective care	
	Rationale:	<p>All healthcare professionals are encouraged to be involved in formalised clinical effectiveness activity, with the ability to access, understand, implement and evaluate information on their practice at a level appropriate to their role. There must be clear procedures for routine monitoring and periodic review of the effectiveness of clinical care.</p> <p>The delivery of high quality patient-centred care and treatment requires the following in order to achieve the best possible outcomes for patients:</p> <ul style="list-style-type: none"> • an initial assessment to determine each patient's care needs and preferences; • provision of information to patients, relatives, carers or advocates to enable them to be fully involved in developing the care plan; and • effective multidisciplinary teamwork. <p>As more people receive their care in the community they will rely increasingly on joint responses from NHS and local partners. The development of the Joint Future agenda has provided real opportunities to improve care in Scotland.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • recently updated response to <i>MEL (2000)29</i> • clinical effectiveness strategy • adoption and implementation of clinical guidelines • clinical document distribution systems • IT to support clinical effectiveness • promotion of multidisciplinary team working • identified local priorities and action plans • clinical audit programme and reports • accountability arrangements chart • clinical effectiveness programme and best value reports

2.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. Clinical staff must be		-- Please Select Assessment Rating --

2.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>competent to perform their duties and provide highest quality healthcare within a system which integrates best available evidence.</p>	<p>1. Describe the NHS Board's infrastructure to support clinical effectiveness, including the monitoring of clinical effectiveness activity, clinical audit, and the assessment and implementation of relevant guidelines.</p>	
	<p>2. Describe the process in place to implement and monitor compliance with national guidance, best practice statements and standards.</p>	
<p>2. There are local and national multidisciplinary audit programmes in place, based on clinical priorities, which all staff have the opportunity to participate in, as appropriate.</p>		<p align="center">-- Please Select Assessment Rating --</p>
	<p>1. How are local audit priorities agreed?</p>	
	<p>2. What national audit programmes does the NHS Board participate in?</p>	
	<p>3. How are results of audits and performance monitoring, and actions taken to improve clinical practice, distributed to staff, patients and the public?</p>	

2.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	4. Describe the support given to professional staff to allow participation in the agreed programme of local and national audits.	
	5. Provide evidence of any other quality improvement measures in use throughout the NHS Board.	
3. The multidisciplinary assessment process considers each patient's needs and preferences for: preventative care; curative care; rehabilitative care; palliative care, and resuscitation		-- Please Select Assessment Rating --
	1. Describe how each of these issues is addressed by the multidisciplinary team.	
	2. Who co-ordinates discussions of this nature, and where would they be documented?	
4. Where clinically appropriate, the options for treatment and care in the patient's own home or community are considered and resourced in co-ordination with local authority partners.		-- Please Select Assessment Rating --
	1. What mechanisms does the NHS Board have in place to ensure that patients can receive care and treatment in this manner?	

2.4	Health promotion and education	
	Rationale:	<p>Health promotion is defined as “the process of enabling people to increase control over, and to improve, their health” (<i>Ottawa Charter for Health Promotion</i>). It is also understood to embrace:</p> <ul style="list-style-type: none"> • health education: • disease prevention: • rehabilitation services: and • health enhancement by empowering patients in the improvement of their health related physical, mental and social well-being. <p>Health promotion and education activities and priorities must be clearly linked to the NHS Board Health Plan and its corporate objectives.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • health promotion/health education strategy and/or action plans • patient information examples • action plans in response to national initiatives • health and homelessness action plans • progress against health inequality indicators

2.4: Criteria	Self-assessment questions	NHS Board’s Own Assessment Board Answers/ Response/ Evidence
1. NHS Boards have an agreed policy on health education and health promotion activities, which takes account of the diverse needs of the population.		-- Please Select Assessment Rating --
	1. Provide copies of the health education and health promotion policies.	
	2. Who has executive responsibility for these policies?	
	3. What are the approval, review and monitoring arrangements?	
2. Public health		-- Please Select Assessment Rating --

2.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
information must be disseminated in a structured and planned fashion, in terms which aid understanding of the main issues involved.	1. Describe the systems in place to disseminate public health information.	
	2. Who has responsibility for this?	
	3. What control does the NHS Board have over the quality of public health information it is required to use?	
3. NHS Boards have monitored their practice and activities against new and emerging health improvement challenges, priorities and targets.		-- Please Select Assessment Rating --
	1. Provide a copy of recent monitoring reports against national and local priorities.	
	2. Describe how local public health priorities are agreed.	

No: 3	STANDARD: Information - 'knowing and sharing what we do'	
	Standard Statement:	Information flows as part of the many journeys through the NHS and other partner agencies that patients take. It helps patients to make informed choices, enables informed consent, and encourages participation in treatment.

3.1	Information management	
	Rationale:	The information that NHSScotland needs to deliver effective healthcare has to be managed in order that it is used correctly and delivered to the right person at the right time. It is important that the range of processes such as the technology, training and support services needed to make it happen are available.
	Examples of Verification:	<ul style="list-style-type: none"> • Information Management & Technology (IM&T) strategy • Board IM&T group/committee membership, remit and accountability structure • examples of current IM&T initiatives • communication strategies

3.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. Each NHS Board has systems in place to ensure information management is effective across its constituent parts, and with external partner agencies.		-- Please Select Assessment Rating --
	1. Describe the information management systems in place within the Board, eg clinical, financial and staff.	
	2. Who has executive responsibility for these information management systems?	
	3. What are the accountability arrangements for reporting and reviewing these systems?	

3.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	4. What structures are in place to enable the NHS Board to make decisions on information system issues.	
	5. How does the NHS Board initiate and respond to audits of information uses?	
	6. Describe how the NHS Board reviews and agrees protocols for the sharing of information.	
	7. What systems are in place to ensure that breaches of confidentiality or security, disclosures and weaknesses in the system are reviewed and acted upon?	
	8. Who are the Caldicott guardian(s) within the NHS Board?	
2. Each NHS Board stimulates thought and discussion about the broad range of issues and opportunities that technology offers in the healthcare setting to both healthcare professionals and patients.		-- Please Select Assessment Rating --
	1. Does the NHS Board have an IM&T Strategy? Please provide a copy.	
	2. Who are the executive and clinical lead with responsibility for this strategy?	

3.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. What are the accountability arrangements for reporting and reviewing the strategy?	
	4. Describe how the IM&T strategy links to the corporate objectives and health plan of the NHS Board.	
	5. Describe the infrastructure in place to manage and support information technology in the NHS Board.	
3. Each NHS Board has systems in place to ensure that the appropriate staff have quick and easy access to all of the appropriate clinical information to support clinical decision making and facilitate delivery of quality, timely services to patients.		-- Please Select Assessment Rating --
	1. Describe and provide copies of the policies and procedures in place that relate to shared patient records between primary and secondary healthcare, local authority and other care partners.	
	2. What policies and procedures are in place to ensure that paper or electronic patient records contain clear instructions regarding record content, access and security?	

3.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. Provide evidence for a range of patient record audits that have occurred in the previous 12 months.	
	5. Provide evidence of the methods by which patients obtain access to their health records.	
4. Each NHS Board has in place a comprehensive system for the completion, use, storage and retrieval of records.		-- Please Select Assessment Rating --
	1. Describe the methods by which record-keeping standards are monitored.	
	2. What systems are in place to ensure that the confidentiality and security of health records, whether paper or electronic, comply with relevant legislation and published guidance?	
	3. Provide evidence of how the NHS Board complies with the NHSScotland Action Plan for the <i>Data Protection Act 1998</i> .	
	4. What are the mechanisms in place for ensuring that records of all types can be retrieved timeously?	

3.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	5. Provide copies of the policies and procedures in place that comply with mandatory requirements relating to destruction, retention and culling of records.	
	6. Describe the procedures in place for safe and secure storage and transport of records internally and externally.	
	7. What systems are in place across the NHS Board to identify records pertaining to one person and their care?	

3.2	Communication	
	Rationale:	<p>NHS Boards need to have a clear and explicit approach to communications with other organisations, community planning partners, voluntary organisations and local communities. Joint working is key to success and NHS Boards will require a range of methods of communication that will keep people informed about health services and keep the NHS informed of public opinion about the services provided.</p> <p>The principles of good clear communication are:</p> <ul style="list-style-type: none"> • openness and honesty; • the use of appropriate language; • sensitivity and understanding; • use of appropriate methods of communication; • listening to what is said and being sensitive to the reaction of others; and • providing effective feedback.
	Examples of Verification:	<ul style="list-style-type: none"> • communication strategy • regional planning network meetings • communication training programmes and attendance records • staff feedback mechanisms • staff newsletters • policy for implementing/actioning HDLs and other legislative guidance

3.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. Each NHS Board has communication strategies in place that address the requirements of external partners and voluntary agencies.		-- Please Select Assessment Rating --
	1. Provide copies of these communication strategies.	
	2. Describe the processes for approval, review and monitoring of these strategies.	

3.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. Who has executive responsibility for the strategies?	
	4. Provide evidence of the communication systems in use to ensure community partners are kept informed.	
	5. Describe the internal communication infrastructures in place.	
2. Each NHS Board must be able to demonstrate that it has developed a wide range of modern and appropriate methods for communication with its local communities.		-- Please Select Assessment Rating --
	1. How does the NHS Board communicate with the local communities?	
	2. Who has responsibility for this?	
3. Training needs for staff with regard to communication among staff, and with patients/carers, are identified, addressed and demonstrated to be effective through evaluation.		-- Please Select Assessment Rating --
	1. Provide evidence of a training needs analysis with regard to communication training.	
	2. Provide evidence of the types and levels of communication training delivered in the NHS Board area.	
3. How are attendance records maintained and non-attenders followed up?		
4. The NHS Board has		-- Please Select Assessment Rating --

3.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
nominated persons who are responsible for identifying all relevant new legislation, regulations, good practice and case law.	1. How does the NHS Board ensure that Scottish Executive Health Department Letters (HDLs) and memoranda are distributed to all relevant personnel, and that relevant action points have been taken cognisance of?	
3. Each NHS Board has clear communication channels in place that all staff can access with ease.		-- Please Select Assessment Rating --
	1. Describe the feedback channels that are open to staff.	
	2. Does the NHS Board have regular newsletters in production? Please provide examples.	
	3. How do all staff have access to electronic communication methods?	

3.3	Learning from experience	
	Rationale:	<p>In complex health care systems things do go wrong. Local risk management systems are designed to enable NHS organisations to manage incidents/near misses effectively and reduce the chances of them happening again. Reporting, analysing and learning from these events and near misses is the essence of adverse incident management, a fundamental tool of the risk management process. Such organisational learning is integral to the development of an effective safety culture to improve the safety and quality of care.</p> <p>Adverse incident management systems must promote an open and fair culture which encourages staff to inform others when errors are made. This type of system builds a picture of the key issues which need to be addressed.</p> <p>The best way to reduce error rates is to target underlying systems failures, improve the systems people operate in and with, and support them in their work, rather than take action against individual members of staff. (NPSA Dec 2003)</p> <p>Competent handling of complaints can assist in improving the quality of care through effective organisational learning. An agreed system of dealing with complaints is therefore required, in line with NHSScotland complaints standards.</p> <p>Comments, suggestions and claims can be used to facilitate improvements in practice. In particular, effective and efficient handling of claims is necessary not only to enable lessons to be learned from adverse incidents/near misses, but also to ensure that equitable redress is achieved whilst optimising resource available for clinical care.</p> <p>Collation and constructive use of adverse incident information is also a mandatory requirement placed upon healthcare organisations by a variety of external bodies.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • adverse incident management policy and procedures • adverse incident management form and guidelines for completion • sample adverse incident investigation reports • adverse incident statistics and trend analysis • sample learning and implementation reports from adverse incident • sample reports to external bodies • staff communications • distribution arrangements for policies • sample completed incident report forms (anonymised for

		<p>purpose of assessment)</p> <ul style="list-style-type: none"> • external reports on significant adverse incidents • complaints policy and procedures • complaints management reports • staff complaints guidance • claims handling procedure • complaints feedback • complaint action plans • suggestion boxes • newsletters and website • training records • training programmes • induction programme(s) • patient/public information leaflets • risk management group minutes
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3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>1. An effective response to adverse incidents is mobilised, in order to mitigate the impact upon individuals and the NHS Board.</p>		<p>-- Please Select Assessment Rating --</p>
	<p>1. How does the NHS Board ensure that complaints and suggestions are systematically managed in accordance with agreed national policies and procedures?</p>	
	<p>2. What training is in place to enable front-line staff to recognise, and deal appropriately with, potential or actual complaints?</p>	
	<p>3. Describe the mechanisms in place to ensure that unexpected death or serious injury are immediately reported through agreed channels.</p>	

3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	4. Provide a copy of the claims procedure, and describe how this is disseminated to relevant staff.	
	5. How does the NHS Board ensure that reportable adverse incidents are communicated to relevant external bodies in accordance with mandatory reporting requirements?	
	6. How is the adverse incident management policy disseminated to all areas in order to facilitate staff adoption and use of the process?	
	7. Provide a copy of the NHS Board's procedures for media relations. Is it explicit that patients and relatives must be notified before the media?	
	8. Provide evidence of the training in mediation techniques given to appropriate staff.	

3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	9. Provide a copy of the NHS Board policy and procedures that detail the responsibility and management of the follow-up to adverse events, and which reflect the significance of each event.	
	10. Describe the NHS Board's procedures regarding responsibility for informing patient(s) and, where appropriate, and with consent, relative(s)?	
	11. Describe the NHS Board's procedures regarding which other interested parties may need to be informed of the adverse incident.	
	12. Provide a copy of NHS Board procedure for dealing with multiple enquiries that may require the establishment of a helpline.	
2. Data is generated in order to further organisational understanding of adverse events.		-- Please Select Assessment Rating --
	1. Demonstrate how the adverse incident management system collects information on adverse incidents throughout the NHS Board.	

3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	2. How are adverse incidents recorded and reported to management in accordance with an agreed policy of open and fair reporting?	
	3. How does the NHS Board co-ordinate and use reports from independent and statutory bodies to inform changes in service design, practice and procedures?	
	4. Provide a copy of the adverse incident recording form(s) in use in the NHS Board.	
	5. Describe the range of incidents that the form allows to be recorded.	
3. Data is analysed to provide useful information regarding adverse events and their underlying causes.		-- Please Select Assessment Rating --
	1. Demonstrate that information from the adverse incident management system is used to populate the risk register.	
	2. Describe how the NHS Board grades adverse incidents according to impact or potential impact, and ensures that incidents are investigated to a degree and at a level appropriate to that grading.	

3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. How do those involved in adverse incident investigation receive training, including root cause analysis techniques, which is appropriate to the extent of their involvement? Are relevant topic specialists involved in investigation where appropriate?	
	5. Describe the system in place to ensure that all complaints are systematically reported, reviewed and analysed.	
	6. Demonstrate that quantitative and qualitative information is used regularly at all levels to permit greater understanding of risk exposures, through both trend analysis and examination of individual adverse incidents.	
4. The NHS Board learns and improves from information generated from adverse events in order to reduce future risks and enhance service delivery.	1. Describe how executive directors and senior managers promote the benefits of an active adverse incident management system to staff at all levels.	-- Please Select Assessment Rating --

3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	2. Provide evidence of co-ordination between the management of complaints, claims and incidents, in order to facilitate organisational learning.	
	3. How does the NHS Board ensure that what is learnt from adverse incidents and complaints is communicated to relevant groups and individuals?	
	4. Provide examples of remedial action which has been taken as a result of the complaints management process.	
	5. Provide examples to show how the NHS Board has used local and national complaints reports as a learning tool.	
	6. Provide examples to show how the NHS Board has used adverse incidents as a learning tool.	
	7. How does the NHS Board ensure that staff who have been directly involved with complaints receive appropriate support and feedback following investigation and final reports?	

3.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	8. Demonstrate how the NHS Board uses external information sources and adverse incidents from elsewhere to inform local review of practice.	
5. The effectiveness of the adverse event management system is monitored and modifications made as necessary.		-- Please Select Assessment Rating --
	1. Demonstrate how the NHS Board ensures that the effectiveness and efficiency of systems for adverse incident grading and reporting, both externally and internally, are monitored and reviewed periodically.	
	2. Describe how the NHS Board reviews potential under-reporting of adverse incidents by monitoring relevant indicators.	
	3. How does the NHS Board ensure that internal audit provide periodic assurance on the effectiveness of the adverse incident management system?	

No: 4	STANDARD: Supporting Services - 'making it work'	
	Standard Statement:	<p>Management systems need to be in place to ensure that each NHS Board complies with legislation and guidance relating to the efficacy of the infrastructure designed to support the provision of healthcare services.</p> <p>Each NHS Board must maintain a managed environment which minimises the risk of infection and injury to patients, staff and visitors.</p>

4.1	Food, fluid and nutritional care	
	Rationale:	<p>The provision of good quality food, fluid and nutritional care is an integral part of the therapeutic care provided in hospital. Meeting patients' nutritional requirements will help them get better and keep healthy.</p> <p>Illness may produce profound changes in an individual's nutritional requirements, the ability to eat and to communicate needs. Patients who are ill, particularly in hospital, are more at risk of malnutrition, which in turn may delay their recovery and increase the risk of complications.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • action plans • policies and procedures

4.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. National standards relating to food, fluid and nutritional care are monitored, implemented and met.		-- Please Select Assessment Rating --
	1. Please provide a copy of the action plan that has been developed in response to the NHS QIS standards. An indication of progress to date is required.	
2. Each NHS Board has systems in place to ensure compliance with, and adherence to national standards in:		-- Please Select Assessment Rating --
	1. Provide evidence of how these standards are being achieved.	

4.1: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<ul style="list-style-type: none"> • dietetics; • catering; • nutritional aspects of public health; and • patients in the community setting 	2. Who has executive responsibility for these standards?	
	3. Describe the review and monitoring arrangements.	

4.2	Healthcare associated infection (HAI)	
	Rationale:	<p>Infection is one of the major causes of ill health in the general population. Healthcare associated infections are infections that are neither present nor incubating when a patient enters the healthcare system.</p> <p>There is a clear need to improve the general level of knowledge and understanding of infection control principles among healthcare staff working in the hospital and community. This will become increasingly important in order to ensure that patients are cared for in the most appropriate setting and to enable the most efficient use of health service resources.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • action plans • policies and procedures

4.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. National standards relating to Healthcare Associated Infection (HAI) – Infection Control are monitored and met.		-- Please Select Assessment Rating --
	1. Please provide a copy of the action plan produced in response to the NHS QIS HAI standards. This plan should include information on progress to date.	
	2. Who is the named executive director with responsibility for HAI?	
	3. Describe the review and monitoring arrangements.	
2. Each NHS Board has		-- Please Select Assessment Rating --

4.2: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>systems in place to ensure compliance with and adherence to national standards in the following areas:</p> <ul style="list-style-type: none"> • decontamination; and • cleaning. 	<p>1. Provide evidence of how these standards are being achieved across primary and secondary care, including independent contractors.</p>	
	<p>2. Who has executive responsibility for these standards?</p>	
	<p>3. Describe the review and monitoring arrangements in place.</p>	

4.3	Emergency and continuity planning	
	Rationale:	<p>For major incident, crisis or emergency situations, the NHS Board must have planned and prepared an organised and practised response.</p> <p>The NHS Board must have effective and comprehensive emergency planning and service continuity arrangements which are in compliance with NHS Guidance (<i>NHS Scotland Manual of Guidance Responding to Emergencies</i>) and which have been devised in liaison with key stakeholders.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • scenario modelling • major incident and service continuity plans and procedures • emergency planning group minutes for last 12 months

4.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. Each NHS Board has emergency planning arrangements in place, which includes major incident and service continuity plans.		-- Please Select Assessment Rating --
	1. Who is the named executive director with responsibility for emergency planning? Please provide evidence to indicate the clear lines of accountability throughout the NHS Board.	
	2. Please provide examples of documented major incident and service continuity plans for the NHS Board, which detail robust arrangements for responding to major incidents and also explicit arrangements for recovering from sudden and severe loss of capacity.	

4.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. What internal and/or external sources of competent advice relating to emergency planning does the NHS Board access and how?	
	4. Please provide evidence for the most recent emergency preparedness tests.	
	5. Describe the emergency preparedness training received by staff. Please provide evidence for the different levels of training commensurate with the different roles in the major incident and service continuity plans.	
	6. How does the NHS Board liaise and consult with internal and external stakeholders to ensure that each participant is aware of the chain of communication and its role in both area-wide and national major incident and service continuity planning process?	

4.3: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	7. How does the NHS Board ensure that the responses within the major incident and service continuity plans relevant to all feasible types of emergency situation?	
2. Review of the major incident and service continuity plans is undertaken regularly, involving management and the NHS Board, leading to improvements where possible.		-- Please Select Assessment Rating --
	1. Who has responsibility for reviewing emergency planning and service continuity arrangements?	
	2. What are the review mechanisms in place for these planning arrangements?	
3. Does internal audit carry out periodic audits to assure the NHS Board that an effective system of emergency preparedness is in place?		

4.4	Estates and facilities	
	Rationale:	<p>Management systems require to be in place to ensure that the NHS Board complies with legislation and guidance relating to the infrastructure supporting the provision of healthcare services. This extends to areas including but not restricted to health & safety, food safety, fleet management, waste management,</p> <p>NHS Boards should therefore have in place a means of complying with mandatory standards, and continuously monitoring that compliance. Such compliance will necessitate effective communication at all levels in the NHS Board, together with multi-agency working where appropriate.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • waste management policies • asset register • estates maintenance plans • contractor arrangements • estates strategy and annual report

4.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
1. The NHS Board has nominated persons who are responsible for identifying all relevant new legislation, regulations, good practice and case law.		-- Please Select Assessment Rating --
	1. How does the NHS Board ensure that Scottish Executive Health Department Letters (HDLs) and memoranda have been absorbed into the planning process?	
	2. Provide a copy of the most recent annual report that incorporates findings of the estate review process with prioritised recommendations linked to estates strategy.	

4.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	3. How does the NHS Board monitor continuous improvement with regarding to compliance with <i>Scottish Hospital Technical Note No 3 Management and Disposal of Clinical Waste</i> ?	
	4. What procedures are in place to ensure safety during aviation activity on NHS property, including effective liaison with external agencies such as police, where appropriate?	
	5. How does the NHS Board ensure effective service continuity arrangements in relation to loss of facility of information technology, including but not restricted to anti-virus measures?	
	6. What mechanisms are in place to ensure that the NHS Board seeks ergonomic input into building design and the purchase of new equipment, which may have associated moving and handling risks or is designed to counter such risks?	
2. The NHS Board has a		-- Please Select Assessment Rating --

4.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
<p>framework for ensuring that all employees and relevant volunteers are provided with appropriate information, instruction and training in relation to: legislative compliance; best practice and case law in the areas of health and safety legislation; environmental legislation; risk transfer; law of contract; and protection of intellectual capital.</p>	<p>1. How does the NHS Board ensure adequate and documented training of staff, taking into account any mandatory requirements relating to: frequency of refresher training in the areas of fire safety, food safety, recruitment; and selection and moving and handling (safer handling practice through risk assessment and control).</p>	
<p>3. The NHS Board has a strategy to deal with crime and security matters, including personal safety of employees, patients and visitors, which is widely publicised across the organisation and involves other appropriate agencies such as police and contractors.</p>		<p>-- Please Select Assessment Rating --</p>
	<p>1. Describe the NHS Board's arrangements to respond to, record and investigate all breaches of security and to disseminate findings.</p>	
	<p>2. What guidance is provided to staff and patients in relation to the security of personal property?</p>	
<p>3. Provide examples of training given to employees with regard to all issues related to violence and aggression in the workplace.</p>		

4.4: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
	4. How does the NHS Board identify, implement and monitor measures to protect lone workers and community staff?	
	5. How does the NHS Board record patients' property, including details of items retained by the patient?	
4. The NHS Board has a review process to assess the capability of the estate to meet the needs of the organisation, including but not restricted to: unsuitable use; obsolete or worn-out equipment; performance against maintenance plan; development of service beyond the capability of assets; and identification of hazardous materials.		-- Please Select Assessment Rating --
	1. What is the procedure for the removal or quarantine of broken or faulty equipment pending its replacement or repair?	
	2. What arrangements are in place for the dissemination and action relating to hazard notices?	

4.5	Purchasing and supplies	
	Rationale:	Each NHS Board must ensure that procurement of goods and services is carried out in accordance with current European Union rules and delivers best value for money for NHSScotland.
	Examples of Verification:	<ul style="list-style-type: none"> • standing financial instructions • scheme of delegation • sample of register of goods • sample of register of goods

4.5: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
There requires to be a criterion here concerning the General Medical Service (GMS) contract. This will be developed once these arrangements have been finalised nationally.		
1. The NHS Board identifies potential suppliers through the use of pre-determined criteria which assess quality and propriety. Thereafter, the NHS Board ensures use of good practice in terms of procurement including private/public partnership (PPP) intended to deliver best value.		-- Please Select Assessment Rating --
	1. Describe the procedures in place to identify potential suppliers.	
	2. Provide evidence to indicate the good practice that is adhered to in terms of procurement.	
2. The NHS Board ensures that appropriate terms and conditions of contract are agreed with third parties in terms of purchasing and supply arrangements, and also		-- Please Select Assessment Rating --
	1. Describe the procedures in place to ensure that appropriate terms and conditions are agreed.	

4.5: Criteria	Self-assessment questions	NHS Board's Own Assessment Board Answers/ Response/ Evidence
in relation to clinical research undertakings.	2. What are the particular arrangements for clinical research undertakings?	
3. The NHS Board holds a register of goods and services supplied, which is reviewed annually, taking into account risk/ reward balance amongst other measures which, in aggregate, are used to determine the attractiveness of continuing to provide the goods or service concerned.		-- Please Select Assessment Rating --
	1. Provide a sample of the register of goods and services supplied.	
	2. What mechanisms are in place to determine whether to continue to use the goods or services provided?	
4. The NHS Board has a procedure to ensure that all products and services which it supplies and receives meet regulatory requirements in terms of safety, packaging, labelling and product information.		-- Please Select Assessment Rating --
	1. Provide a copy of the procedures in place for safety, packaging and labelling and product information.	

4.6	Human resources	
	Rationale:	<p>In order to deliver high quality patient care, NHS Boards are dependent on appropriately trained staff, systems to appraise and monitor performance, and mechanisms to assist staff who wish to raise concerns over any aspect of service delivery.</p> <p>Effective service delivery is reliant upon effective management of staff. Positive employment practices are essential to control risks that can have an adverse impact in terms of staff morale, staff turnover, stress and, by implication, patient care.</p> <p>Staff recruitment and retention is maximised by a commitment to providing a positive, safe working environment, free from discrimination and harassment.</p>
	Examples of Verification:	<ul style="list-style-type: none"> • action plan on <i>Towards a Safer, Healthier Workplace</i> • action plan on <i>Learning Together</i> • action plan on equality/diversity issues • induction programmes and content • local induction procedures • training programmes and content • training records • training needs analyses • Scottish Criminal Records Office guidance and documentation • accreditation or competence testing systems • grievance procedures • conduct policies • driving licence check procedures • lecturer practitioner notes

4.6: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
1. The recruitment and retention strategy is supported by a range of procedures to carry out appropriate checks, for example, staff registration		-- Please Select Assessment Rating --
	1. What is the procedure to verify and review the registration of clinical staff?	

4.6: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
and qualifications.	2. What is the procedure to ensure that the appropriate level of criminal records check is made in relation to staff, volunteers and contractors? Please provide evidence.	
	3. What procedures are in place to ensure that all staff and volunteers have the appropriate reference screening before commencing employment?	
	4. What is the procedure to ensure that staff required to drive on the NHS Board's business are competent and insured to do so, and that vehicles are roadworthy?	
2. The NHS Board has a pro-active approach in relation to legislation and guidelines relevant to employment practices, including but not limited to: <ul style="list-style-type: none"> • <i>Working Time Regulations 1998;</i> • <i>Disability Discrimination Act 1998;</i> • <i>Human Rights Act</i> 		-- Please Select Assessment Rating --
	1. Describe how the NHS Board monitors compliance with these national guidelines and provide copies of any associated action plans.	
2. Provide copies of the policies for whistle-blowing, underperformance, grievance and conduct.		

4.6: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
<p>1998;</p> <ul style="list-style-type: none"> • <i>Public Interest Disclosure Act 1998;</i> • <i>Data Protection Act 1998;</i> • PIN Guidelines; • Consultant appraisal; • equality/diversity issues • <i>Race Relations Amendment Act 2000; and</i> • <i>Agenda for Change</i> 	3. How are staff made aware of these policies?	
	4. Provide evidence that the NHS Board has a Partnership Framework in place.	
	5. Provide evidence that the NHS Board is compliant with <i>NHS MEL (2000)4 Guidance on Volunteering in the NHS: Implementation.</i>	
<p>3. There are continuous professional development programmes in place for all clinicians in line with <i>Learning Together.</i></p>		-- Please Select Assessment Rating --
	1. Describe how the NHS Board complies with the action plan contained in <i>Learning together MEL (2000)11.</i>	
	2. How does the NHS Board ensure that all staff groups have access to comprehensive library information services designed and resourced to meet their learning needs?	
	3. Provide evidence that 90% of eligible staff have attended cardio-pulmonary resuscitation training in the last 12 months.	

4.6: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
	4. What is the procedure to ensure that any person operating diagnostic or therapeutic equipment can do so safely and efficiently and can react appropriately in the event of equipment failure or accident?	
	5. What policies and procedures are in place regarding: medical, nursing and allied health professional student placements, covering indemnity agreements, induction, mentoring and clinical competence?	
4. Staff receive a general corporate induction course on joining the NHS Board and, if required, on relocation. Staff and volunteers receive local induction appropriate to the area and specialty in which they are working.		-- Please Select Assessment Rating --
	1. Provide examples of current corporate induction programmes.	
	2. Provide at least 3 examples of current local induction programmes illustrating different professional disciplines and levels of staff.	
	3. How are staff made aware of clinical and non-clinical risk management policies and procedures?	

4.6: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
	4. How are these induction programmes reviewed, monitored and evaluated?	
	5. Provide examples of training records.	
	6. Provide evidence to indicate how temporary staff (including agency, bank, locum, volunteers, secondees, contractors, work experience and students) receive appropriate induction information and details relative to the area in which they will be working.	
	7. Describe how workplace based education and training is being addressed and provide examples.	
5. The NHS Board and its partners have an agreed strategy to address the impact of Joint Future upon staff.		-- Please Select Assessment Rating --
	1. How is the NHS Board addressing the impact of Joint Future working on staff?	

4.7	Health, safety and staff wellbeing	
	Rationale:	Effective health and safety management ensures the wellbeing of staff and patients alike, and contributes to creating a safe environment in which staff are valued and quality of service is enhanced. This requires the active participation of all members of staff within a rigorous management system, in an environment conducive to free and open discussion.
	Examples of Verification:	<ul style="list-style-type: none"> • risk assessments • health & safety hazard reports • health & safety executive reports and improvements/prohibition notices • health & safety reports • health & safety committee minutes over last 12 months • health & safety strategy • health & safety annual plan • competent person qualifications • health & safety training programmes • health & safety training course material • health & safety training course attendance • health & safety newsletters • health & safety audit reports • health & safety consultation mechanism • occupational health service leaflets • occupational health strategy

4.7: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
1. There is a health and safety framework in place to facilitate communication and management of health & safety risks.		-- Please Select Assessment Rating --
	1. Provide evidence that health and safety is an integral part of the overall framework of risk management and governance.	
	2. Provide evidence that describes the health & safety committee matrix across the NHS Board.	

4.7: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
	3. What systems are in place to ensure that health & safety risks are communicated to the highest level in the organisation?	
	4. Who are the NHS Board-appointed, suitable and sufficiently qualified, competent persons to provide health & safety advice and assistance?	
2. There is a health & safety management system in place.		-- Please Select Assessment Rating --
	1. Describe the mechanism in place to facilitate identification, assessment and control of health & safety risks.	
	2. Provide a copy of the NHS Board health & safety policy.	
	3. How does the NHS Board ensure that risk assessments are carried out in compliance with relevant regulations?	
	4. How does the NHS Board demonstrate that it addresses its health & safety risks in a coherent, prioritised manner?	

4.7: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
	<p>5. Provide evidence that adequate and documented training is provided to relevant staff, which takes into account any mandatory requirements relating to refresher training, in all high priority areas, including but not restricted to:</p> <ul style="list-style-type: none"> • fire safety; • violence and aggression; and • moving and handling. 	
	<p>6. Demonstrate how health & safety risks are monitored continuously and in a systematic fashion.</p>	
	<p>7. Demonstrate how health & safety risk exposures are periodically audited in a planned and systematic fashion.</p>	
	<p>8. How does the NHS Board communicate and consult with staff and provide feedback in a proactive and helpful fashion?</p>	
<p>3. There is a suitable and sufficient occupational health & safety (OHS) service which is promoted to</p>		<p align="center">-- Please Select Assessment Rating --</p>
	<p>1. Provide a copy of the audit report and action plan for the OHS standards.</p>	

4.7: Criteria	Self-assessment questions	Board's Own Assessment Board Answers/ Response/ Evidence
staff.	3. Who has responsibility for ensuring that any required service provision changes are actioned?	

10. Draft Glossary of Terms

This is not a comprehensive list and suggestions for inclusion are welcome.

accreditation	A process, based on a system of external peer review using written standards, designed to assess the quality of an activity, service or organisation.
acute sector	Hospital-based health services which are provided on an in-patient or out-patient basis.
adverse event	Any occurrence which is not routine, and which causes physical or psychological harm, loss, or damage.
adverse incident	Any event or circumstance that could have or did lead to unintended or unnecessary harm, loss or damage to patient public, staff or organisation.
advocacy	Where an individual acts independently on behalf of, and in the interests of, patients/users who may feel unable to represent themselves in their contacts with a healthcare or other facility.
allied health professionals (AHPs)	Healthcare professionals directly involved in the provision of primary and secondary healthcare. Includes several groups such as physiotherapists, occupational therapists, dietitians, etc
appraisal	Examining people or the services they offer in order to judge their professional qualities, success or needs.
assessment	The process of measuring patients' needs and/or the quality of an activity, service or organisation.
audit	Systematic review of the procedures used for diagnosis, care, treatment and rehabilitation, examining how associated resources are used and investigating the effect care has on the outcome and quality of life for the patient.
business risk	Risk arising from infrastructure supporting healthcare delivery, relating to all areas other than SHE (safety, health and environmental) risk, for example: contingency planning, finance, fleet management, IM&T, employment.
care plan	A document which details the care and treatment that a patient/user receives, and identifies who delivers the care and treatment.
carer	A person who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.
clinical governance	<p>A framework through which NHS organisations are accountable for both continuously improving the quality of their services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish.</p> <p>Management of clinical risk at an organisational level is an important aspect of clinical governance. Clinical risk management recognises that risk can arise at many points in</p>

	a patient's journey, and that aspects of how organisations are managed can systematically influence the degree of risk.
Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)	Financial risk sharing arrangements for both clinical and non-clinical risks. Introduced from 1 April 2000 and outlined in MEL(1999)86, issued in December 1999. More detailed information on the Scheme's coverage and operation is set out in MEL(2000)18, which was issued in April 2000. Website address: www.cnoris.com
Clinical Resource and Audit Group (CRAG)	CRAG was the lead body within the Scottish Executive Health Department promoting clinical effectiveness in Scotland. The main committee, together with its subcommittees provided advice to the Health Department, acted as a national forum to support and facilitate the implementation of the clinical effectiveness agenda and funded a number of clinical effectiveness programmes and projects. On 1 January 2003, CRAG was merged with four other clinical effectiveness bodies to create NHS Quality Improvement Scotland. See NHS Quality Improvement Scotland.
clinical risk	Risk arising directly from healthcare delivery. This includes, amongst other things, medication errors, healthcare associated infection, clinical effectiveness issues, failure to obtain consent.
clinical service	Service provided by healthcare professionals.
Clinical Standards Board for Scotland (CSBS)	The Clinical Standards Board for Scotland was a statutory body, established as a Special Health Board in April 1999. Its role was to develop and run a system of quality control of clinical services designed to promote public confidence that the services provided by the NHS met nationally agreed standards, and to demonstrate that, within the resources available, the NHS was delivering the highest possible standards of care". On 1 January 2003, CSBS was merged, along with four other clinical effectiveness bodies, to form NHS Quality Improvement Scotland (NHS QIS). See NHS Quality Improvement Scotland.
CNORIS	See Clinical Negligence and Other Risks Indemnity Scheme.
college	In the UK, the term 'college', when used relating to healthcare, as for example in "The Royal College of...", refers to organisations which usually combine an education role with promotion of professional standards.
communication strategy	A written statement of objectives for effective communication and a plan for meeting these objectives.
consequence	The outcome of an event expressed qualitatively or quantitatively, being loss, injury, ill-health, disadvantage, or gain.
continuing professional development (CPD)	An ongoing commitment to learning in various forms, which maintains and enhances professional standards of work, and develops the ability to recognise good practice.
core data set (CDS)	The essential information related to a specific medical condition - may include demographic, clinical management and outcome data used for audit and research.

CPD	See continuing professional development.
criterion(s)/criteria (pl)	Provide the more detailed and practical information on how to achieve the standard, and relate to structure, process or outcome factors.
CSBS	See Clinical Standards Board for Scotland.
curative	Tending to overcome disease and promote recovery.
data set	A list of required and specific information relating to a specific disease.
data source	The source of evidence to demonstrate whether a standard or criterion is being met.
desirable (criterion/criteria)	Good practice that is being achieved in some parts of the service and demonstrates levels of quality to which other providers of a similar service should strive.
diagnosis	Identification of an illness or health problem by means of its signs and symptoms. This involves ruling out other illnesses and causal factors for the symptoms.
discharge	A discharge marks the end of an episode of care. Types of discharge include in-patient discharge, day-case discharge, day-patient discharge, out-patient discharge and allied health professions (see AHPs) discharge.
discharge summary	A letter, usually sent from a hospital to a patient's GP once the patient has been discharged, containing information relating to the patient's admission to hospital, eg the reason for admission, diagnosis, and what happened to the patient while in hospital.
dissemination	To spread or give out (especially news, information, ideas, etc.) to many people.
essential (criterion/criteria)	A criterion that should be met wherever a service is provided.
evaluation	The study of the performance of a service (or element of treatment and care) with the aim of identifying successful and problem areas of activity.
evidence-based medicine	Evidence-based clinical practice is an approach to decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best.
frequency	The rate of occurrence of an outcome, expressed as the number of occurrences of that outcome over a specified period of time.
generic standards	Standards that apply to most, if not all, clinical services.
governance	Governance is the system by which an organisation directs and controls its functions and relates to its stakeholders.
guidelines*	Operational good practice to inform activity.
H&S	See Health & Safety.
harm	Injury, disease, suffering, disability, or death.
HDL	See Health Department Letter.
Health & Safety (H&S)	Legislative and regulatory framework designed to safeguard the health and safety of employees and all others who may be affected by work activities.

Health & Safety at Work Act 1974 (HASAWA)	See health & safety regulations.
health & safety regulations	The Health & Safety at Work Act 1974 (HASAWA) requires employers to safeguard the health & safety of employees and of non-employees who may be affected by work activities. HASAWA is the enabling act under which health and safety regulations are made.
Health Department Letter (HDL)	Health Department Letter (formerly known as Management Executive Letter - MEL), formal communications from the Scottish Executive Health Department to NHSScotland.
health record	Information about the physical or mental health of someone, which has been made by, or on behalf of, a health professional in connection with the care of that person. These must be kept for a statutory period of time after the patient/user is discharged from the service. Records will be kept in addition to care plans.
healthcare professional	A person qualified in a health discipline.
implementation	Putting into practical effect; carrying out a task or project.
induction course	See induction programme.
induction programme	Learning activities designed to enable newly appointed staff to function effectively in their new job
infection control	Programmes of disease surveillance, generally within healthcare facilities, designed to investigate, prevent, and control the spread of infections and the micro-organisms which cause them.
informed consent	The principle by which a patient/user is informed about the nature, purpose and likely effects of any treatment proposed, before being asked to consent to accepting it.
intervention	Healthcare action intended to benefit the patient.
Island NHS Board	There are three Island NHS Boards (Orkney, Shetland and the Western Isles). They have always had a combined strategic and operational role. See NHS Board.
legislation	Laws passed by a parliament.
LHCC	See Local Health Care Co-operative.
likelihood	Used as a qualitative description of probability or frequency.
litigation	Causing (an argument) to be discussed in a law court so that a judgment can be made, which must be accepted by both sides.
Local Health Care Co-operative (LHCC)	In Scotland, Local Health Care Co-operatives are voluntary groupings of GPs and other local healthcare professionals intended to strengthen and support the primary health care team in delivering local care.
major incident plan	Arrangements to respond to and meet extraordinary demands on services due to external factors.
Managed Clinical Network (MCN)	A formally organised network of clinicians. The main function is to audit performance on the basis of standards and guidelines, with the aim of improving healthcare across a wide

	geographic area, or for specific conditions.
monitoring	The systematic process of collecting information on the performance of clinical or non-clinical activities, actions or systems. Monitoring may be intermittent or continuous. It may also be undertaken in relation to specific incidents of concern or to check key performance areas. Monitoring is used to appraise strengths, weaknesses, opportunities and threats.
multidisciplinary	A multidisciplinary team is a group of people from different disciplines (both healthcare and non-healthcare) who work together to provide care for patients with a particular condition. The composition of multidisciplinary teams will vary according to many factors. These include: the specific condition, the scale of the service being provided, and geographical/socio-economic factors in the local area.
national strategy for carers	Describes what the government has done so far to support carers and how quality of life for carers can be improved by ensuring that their needs are identified and met. It focuses on how carers can be informed, involved and empowered, and how employers can help carers combine paid work with their caring responsibilities. The strategy details proposals to support young carers.
near miss	Where there was potential for harm, and where harm was prevented only by skill or luck.
NHS Board	NHS Boards are responsible for strategic planning, performance management and governance of each of Scotland's 15 local health systems. Most NHS Board areas (excluding Island NHS Boards) contain one Acute and one Primary Care Trust, with operational and employment responsibilities, but since 2001 they have operated within a strategic framework drawn up by the NHS Board. By 2004 Trusts will have been abolished and replaced by operating divisions of the NHS Board (see also NHS Trust). In addition to the 15 local NHS Boards, there are also Special Health Boards, eg Scottish Ambulance Service, Scottish National Blood Transfusion Service, NHS Quality Improvement Scotland, NHS Education, NHS Health, Common Services Agency, State Hospital.
NHS priorities	The three national clinical priorities are mental health; coronary heart disease and stroke; and cancer.
NHS Trust	A Trust is an NHS organisation responsible for providing a group of healthcare services for the local population. An Acute hospital Trust provides hospital services. A Primary Care Trust provides primary care/community health services. Mental health services (both hospital and community based) are usually provided by Primary Care Trusts. Since 2001 Trusts have operated within an overall framework drawn up by their NHS Board. Subject to legislation, Trusts will be dissolved by April 2004, becoming operating divisions of the NHS Board. The NHS Board will be the single employer for the local system. In two areas – Borders and Dumfries &

	Galloway – since April 2003 there have been no Trusts or operating divisions with the NHS Board fulfilling a dual strategic and operational role (like the three Island Boards). The term ‘Trust’ is retained in NHS QIS publications during the period of Trust abolition. Where unification has occurred, the term ‘Trust’ should be taken to signify an operating division of the local NHS Board. See also NHS Board.
NHSScotland	The National Health Service in Scotland.
nutrition	All foods, the physical and chemical process by which food is converted into body tissue.
outcome	The end result of care and treatment and/or rehabilitation. In other words, the change in health, functional ability, symptoms or situation of a person, which can be used to measure the effectiveness of care and treatment, and/or rehabilitation.
palliative care	Palliative care is the active total care of patients and their families by a multi-professional team when the patient's disease is no longer responsive to curative treatment.
patient	A person who is receiving care or medical treatment. A person who is registered with a doctor, dentist, or other healthcare professional, and is treated by him/her when necessary. Sometimes referred to as a user.
patient journey	The pathway through the health services taken by the patient (the person who is receiving treatment), and as viewed by the patient.
patient record	Those records containing clinical information relating to a specific patient, or anonymised patient or groups of patients, for purposes of treatment, research or clinical audit.
PCRG	See Primary Care Reference Group.
PCT	Primary Care Trust. See NHS Trust and primary care.
PDP	Personal development planning.
peer review	Review of a service by those with expertise and experience in that service, either as a provider, user or carer, but who are not involved in its provision in the area under review. In the NHS Quality Improvement Scotland approach, all members of a review team are equal.
pharmacist	A qualified professional who understands the nature and effect of medicines and how they are produced and used to prevent and treat illness, relieve symptoms or assist in the diagnosis of disease. Pharmacists use their expertise for the wellbeing and safety of users and the public.
physician	A specialist in medicine.
plan*	An operational tool to manage activity in the quest to achieve objectives.
policy*	The highest level statement of intent and objectives within an organisation.
primary care	The conventional first point of contact between a patient and the NHS. This is the component of care delivered to patients outside hospitals and is typically, though by no means exclusively, delivered through general practices. Primary care

	services are the most frequently used of all services provided by the NHS. Primary care encompasses a range of family health services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic medical practitioners.
probability	Probability is the chance or likelihood of a specific event or outcome measured by the ratio of specific events or outcomes to the total number of possible events or outcomes. Probabilities may vary in value from 0 (no chance) to 1 (certain). It is sometimes expressed as a percentage.
procedure*	Operational instructions to regulate activity.
protocol*	See procedure
quality assurance (QA)	Improving performance and preventing problems through planned and systematic activities including documentation, training and review.
rationale	Scientific/objective reason for taking specific action.
record	Any instrument which contains information, personal or non-personal, in any medium, which has been created, gathered, or retained as a result of any aspect of the work of NHS organisations.
referral	The process whereby a patient is transferred from one professional to another, usually for specialist advice and/or treatment.
regime	Treatment programme, eg for drugs, also known as a regimen.
regulatory body	An organisation with responsibility for setting out official rules and ensuring that they are followed.
rehabilitative	Intended to aid return of physical or mental function after illness or injury, often with the assistance of specialised medical professionals.
risk	The chance of something happening (an opportunity or hazard) that will have an impact (good or bad) upon objectives. Risk is measured in terms of its consequences and likelihood.
risk assessment	A systematic process to determine risk management priorities through finding out the frequency of an outcome, and its consequences.
risk control measure	Arrangements set in place to eliminate, minimise or reduce the adverse impact of risk upon an organisation.
risk identification	A process for finding out what outcomes are possible, and how they occur.
risk management	A systematic approach to the management of risk, staff and patient/client/user safety, to reducing loss of life, financial loss, loss of staff availability, loss of availability of buildings or equipment, or loss of reputation. Risk management involves identifying, assessing, controlling, monitoring, reviewing and auditing risk.
risk transfer	The process of shifting a risk to another party, for instance via legislation, contract, or insurance.

Royal College of General Practitioners (RCGP)	Royal College of General Practitioners. Website address: www.rcgp.org.uk/
Scottish Executive Health Department (SEHD)	The Scottish Executive Health Department is responsible for health policy and the administration of NHSScotland. Website address: www.show.scot.nhs.uk/sehd
Scottish Intercollegiate Guidelines Network (SIGN)	SIGN was established in 1993 by the Academy of Royal Colleges and Faculties in Scotland, to sponsor and support the development of evidence-based clinical guidelines for NHSScotland. Where a SIGN guideline exists for a specialty or service for which CSBS had set standards, or NHS QIS is taking forward standards, it will be referenced. For further information relating to SIGN guidelines or the methodology by which SIGN guidelines are developed, contact: SIGN Executive, Royal College of Physicians, 9 Queen Street, Edinburgh EH2 1JQ. Website: www.sign.ac.uk
secondary care SEHD	Care provided in an acute sector setting. See acute sector.
self-assessment	See Scottish Executive Health Department.
self-assessment	Assessment of performance against standards by individual/clinical team/Trust providing the service to which the standards are related.
service continuity plan	Arrangements to maintain provision of services in the event of a sudden and severe incident which degrades resource of whatever type and so affects the capability of the organisation to operate in the usual way.
shared care protocol	Recommendation for care provided by more than one clinician in different settings.
SHE risk	Risk (safety, health, environmental) arising from infrastructure supporting healthcare delivery, relating specifically to safety, health or environmental exposure (eg Health & Safety, radiation, waste, food safety, environmental).
side-effect	An effect of treatment in addition to its desired therapeutic effect. A side-effect is usually unpleasant and unwanted.
SIGN	See Scottish Intercollegiate Guidelines Network.
stakeholders	Those people and organisations who may affect, be affected by or perceive themselves to be affected by a decision or activity.
standard statement	An overall statement of agreed performance.
statutory	Enacted by statute; depending on statute for its authority as a statutory provision. Required by law.
strategy*	A high level document indicating a framework for achieving objectives and perhaps incorporating a plan.
systematic	Methodical, according to plan and not casually or at random.
TMT	Trust management team.
treatment plan	Protocol of care which specifies what should be done, when and with what aim.

* With regard to the terms 'guidelines'; 'plan'; 'policy'; 'procedure'; 'protocol'; and 'strategy', it is recognised that organisations may use different definitions.

The above definitions are not intended to be prescriptive. The contents and attributes of a document, eg high-level statement of intent, record of objectives, are more important than the fact of its being called a 'strategy' or 'policy'.