

Cell: E1
Comment: Your first action should be to select your organisation's name here.
Related cells will be populated automatically.

Cell: E7
Comment: The navigation facility from the matrix below may function incorrectly until the appropriate assessment level is selected here.

Cell: E8
Comment: Assessor Use
2005 assessment

Cell: B00
Comment: Risk management strategy

Cell: 030
Comment: Corporate induction

Cell: L30
Comment: Secure environment

Cell: 020
Comment: Patient care location

Cell: V03
Comment: Incident reporting

Cell: B01
Comment: Policy/procedural documents

Cell: 021
Comment: Local induction of permanent staff

Cell: L21
Comment: Sickness absence

Cell: 025
Comment: Patient information

Cell: V01
Comment: Raising concerns

Cell: B02
Comment: Risk management committee(s)

Cell: 022
Comment: Local induction of temporary staff

Cell: L22
Comment: Safeguarding adults

Cell: 023
Comment: Consent

Cell: V02
Comment: Complaints

Cell: B03
Comment: Risk awareness training for senior management

Cell: 029
Comment: Supervision of medical staff in training *

Cell: L23
Comment: Moving & handling

Cell: 029
Comment: Clinical record keeping standards

Cell: V03
Comment: Claims

Cell: B04
Comment: Risk management process

Cell: 024
Comment: Risk management training

Cell: L24
Comment: Spots, trips & falls

Cell: 024
Comment: Transfer of patients

Cell: V24
Comment: Investigations

Cell: B05
Comment: Investigator

Cell: 029
Comment: Training needs analysis

Cell: L25
Comment: Infection incidents

Cell: 026
Comment: Medication management

Cell: V25
Comment: Analysis

Cell: B06
Comment: Responding to external recommendations specific to the organisation

Cell: 026
Comment: Medical device training

Cell: L26
Comment: Maintenance of medical devices & equipment

Cell: 026
Comment: Blood transfusion

Cell: V26
Comment: Improvement

Cell: B07
Comment: Clinical records management

Cell: 027
Comment: Hand hygiene training

Cell: L27
Comment: Harassment & bullying

Cell: 027
Comment: Resuscitation

Cell: V27
Comment: Best practice - NICE

Cell: B08
Comment: Professional clinical registration

Cell: 028
Comment: Moving & handling training

Cell: L28
Comment: Violence & aggression

Cell: 028
Comment: Infection control

Cell: V28
Comment: Best practice - NSRF, NICE & High/Low Equivalents

Cell: B09
Comment: Employment checks

Cell: 028
Comment: Supporting staff involved in an incident, complaint or claim

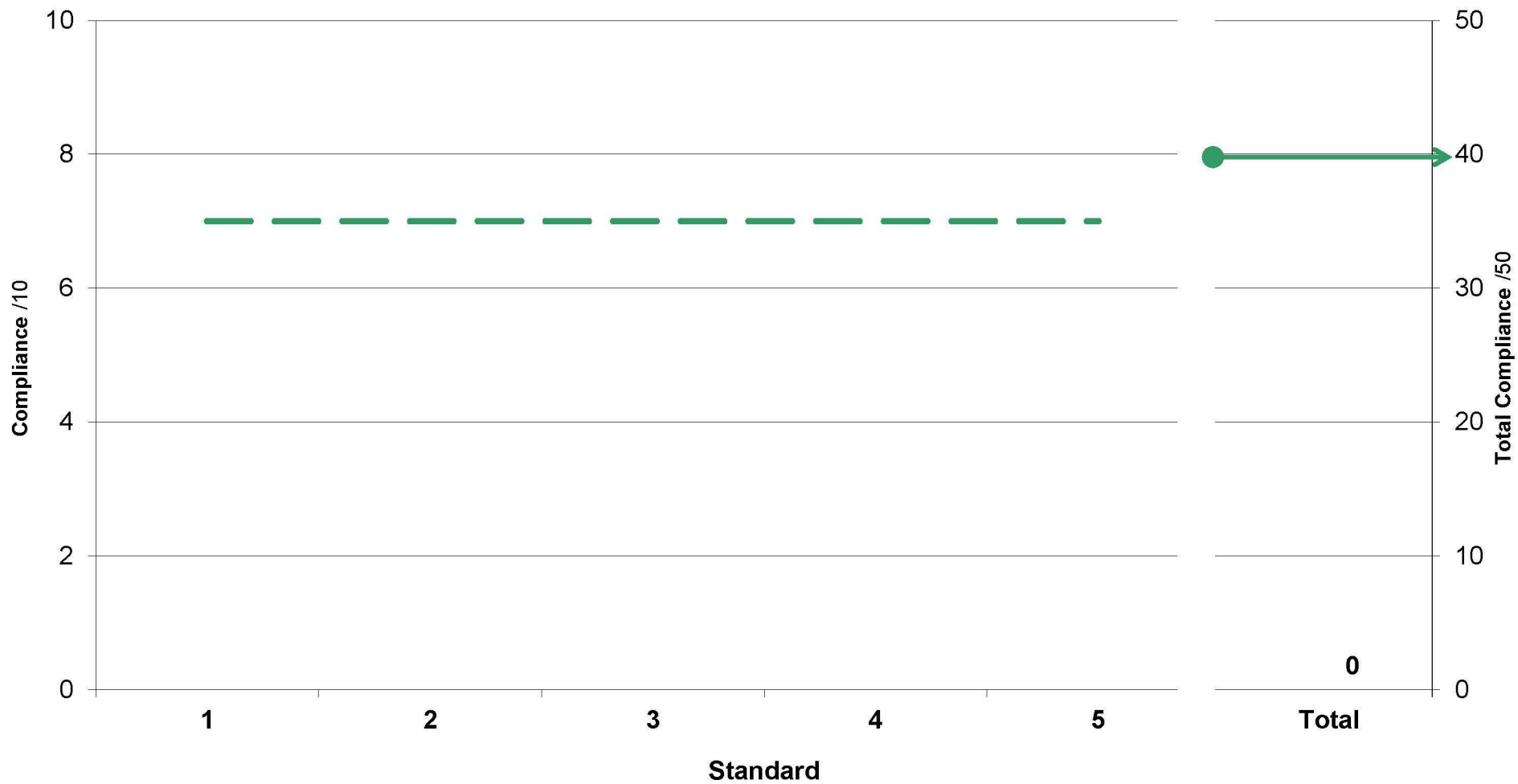
Cell: L29
Comment: Stress

Cell: 029
Comment: Discharge of patients

Cell: V29
Comment: Being open

NHSLA Risk Management Standards for Acute Trusts Evidence Template

Level Summary Chart



Trust's Self-assessment Assessment Outcome Total Total Score 'pass' level

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
1.1.1	1010	There is an organisation-wide risk management strategy which has been approved by the board. As a minimum, the approved documentation must include a description of the:																	
	a	1011 organisational risk management structure detailing all those committees/sub-committees/groups which have some responsibility for risk																	
	b	1012 process for board or high level committee review of the organisation-wide risk register																	
	c	1013 process for the management of risk locally, which reflects the organisation-wide risk management strategy																	
	d	1014 duties of the key individual(s) for risk management activities																	
	e	1015 authority of all managers with regard to managing risk																	
	f	1018 process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.1.2	1020	The organisation has approved documentation which describes the process for developing organisation-wide procedural documents. As a minimum, the approved documentation must include a description of the following requirements:																	
	a	1021 style and format																	
	b	1022 an explanation of any terms used in documents developed																	
	c	1023 consultation process																	
	d	1024 ratification process																	
	e	1025 review arrangements																	
	f	1026 control of documents, including archiving arrangements																	
	g	1027 associated documents																	
	h	1027.1 supporting references																	
	i	1028 the process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.1.3	1030	The organisation has approved terms of reference for the high level committee(s) with overarching responsibility for risk. As a minimum, the terms of reference must include a description of the:																	
	a	1031 duties																	
	b	1032.1 reporting arrangements to the board																	
	c	1033 membership, including nominated deputy where appropriate																	
	d	1034 required frequency of attendance by members																	
	e	1035 reporting arrangements into the high level committee(s)																	
	f	1036 requirements for a quorum																	
	g	1037 frequency of meetings																	
	h	1038 process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.1.4	1040	The organisation has achieved Level 2 for ALE KLOE 4.1 in the last 12 months. For NHS trusts, the ALE assessment scores will be provided centrally to your assessor by the Audit Commission. Compliance will be determined from this report. No evidence will need to be provided by the trust.	#NA	#NA	#NA	#NA	#NA					#NA							
								Compliant			Compliant								
OR		If a Foundation Trust:																	
	1041	The organisation has approved documentation which describes the process for delivering risk management awareness training for all board members, executives and senior managers. As a minimum, the approved documentation must include a description of the process for:	#NA	#NA	#NA	#NA	#NA												
	a	1042 ensuring that all board members, and senior managers receive relevant risk management awareness training	#NA	#NA	#NA	#NA	#NA		#NA	#NA									
	b	1043 recording attendance	#NA	#NA	#NA	#NA	#NA		#NA	#NA									
	c	1044 following up non-attendance	#NA	#NA	#NA	#NA	#NA		#NA	#NA									
	d	1048 monitoring compliance with all of the above.	#NA	#NA	#NA	#NA	#NA		#NA	#NA									
								Compliant			Compliant								
1.1.5	1050	The organisation has achieved Level 2 for ALE KLOE 4.1 in the last 12 months.	#NA	#NA	#NA	#NA	#NA					#NA							

Cell: B1
Comment: Admin Use Only

Cell: D1
Comment: Insert either:
E for Electronic
P for Paper
N/A for not available

Cell: L1
Comment: Assessor Use Only

Cell: M1
Comment: Assessor Use Only

Cell: N1
Comment: Assessor Use Only

Cell: E38
Comment: If this and subsequent cells contain #N/A:

you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: C41
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: C42
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: E42
Comment: If this and subsequent cells contain #N/A:

you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: E50
Comment: If this and subsequent cells contain #N/A:

you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: C53
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: C54
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: E54
Comment: If this and subsequent cells contain #N/A:

you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: E62
Comment: If this and subsequent cells contain #N/A:

you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: C65
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: C66
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: E66
Comment: If this and subsequent cells contain #N/A:

you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: H118
Comment: Risk management strategy

Cell: H119
Comment: Policy on procedural documents

Cell: H120
Comment: Risk management committee(s)

Cell: H121
Comment: Risk awareness training for senior management

Cell: H122
Comment: Risk management process

Cell: H123
Comment: Risk register

Cell: H124
Comment: Responding to external recommendations specific to the organisation

Cell: H125
Comment: Clinical records management

Cell: H126
Comment: Professional clinical registration

Cell: H127
Comment: Employment checks

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
1.2.1	2010	The organisation has approved documentation which describes the corporate induction arrangements for all new permanent staff.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	2011 duties																	
	b	2012 minimum content of the corporate induction programme(s)																	
	c	2013 process for ensuring that all new permanent staff are booked onto corporate induction																	
	d	2014 process for checking that all new permanent staff complete corporate induction																	
	e	2015 process for following up those who fail to attend corporate induction																	
	2018	process for monitoring compliance with all of the above.																	
							Compliant			Compliant									
1.2.2	2020	The organisation has approved documentation which describes the local induction arrangements for all new permanent staff.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	2021 duties																	
	b	2022 minimum content of local induction programme(s)																	
	c	2023 process for checking that all new permanent staff complete local induction																	
	d	2024 process for following up those who fail to complete local induction																	
	e	2028 process for monitoring compliance with all of the above.																	
							Compliant			Compliant									
1.2.3	2030	The organisation has approved documentation which describes the local induction arrangements for all temporary staff.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	2031 duties																	
	b	2032 minimum content of local induction programme(s)																	
	c	2033 process for checking that all temporary staff complete local induction																	
	d	2034 process for following up those who fail to complete local induction																	
	2038	process for monitoring compliance with all of the above.																	
							Compliant			Compliant									
1.2.4	2040	Supervision of medical staff in training.																	
		The organisation has met PMETB minimum requirements for clinical supervision set out in Domain 6 of the PMETB generic standards for training as determined by the evidence available through the Quality Framework, which includes data from the National Survey of Trainees, and information from Annual Deanery Reports and Visit to Deanery Reports.																	
							Compliant			Compliant									
1.2.5	2050	The organisation has approved documentation which describes the process for ensuring a systematic approach to risk management training for all permanent staff.																	
		As a minimum, the approved documentation must include a description of the process for:																	
	a	2051 developing a training needs analysis which reflects the TNA Minimum Data Set																	
	b	2052 developing action plan(s) to deliver the training identified within the training needs analysis																	
	c	2053 developing a training prospectus to reflect the training needs analysis																	
	d	2054 checking that all permanent staff complete the relevant training programmes in accordance with the training needs analysis																	
	e	2055 following up those who fail to attend relevant training programmes																	
	f	2056 coordinating training records																	
g	2058 monitoring compliance with all of the above.																		
							Compliant			Compliant									

Cell: B1
Comment: Admin Use Only

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Comment: Insert either:
E for Electronic
P for Paper
N/A for not available

Cell: L1
Comment: Assessor Use Only

Cell: M1
Comment: Assessor Use Only

Cell: N1
Comment: Assessor Use Only

Cell: H92
Comment: Corporate induction

Cell: H93
Comment: Local induction of permanent staff

Cell: H94
Comment: Local induction of temporary staff

Cell: H95
Comment: Supervision of medical staff in training *

Cell: H96
Comment: Risk management training

Cell: H97
Comment: Training needs analysis

Cell: H98
Comment: Medical devices training

Cell: H99
Comment: Hand hygiene training

Cell: H100
Comment: Moving & handling training

Cell: H101
Comment: Supporting staff involved in an incident, complaint or claim

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
1.3.1	3010	The organisation has approved documentation which describes the process for managing the risks associated with the physical security of premises and other assets.																	
		As a minimum, the approved documentation must include a description of the:																	
a	3011	duties																	
b	3012	requirement to undertake a lockdown risk profile for each organisational site or other specific building/area																	
c	3013	requirement to undertake appropriate risk assessments regarding the physical security of premises and assets																	
d	3014	arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets																	
e	3018	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.3.2	3020	The organisation has approved documentation which describes the process for managing the risks associated with sickness absences.																	
		As a minimum, the approved documentation must include a description of the:																	
a	3021	duties																	
b	3022	process for maintaining contact with absent employees																	
c	3023	planning and facilitating return to work plans																	
d	3024	planning and undertaking workplace controls or adjustments																	
e	3025	process for analysing sickness absence data																	
f	3026	arrangements for the organisational overview of sickness absence																	
g	3028	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.3.3	3030	The organisation has approved documentation which describes the process for managing the risks associated with safeguarding adults.																	
		As a minimum, the approved documentation must include a description of the:																	
a	3031	duties																	
b	3032	local arrangements for managing the risks associated with safeguarding adults																	
c	3033	organisation's expectations in relation to staff training, as identified in the training needs analysis																	
d	3038	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.3.4	3040	The organisation has approved documentation which describes the process for managing the risks associated with moving and handling.																	
		As a minimum, the approved documentation must include a description of the:																	
a	3041	duties																	
b	3042	techniques to be used in the moving and handling of patients and objects, including the use of appropriate equipment																	
c	3043	arrangements for access to appropriate specialist advice																	
d	3044	requirement to undertake appropriate risk assessments for the moving and handling of patients and objects																	
e	3045	arrangements for the organisational overview of the risk assessments for the moving and handling of patients and objects																	
f	3048	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.3.5	3050	The organisation has approved documentation which describes the process for managing the risks associated with slips, trips and falls involving patients, staff and others.																	
		As a minimum, the approved documentation must include a description of the:																	
a	3051	duties																	
b	3052	requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height)																	

Cell: B1
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E for Electronic
P for Paper
N/A for not available

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Comment: Assessor Use Only

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Comment: Assessor Use Only

Cell: H100
Comment: Secure environment

Cell: H101
Comment: Sickness absence

Cell: H102
Comment: Safeguarding adults

Cell: H103
Comment: Moving & handling

Cell: H104
Comment: Slips, trips & falls

Cell: H105
Comment: Inoculation incidents

Cell: H106
Comment: Maintenance of medical devices & equipment

Cell: H107
Comment: Harassment & bullying

Cell: H108
Comment: Violence & aggression

Cell: H109
Comment: Stress

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E for Electronic
P for Paper
N/A for not available

Cell: L1
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Comment: Assessor Use Only

Cell: H105
Comment: Patient identification

Cell: H106
Comment: Patient information

Cell: H107
Comment: Consent

Cell: H108
Comment: Clinical record-keeping standards

Cell: H109
Comment: Transfer of patients

Cell: H110
Comment: Medicines management

Cell: H111
Comment: Blood transfusion

Cell: H112
Comment: Resuscitation

Cell: H113
Comment: Infection control

Cell: H114
Comment: Discharge of patients

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Name of approved document	Electronic file hyperlink/name	Document version name, no. and approved and review date	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
1.5.1	5010	The organisation has approved documentation which describes the process for managing the risks associated with the reporting of all internally and externally reportable incidents.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	5011 duties																	
	b	5012 process for reporting all incidents/near misses, involving staff, patients and others																	
	c	5013 process for reporting to external agencies																	
	d	5014 reference to the processes for staff to raise concerns e.g. whistle blowing/open disclosure																	
	5018	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.5.2	5020	The organisation has approved documentation which describes the process for ensuring that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to raise concerns informally.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	5021 duties																	
	b	5022 process for raising concerns (informal complaints/Patient Advice and Liaison Services)																	
	c	5023 process for ensuring that patients, relatives and their carers are not treated differently as a result of raising a concern																	
	d	5024 process by which the organisation aims to make changes as a result of concerns being raised																	
	5028	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.5.3	5030	The organisation has approved documentation which describes the process for ensuring that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	5031 duties																	
	b	5032 complaints management process, which includes internal and external communication, and collaboration with other organisations when necessary																	
	c	5033 procedure to ensure that patients, relatives and their carers are not treated differently as a result of a complaint																	
	d	5034 process by which the organisation aims to make changes as a result of formal complaints																	
	5038	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.5.4	5040	The organisation has approved documentation which describes the process for managing all claims in accordance with NHSLA requirements.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	5041 duties																	
	b	5042 NHSLA schemes relevant to the organisation (i.e. CNST, LTPS and PES)																	
	c	5043 action to be taken, including timescales																	
	d	5044 communication with relevant stakeholders																	
	5048	process for monitoring compliance with all of the above.																	
								Compliant			Compliant								
1.5.5	5050	The organisation has approved documentation which describes the process for investigating all incidents, complaints and claims.																	
		As a minimum, the approved documentation must include a description of the:																	
	a	5051 duties																	
	5052	organisation's expectations in relation to staff training, as identified in the training needs analysis																	

Cell: B1
Comment: Admin Use Only

Cell: D1
Comment: Insert either:
E for Electronic
P for Paper
N/A for not available

Cell: L1
Comment: Assessor Use Only

Cell: M1
Comment: Assessor Use Only

Cell: N1
Comment: Assessor Use Only

Cell: H102
Comment: Incident reporting

Cell: H103
Comment: Raising concerns

Cell: H104
Comment: Complaints

Cell: H105
Comment: Claims

Cell: H106
Comment: Investigations

Cell: H107
Comment: Analysis

Cell: H108
Comment: Improvement

Cell: H109
Comment: Best practice - NICE

Cell: H110
Comment: Best practice - NSFs, NCEs & High Level Enquiries

Cell: H111
Comment: Being open

Criterion number	Index	Criterion and minimum requirements	Peer or Electronic copy	Document submitted	Electronic file hyperlinkname	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment for report?	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
2.1.1	1010	The organisation can demonstrate implementation of the approved organisation-wide risk management strategy.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:																	
Level 1	1013	the management of risk locally, which reflects the organisation-wide risk management strategy.						Compliant		Compliant									
2.1.2	1020	The organisation can demonstrate implementation of the approved documentation which describes the process for developing organisation-wide procedural documents.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
Level 1	1024	ratification process																	
Level 1	1026	control of documents, including archiving arrangements						Compliant		Compliant									
2.1.3	1030	The organisation can demonstrate that the high level committees with overarching responsibility for risk is performing as described in the approved terms of reference.																	
		The organisation can demonstrate compliance with the objectives set out within the terms of reference described at Level 1, in relation to the:																	
Level 1	1035	reporting arrangements to the board reporting arrangements into the high level committees.						Compliant		Compliant									
2.1.4	1040	The organisation has achieved Level 3 for ALE KLOE 4.1 in the last 12 months	###	#N/A	#N/A	#N/A	#N/A					#N/A							
		For NHS trusts, the ALE assessment scores will be provided centrally to your assessor by the Audit Commission. Compliance will be determined from this report. No evidence will need to be provided by the trust.						Compliant		Compliant									
OR		If a Foundation Trust:																	
	1041	The organisation can demonstrate implementation of the approved documentation which describes the process for delivering risk management awareness training for all board members, executives and senior managers	###	#N/A	#N/A	#N/A	#N/A												
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:																	
Level 1	1042	ensuring that all board members and senior managers receive relevant risk management awareness training	###	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A								
Level 1	1044	following up non-attendance.	###	#N/A	#N/A	#N/A	#N/A	Compliant	#N/A	#N/A	Compliant								
2.1.5	1050	The organisation has achieved Level 3 for ALE KLOE 4.1 in the last 12 months	###	#N/A	#N/A	#N/A	#N/A					#N/A							
		For NHS trusts, the ALE assessment scores will be provided centrally to your assessor by the Audit Commission. Compliance will be determined from this report. No evidence will need to be provided by the trust.						Compliant		Compliant									
OR		If a Foundation Trust:																	
	1051	The organisation can demonstrate implementation of the approved documentation which describes the organisation-wide systematic risk management process.	###	#N/A	#N/A	#N/A	#N/A												
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:																	
Level 1	1052	assessing strategic risks	###	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A								
Level 1	1053	ensuring a continual, systematic approach to all risk assessments is followed throughout the organisation	###	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A								
								Compliant		Compliant									
2.1.6	1060	The organisation has achieved Level 3 for ALE KLOE 4.1 in the last 12 months	###	#N/A	#N/A	#N/A	#N/A					#N/A							
		For NHS trusts, the ALE assessment scores will be provided centrally to your assessor by the Audit Commission. Compliance will be determined from this report. No evidence will need to be provided by the trust.						Compliant		Compliant									
OR		If a Foundation Trust:																	
	1061	The organisation-wide risk register is populated from a diverse range of sources	###	#N/A	#N/A	#N/A	#N/A												
		The organisation can demonstrate that the approved organisation-wide risk register described at Level 1, is populated with significant risks from the following sources:																	
Level 1	1062	incident reports	###	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A								
Level 1	1062	risk assessments	###	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A								
Level 1	1062	significant risks from directorate risk registers	###	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A								
								Compliant		Compliant									
2.1.7	1070	The organisation can demonstrate implementation of the approved documentation which describes the process for responding to the recommendations and requirements arising from external agency visits, inspections and accreditations specific to the organisation.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:																	
Level 1	1073	maintaining action plans to implement any recommendations made as a result of reviews						Compliant		Compliant									

Cell: B1
Comment: Admin Use Only

Cell: D1
Comment: Insert either:
E for Electronic
P for Paper
N/A for not available

Cell: L1
Comment: Assessor Use Only

Cell: M1
Comment: Assessor Use Only

Cell: N1
Comment: Assessor Use Only

Cell: E20
Comment: If this and subsequent cells contain #N/A:
you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: C23
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: C24
Comment: This section to be completed for all Level 3 assessments

Cell: E24
Comment: If this and subsequent cells contain #N/A:
you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: E30
Comment: If this and subsequent cells contain #N/A:
you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: C33
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: C34
Comment: This section to be completed for all Level 3 assessments

Cell: E34
Comment: If this and subsequent cells contain #N/A:
you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: E40
Comment: If this and subsequent cells contain #N/A:
you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: C43
Comment: This section and the following minimum requirements to be completed for all Level 3 assessments

Cell: C44
Comment: This section to be completed for all Level 3 assessments

Cell: E44
Comment: If this and subsequent cells contain #N/A:
you have not completed the Summary sheet.
Please go back and enter NHS or FT in row 3 before continuing.

Cell: H78
Comment: Risk management strategy

Cell: H79
Comment: Policy on procedural documents

Cell: H80
Comment: Risk management committee(s)

Cell: H81
Comment: Risk awareness training for senior management

Cell: H82
Comment: Risk management process

Cell: H83
Comment: Risk register

Cell: H84
Comment: Responding to external recommendations specific to the organisation

Cell: H85
Comment: Clinical records management

Cell: H86
Comment: Professional clinical registration

Cell: H87
Comment: Employment checks

- CSL-01**
Criterion: Admin User Only
- CSL-02**
Criterion: User after
E for Electronic
P for Paper
N/A for not available
- CSL-03**
Criterion: Admin User Only
- CSL-04**
Criterion: Admin User Only
- CSL-05**
Criterion: Admin User Only
- CSL-06**
Criterion: Corporate education
- CSL-08**
Criterion: Level education of personnel staff
- CSL-09**
Criterion: Level education of temporary staff
- CSL-10**
Criterion: Specified of medical staff training *
- CSL-11**
Criterion: Risk management training
- CSL-12**
Criterion: Training needs analysis
- CSL-13**
Criterion: Medical services training
- CSL-14**
Criterion: First response training
- CSL-15**
Criterion: Safety & handling training
- CSL-16**
Criterion: Supporting staff involved in an incident, complaint or claim

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
2.3.1	3010	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the physical security of premises and other assets.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	3013 requirement to undertake appropriate risk assessments regarding the physical security of premises and assets																	
Level 1	3014 arrangements for the organisational overview of the risk assessments regarding the physical security of premises and assets.																		
								Compliant		Compliant									
2.3.2	3020	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with sickness absences.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	3025 process for analysing sickness absence data																	
Level 1	3026 arrangements for the organisational overview of sickness absence.																		
								Compliant		Compliant									
2.3.3	3030	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with safeguarding adults.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	3032 local arrangements for managing the risks associated with safeguarding adults.																	
								Compliant		Compliant									
2.3.4	3040	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with moving and handling.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	3044 requirement to undertake appropriate risk assessments for the moving and handling of patients and objects																	
Level 1	3045 arrangements for the organisational overview of the risk assessments for the moving and handling of patients and objects.																		
								Compliant		Compliant									
2.3.5	3050	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with slips, trips and falls involving patients, staff and others.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	3052 requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving patients (including falls from height)																	
Level 1	3053 requirement to undertake appropriate risk assessments for the management of slips, trips and falls involving staff and others (including falls from height).																		
								Compliant		Compliant									
2.3.6	3060	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with inoculation incidents.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the process for:																	
	Level 1	3063 the management of an inoculation incident (including prophylaxis).																	
								Compliant		Compliant									

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P for Paper
N/A for not available

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Comment: Assessor Use Only

Cell: H63
Comment: Secure environment

Cell: H64
Comment: Sickness absence

Cell: H65
Comment: Safeguarding adults

Cell: H66
Comment: Moving & handling

Cell: H67
Comment: Slips, trips & falls

Cell: H68
Comment: Inoculation incidents

Cell: H69
Comment: Maintenance of medical devices & equipment

Cell: H70
Comment: Harassment & bullying

Cell: H71
Comment: Violence & aggression

Cell: H72
Comment: Stress

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version name, no. and approved and review dates	Initials of contact name for document	Compliant? (Organisation)	Reference	Organisation's comments	Compliant? (Assessor)	Comment in Report	Assessor's comments	Proposed Future Change	Rationale	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
2.4.1	4010	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the identification of inpatients.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	4011 process for identifying inpatients																	
	Level 1	4013 procedure to be followed in cases where patient misidentification occurs.																	
								Compliant		Compliant									
2.4.2	4020	The organisation can demonstrate implementation of the approved documentation which describes the process for developing patient information associated with care, treatments and procedures.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	4023 list of the essential content to be included in leaflets or other media i.e. risks, benefits and alternatives, where appropriate																	
	Level 1	4025 archiving arrangements.																	
								Compliant		Compliant									
2.4.3	4030	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with consent.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	4033 process for identifying staff who are not capable of performing the procedure but are authorised to obtain consent for that procedure																	
	Level 1	4035 process for the delivery of procedure specific training on consent, for staff to whom the consent process is delegated and who are not capable of performing the procedure.																	
								Compliant		Compliant									
2.4.4	4040	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the quality of clinical records in all media.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to:																	
	Level 1	4044 format for all audit reports i.e. methodology, conclusions, action plans, etc.																	
	Level 1	4045 arrangements for the review of action plans.																	
								Compliant		Compliant									
2.4.5	4050	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with the transfer of patients.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	4052 transfer requirements which are specific to each patient group																	
	Level 1	4053 documentation to accompany the patient when being transferred.																	
		The assessor will select two patient groups at random to assess the organisation's compliance with the above minimum requirements.																	
								Compliant		Compliant									
2.4.6	4060	The organisation can demonstrate implementation of the approved documentation which describes the process for managing the risks associated with medicines in all care environments.																	
		The organisation can demonstrate compliance with the objectives set out within the approved documentation described at Level 1, in relation to the:																	
	Level 1	4061.1 process for ensuring the accuracy of all prescription charts.																	

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Cell: H70
Comment: Patient identification

Cell: H71
Comment: Patient information

Cell: H72
Comment: Consent

Cell: H73
Comment: Clinical record-keeping standards

Cell: H74
Comment: Transfer of patients

Cell: H75
Comment: Medicines management

Cell: H76
Comment: Blood transfusion

Cell: H77
Comment: Resuscitation

Cell: H78
Comment: Infection control

Cell: H79
Comment: Discharge of patients

Cell: B1
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Comment: Assessor Use Only

Cell: H66
Comment: Incident reporting

Cell: H67
Comment: Raising concerns

Cell: H68
Comment: Complaints

Cell: H69
Comment: Claims

Cell: H70
Comment: Inv estigations

Cell: H71
Comment: Analysis

Cell: H72
Comment: Improvement

Cell: H73
Comment: Best practice - NICE

Cell: H74
Comment: Best practice - NICE, NCEs & High Level Enquiries

Cell: H75
Comment: Being open

Criterion number	Index	Criterion and minimum requirements	Paper or Electronic copy	Document submitted	Electronic file hyperlink/name	Document version number and review dates	Package of contact name for document	Compliant?	Reference	Organisation's comments	Compliant? (Assessor Comment in Report)	Assessor's comments	Processed Future Change	Rational	Actions required to achieve compliance	Person/Committee responsible	Target Date	Associated Cost
3.1.1	1010	The organisation can demonstrate that there are processes in place to monitor compliance with the approved organisation-wide risk register.																
	1011	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to the management of risk locally, which reflects the organisation-wide risk management strategy.																
	1012	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.2	1020	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for developing organisation-wide procedures.																
	1021	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to the control of documents, including archiving arrangements.																
	1022	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.3	1030	The organisation can demonstrate that there are processes in place to monitor the performance of the high level committees with																
	1031	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to reporting arrangements to the high level committees.																
	1032	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.4	1040	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for delivering risk management awareness training to board members.																
	1041	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to ensuring that all board members and senior managers receive relevant risk management awareness training following up non-attendance.																
	1042	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.5	1050	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the organisation-wide systematic risk management processes.																
	1051	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to ensuring a continual, systematic approach to all risk assessments is followed throughout the																
	1052	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.6	1060	The organisation can demonstrate that the organisation-wide risk register is																
	1061	The organisation can demonstrate that it is monitoring the approved organisation-wide																
	1062	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.7	1070	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for responding to the recommendations and requirements arising from external agency visits.																
	1071	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to maintaining action plans to implement any																
	1072	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								
3.1.8	1080	The organisation can demonstrate that there are processes in place to monitor compliance with the approved documentation which describes the process for managing the risks associated with clinical																
	1081	The organisation can demonstrate that it is monitoring compliance with the minimum requirements contained within the approved documentation described at Level 1 in relation to tracking critical																
	1082	Where the monitoring has identified deficiencies, there must be evidence that recommendations and action plans have been developed and						Compliant		Compliant								

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NA for not available

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Cell: C29
Comment: All trusts, follow the link to left to complete the 'documentation' sections of the criterion at level 1.

Cell: C29
Comment: All trusts, follow the link to left to complete the 'documentation' sections of the criterion at level 1.

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Comment: All trusts, follow the link to left to complete the 'documentation' sections of the criterion at level 1.

Cell: H74
Comment: Risk management strategy

Cell: H75
Comment: Policy/procedural documents

Cell: H76
Comment: Risk management committees

Cell: H77
Comment: Risk awareness training for senior management

Cell: H78
Comment: Risk management process

Cell: H79
Comment: Risk register

Cell: H80
Comment: Responding to external recommendations specific to the organisation

Cell: H85
Comment: Clinical records management

Cell: H86
Comment: Professional clinical registration

Cell: H88
Comment: Employment checks

- CSL-01**
Control: Admin User Only
- CSL-02**
Control: User after
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Control: Admin User Only
- CSL-04**
Control: Admin User Only
- CSL-05**
Control: Admin User Only
- CSL-06**
Control: Corporate education
- CSL-07**
Control: Local education of permanent staff
- CSL-08**
Control: Local education of temporary staff
- CSL-09**
Control: "Specimen of medical staff training"
- CSL-10**
Control: Risk management training
- CSL-11**
Control: Training needs analysis
- CSL-12**
Control: Medical services training
- CSL-13**
Control: First response training
- CSL-14**
Control: Nursing & handling training
- CSL-15**
Control: Emergency staff involved in an incident, complaint or claim

Cell: B1
Comment: Admin Use Only

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Cell: L1
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Cell: M1
Comment: Assessor Use Only

Cell: N1
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Cell: H73
Comment: Secure environment

Cell: H74
Comment: Sickness absence

Cell: H75
Comment: Safeguarding adults

Cell: H76
Comment: Moving & handling

Cell: H77
Comment: Slips, trips & falls

Cell: H78
Comment: Inoculation incidents

Cell: H79
Comment: Maintenance of medical devices & equipment

Cell: H80
Comment: Harassment & bullying

Cell: H81
Comment: Violence & aggression

Cell: H82
Comment: Stress

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- Cell:** H80
Comment: Patient identification

- Cell:** H81
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- Cell:** H82
Comment: Consent

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Comment: Clinical record-keeping standards

- Cell:** H84
Comment: Transfer of patients

- Cell:** H85
Comment: Medicines management

- Cell:** H86
Comment: Blood transfusion

- Cell:** H87
Comment: Resuscitation

- Cell:** H88
Comment: Infection control

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Comment: Discharge of patients

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Comment: Complaints

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Comment: Investigations

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Comment: Analysis

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Comment: Improvement

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Comment: Best practice - NICE

Cell: H84
Comment: Best practice - NICE, NCEs & High Level Enquiries

Cell: H85
Comment: Being open